

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910



CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF Health BUREAU OF Vital
Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

Authorization No.

345

Department:

Health

Bureau:

Vital Statistics

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Record Identification

1. TITLE:

Certificate of Death

2. Form No. if available

3. Type—(cards, paper, etc.)

Bound Book

4. Dates

5. Volume accumulated yearly

6. Size of Record

Misc.

7. Number of copies made

One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for
☐ records which are accumu-
lating daily.

B. Dispose of present accumu-
lation, no additional accumu-
lation anticipated. ☐

C. Microfilm and destroy orig-
inals. ☐

D. Microfilm and retain origi-
nals for length of time in-
dicated below. ☒

9. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Micro. Perm.

c. Total

12 yrs.

and

Micro. Perm.

10. Equipment and space freed.

11. In your opinion does this record have any his-
torical significance?YES ☐NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes. Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Robert E. Fairley, M.D.
Title: Commissioner of Health

3/18/63
Date

Recommendation of Records Management Officer

13. Recommended Retention Period

a. In Dept.

12 yrs.

b. In Storage Center

Microfilm
Permanent

c. Total

12 yrs.

and

Microfilm
Permanent

A. To be
sold as
scrap or
waste paper ☐

B. To be
burned or
shredded ☒

C. Historical, (to be transferred
to Dept. of Legislative
Reference.) ☐

REMARKS:

2 negative rolls

C. J. Force
Records Management Officer

3/18/63
Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

M. D. B. **E 99061****E 99061**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals 83

Registered No.

CITY OF BALTIMORE: (No. *1* *Baltimore* *rd.* *1st* *Ward*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *10* yrs. *0* mos. *0* ds.

2. FULL NAME

Carrie Johnson(a) Residence: No. *572 Baker St.* St., *1st* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

Married

(or) WIFE of

Edward Johnson

6. DATE OF BIRTH (month, day, year)

1888

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*46**15*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

George Hawkins

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Harriet Eusly

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Records of Hospitals Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place

Not buried Date *3-6-34*

19. UNDERTAKER

(Address)

Genet Easton 716 P & ave

20. FILED

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-3-1934

22. I HEREBY CERTIFY. That I attended deceased from

8-21-1930 to *3-3-1934*I last saw her alive on *3-3-1934* Death is saidto have occurred on the date stated above, at *4 P.* m.

The principal cause of death and related causes of importance were as follows:

Septic Bacteremia of the Puerperal

Date of onset

unk

Other contributory causes of importance:

*Cerebral Thrombosis**2 wks*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Harry Goldsmith M.D. Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1

E 99062

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

E 99062

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. East Ave. St. 76-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MILDRED H. WYATT

(a) Residence: No. 815 S. East Ave. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

William Wyatt

6. DATE OF BIRTH (month, day, year) July 4, 1854

7. AGE

Years 79

Months 7

Days 28

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME Samuel Davis

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME Amanda Adkins

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT Mrs. Florence House (Address) 815 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cemetery

Date Mar. 6, 1934

Henry Sander & Sons, Inc. (Address) Baltimore & Broadway.

Registrar.

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to March 2, 1934

I last saw her alive on March 2, 1934 Death is said to have occurred on the date stated above, at 8:20p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Bladder

Other contributory causes of importance:

none active

Name of operation none Date of operation Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? none Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) P. L. Long M. D.

(Address) 418 Southway Blvd

MAR 8 - 1934

E 99063

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 99063

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933

St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2933

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 1857

7. AGE 77 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Pa

13. NAME John Carr

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Miss Lurinda Rudolph (Address) 1900 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date March 8 1937

19. UNDERTAKER John Ullrich (Address) 2005 Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1934

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 17 year

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. B. Link M. D.

(Address)

Coroner

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

FILED

MAR 6 - 1934

Registrar

M. D. B. E 99064

E 99064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 E Fayette St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? physical findings

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99065

E 99065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

I-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2570 Donald Park Drive ST. 7 WARD)

2. FULL NAME

(a) RESIDENCE NO. 2370 Grand Park Blvd. ST. WARD

17. RESIDENCE NO. _____ (Usual place of abode) *about* _____ (If non-resident give city or town and state)
 length of residence in city or town where death occurred *15* yrs. _____ mos. _____ ds. Now long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE White	5 Single, Married, Widowed, or Divorced, (write the word) Married.
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5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Margaret C. Chaldee

DATE OF BIRTH (month, day, and year) OCT-8, 1962

7 AGE	Years 71	Months 4	Days 23	If LESS than 1 day,hrs. ormin.
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A OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Career Advisor

(b) General nature of industry, business, or establishment in which employed (or employer) 744 S S Co.

(c) Name of employer

9 BIRTHPLACE (city or town) Long Beach
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) *Unknown*

12 MAIDEN NAME OF MOTHER Antonia

13 BIRTHPLACE OF MOTHER (city or town) *St. Louis*
(State or country)

14 Informant Mrs. Margaret C. Chace
(Address) 2570 S. 1st Park Drive

15
Filed 1977-11-11 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1934

17 I HEREBY CERTIFY, That I attended deceased from
Dec. 30, 1933 to March 3, 1934
that I last saw him alive on March 3, 1934
and that death occurred, on the date stated above, at 12:55 p.m.

The CAUSE OF DEATH* was as follows:

The CAUSE OF DEATH^o was as follows:
Chronic myocarditis - with
attacks of cyanosis and dyspnea
gradually becoming worse.
about 31 yrs. - mos. - ds.

CONTRIBUTORY
(Secondary)

18 Where was disease contracted
if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? N2

What test confirmed diagnosis? 1. One

(Signed) Sparkie Wallace, M. D.
19 (Address) 28139 Wallbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

May 8, 34
ADDRESS -

UNDERTAKER

W^m Pickens Bond North Carolina

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 12 E 99066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99066

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Clifton Ave. 15-01 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3606 Clifton Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 3rd, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 15th, 1934, to Mar. 3rd, 1934I last saw him alive on Mar. 3rd, 1934. Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

1 yr.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. State Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. **E 99067****E 99067**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd Hospital

CITY OF BALTIMORE: (No.)

St. *18-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

James Jones(a) Residence: No. *232**Bowers Court*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

*unk.*11. Total time (years) spent in this occupation *unk.*

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Rubena Tripp
1059 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

City

Date *3/8*

19

19. UNDERTAKER

(Address)

Walter B. Spurr
139 W. Hamlet St.

20. FILED

Stratton, Williams, etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3 - 2*, 19*24*

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 19*24*, to *March 2*, 19*24*I last saw him alive on *March 2*, 19*24* Death is saidto have occurred on the date stated above, at *8:20 P. m.*

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Hypertension
Arterio-Sclerosis
Myocarditis

Date of onset

*2-21-24**2-21-24**2-21-24**2-21-24*

Other contributory causes of importance:

*Unknown*Name of operation *None*

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Unknown If so, specify

(Signed)

Robert E. Brown

M. D.

(Address)

1023 N. Strickland St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Kirby Lane ST. 70-01 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William August Fisher(a) RESIDENCE NO. 500 Kirby Lane ST. _____ WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. _____ ds. How long in U. S., if of foreign birth? 30 yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of Martha FisherWIFE of Martha Fisher6 DATE OF BIRTH (month, day, and year) Feb. 17, 1874

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

602217

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Restaurant Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer)

Restaurant Proprietor(c) Name of employer Self9 BIRTHPLACE (city or town) Germany
(State or country)10 NAME OF FATHER Wilhelm Fisher11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)12 MAIDEN NAME OF MOTHER Martha Shure13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14

Informant Mrs Martha Fisher
(Address) 500 Kirby Lane

15

Filed 1934Thurston Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1934

17

I HEREBY CERTIFY, That I attended deceased from

July 1, 1923, to March 4, 1934,that I last saw him alive on March 3, 1934,and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Cholelithiasis(duration) 4 yrs. mos. _____ ds.CONTRIBUTORY (Secondary) None

(duration) _____ yrs. mos. _____ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of _____Was there an autopsy? noWhat test confirmed diagnosis? Clinical(Signed) E. Eugene Cunningham, M. D., 19 (Address) 2341 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL

3/9/34

20 UNDERTAKER

Geo. Hubert & Son

ADDRESS

2503 Calverton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 99069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No

ST

WARD)

2-FULL NAME

(a) RESIDENCE

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced, (write the word)6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

15

Full name

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

March 3, 1934, to March 4, 1934

that I last saw him alive on March 4, 1934

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

ST

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

881-8888

A4Co. 1911 2000 E 99070

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99070

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Greenmount Ave St. 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2413 Greenmount Ave St. 9-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W. 4 Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Charles Zubowicz (or) WIFE of6. DATE OF BIRTH (month, day, year) 3-4-18777. AGE Years 57 Months 4 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037 10. Date deceased last worked at this occupation (month and year) 11-1934 11. Total time (years) spent in this occupation 3712. BIRTHPLACE (city or town) Russia (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Chas. Zubowicz (Address) 2413 Greenmount Ave18. BURIAL, CREMATION, OR REMOVAL 2-7-35 Place Holy Redeemer Date 193519. UNDERTAKER Chas B Kephaukas (Address) 637 S. Pears St.20. FILED 1234 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-34, 1922. I HEREBY CERTIFY, That I attended deceased from 3-4-34, 19, to 3-4-34, 19I last saw her alive on 3-3-34, 19, death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Artery
thrombosis

Other contributory causes of importance:

Arterio SclerosisName of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1934Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) W. J. Anderson, M. D.(Address) 321 E 28

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Registered No. 82-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 99071

E 99071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815. Eaton st St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J Gillease(a) Residence: No. 815 s Eaton stSt., 26 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of child
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 5, 19337. AGE Years Months Days If LESS than 1 day, hrs. or min.
58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME Thomas Gillease14. BIRTHPLACE (city or town) Balto Md
(State or country)15. MAIDEN NAME Elizabeth Hreha16. BIRTHPLACE (city or town) Pennsylvania
(State or country)17. INFORMANT Thomas Gillease (Father)
(Address) 815s Eaton St18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date March 7, 19 3419. UNDERTAKER
(Address) Filly & Filler
403 N. 2nd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 19 3422. I HEREBY CERTIFY. That I attended deceased from March 2, 19 34, to March 5, 19 34I last saw him alive on March 4, 19 34. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

3/2/34

Other contributory causes of importance:

Nutritional Disorders9/29/33Name of operation none

Date of

What test confirmed diagnosis? This was Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specifynone(Signed) Dr. A. Rosenblatt

M. D.

(Address) 3013 O'Donnell St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 8 - 1934

E 99072

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99072

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 W. Lakewood St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Elizabeth Garner - Sommers(a) Residence: No. 237 W. Lakewood St., 6 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced, HUSBAND of the late John Garner (or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 4, 18457. AGE 88 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)13. NAME Smith14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Charles Sommers (Address) 237 W. Lakewood Ave.18. BURIAL, CREMATION, OR REMOVAL Place at Carmel Date Oct 7, 193419. UNDERTAKER Lilly & Fisher Inc. (Address) 404 So. Wolfe St.20. FILED 1034 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934 to Mar 5, 1934I last saw her alive on Mar 5, 1934. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Senile Bronchitis

Other contributory causes of importance:

At. Dys. Arterio. Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. H. Meyer M. D.(Address) 1500 E. 33rd

Information given by attending physician should be carefully supplied. State must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 17 **E 99073**

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 99073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3319 Foster Ave. 36 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3319 Foster Ave. St., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Julius Hofmann6. DATE OF BIRTH (month, day, year) Aug 6th 18617. AGE Years 73 Months 7 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Conrad Claus14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Katherine ?16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Minnie Hofmann
(Address) 3319 Foster Ave18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Feb. 7th 193419. UNDERTAKER Lilly & Sons Inc.
(Address) 215 N. Hollen St.20. FILED 1934 12 5 11 13

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3rd 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1933, to Mar. 3 1934I last saw him alive on Mar. 2 1934. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Nov. 16

Other contributory causes of importance:

Cardiac insufficiency
Arteriosclerosis
Chr. Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Samuel L. Quinn(Address) Quinn

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

28 14 E 99074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Elizabeth Bell(a) Residence: No. 1525 E Fayette St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 6-11-297. AGE Years 4 4 1/2 Months 8 Days 21 If LESS than 1 day, — hr. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Ind13. NAME Stanford Wright14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Clara Bell16. BIRTHPLACE (city or town) (State or country) Ind17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place McClinton Date 3/7/3419. UNDERTAKER Robert Williams (Address) 1515 McElderry St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 26 1934, to March 2 1934. Last saw her alive on March 2, 1934. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

meningitis

Date of onset

1/25/34

Other contributory causes of importance:

Hypertrophied

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Arthur H. Hurd

M. D.

(Address)

Johns Hopkins Hospital

Registrar

M. D. R. 1334
E 99075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 99075

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E. Balto St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? 43 yrs. mos. da.

2. FULL NAME

(a) Residence: No.

728 E. Balto St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color, or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years 68

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date 3/6/34 19

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/5

1924

22. I HEREBY CERTIFY, That I attended deceased from

1/4

1924 to

3/5

1924

I last saw him alive on

3/5

1924

Death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Chromobacterium of both
lungs and
excess of
chronic myocarditis

Date of onset

2/8/24

2/16/24

1932

Other contributory causes of importance:

General arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

M. D. R. 1334

Registrar

E 99076

✓ E 99076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sheffield Apts St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 43 yrs. 0 mos. 0 ds.

2. FULL NAME

Louis M. Miller

(a) Residence: No.

Sheffield Apts
(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Rose
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 70 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Bernard Miller

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Mae Miller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. HebrewDate 3/5/34 19

19. UNDERTAKER

(Address)

Jack Lewis, Inc.
1429 E. Balto. St.

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5/34 1922. I HEREBY CERTIFY, That I attended deceased from May 26, 1926, to March 5, 1934I last saw him alive on March 5, 1934 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Bronchial Asthma

Date of onset

70 years

Other contributory causes of importance:

Acute Pleuritis (right side)
Cerebral Embolism

1 day

Name of operation

Date of

What test confirmed diagnosis?

Physical findingsWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed)

M. D. Lewis

M. D.

(Address)

211 W. Monument St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

v s 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99077

E 99077

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *427 W. Pratt* St. *22-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *427 W. Pratt* St.,

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. *93-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced: HUSBAND of *Petrona Dermaitis* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *52* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tailor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Lithuanian*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT (Address) *Miss Sophie Dermitis 327 H. Collins St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *March 7, 1934*19. UNDERTAKER (Address) *John Grellick 423 S. Park St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-4-1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *John Grellick* M. D. Coroner(Address) *423 S. Park St.*

Registrar

MAR 6 - 1934

STATE CAUSE OF DEATH IS PLAIN TERMS. See instructions on back of certificate. OCCUPATION IS VERY IMPORTANT.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99078

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (X) Baltimore City Hospital 76-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barbara Hipkins

(a) Residence: No.

400 Pontiac

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Chas. Hipkins</u> (or) WIFE of		

6. DATE OF BIRTH (month, day, year)

7. AGE <u>81</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
---------------------	-------	--------	------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Andrew Gaiser

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Catharine Schuck

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Records
Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AACA date 3/8 1934

19. UNDERTAKER

(Address)

William Klein
1262 Williams St

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 193422. I HEREBY CERTIFY, That Dr. [illegible] attended deceased from March 25 1932 to March 4 1934I last saw him alive on March 4 1934 Death is said to have occurred on the date stated above, at 2:30 P.

The principal cause of death and related causes of importance were as follows:

Hypertension
Atherosclerosis
Myocardial Infarction

Date of onset

?2 yrs.

Other contributory causes of importance:

noneName of operation Date of ?What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

[Signature]

M. D.

(Address)

Balt City Hosp

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

E 99079

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99079

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 N Carrollton Ave ST. 16-01 WARD)

2-FULL NAME

Martha Cook

(a) RESIDENCE NO. 1130 N Carrollton Ave ST. 16-01 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

C

5 Single, Married, Widowed, or Divorced, (write the word)

widowed

5a If married, widowed, or divorced
HUSBAND or WIFE of Ross Cook6 DATE OF BIRTH (month, day, and year) unknown

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

approx 65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Va

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

unknown

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

unknown

14

Informant
(Address)

Benj. Cook (son)

1130 N Carrollton Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 4 1934

17

I HEREBY CERTIFY, That I attended deceased from
March 2, 1934, to March 4, 1934.

that I last saw her alive on

March 3, 1934.

and that death occurred, on the date stated above, at

3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis - pneumonia

(duration)

yrs.

mos.

3 ds.

CONTRIBUTORY
(Secondary)

Myocarditis, Hypertension

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

home

Did an operation precede death?

no

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Physical

(Signed)

R. G. Young

M. D.

3/5, 1934

(Address) 1424 Chelmsford St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Mt Auburn Cem.

3/8 1934

20 UNDERTAKER

ADDRESS

Arnold Hensley 1514 E. 11th St

MAR 8 - 1934

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 99080

E 99080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 18-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mo. 1 ds. How long in U. S. If of foreign birth? 3 yrs. 1 mo. 1 ds.

2. FULL NAME

(a) Residence: No. 2327 N. Fremont St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19727. AGE 62 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Mississippi
(State or country)13. NAME No Record14. BIRTHPLACE (city or town) _____
(State or country)15. MAIDEN NAME No Record16. BIRTHPLACE (city or town) _____
(State or country)17. INFORMANT Rev. S. N. James
(Address) 638 Basse St

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Cem Date 3/7 193419. UNDERTAKER Samuel Hemmley
(Address) 578 Middle St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-34 193422. I HEREBY CERTIFY, That I attended deceased from 3-1-34 1934 to 3-5-34 1934I last saw him alive on 3-5-34 1934. Death is said to have occurred on the date stated above, at 5¹⁵ A.m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive Heart Disease with Myocardial Infarction

Other contributory causes of importance:

Date of onset

Name of operation Supra Pubic Cystectomy Date of 3-1-34

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) William Gail M. D.(Address) President Hospital

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 99081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99081

CERTIFICATE OF DEATH

Registered No. 107 001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8-01 St. Joseph Hospital St. 8-01 Ward) Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Arthur McGilvery(a) Residence: No. 1605 N. Port

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white5. Single, Married, Widowed, or Divorced (write the word)
single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 28/32

7. AGE

Years 2Months 1Days 4If LESS than
1 day, hrs. 6
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
None12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME

Arthur M. McGilvery14. BIRTHPLACE (city or town) Johnstown, Pa.
(State or country)

15. MAIDEN NAME

Naomi C. Mills16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT
(Address)Naomi C. McGilvery
1605 N. Port St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 7 193419. UNDERTAKER
(Address)Wm Cook
1217 St Paul st
Stanton Williams
542

MEDICAL CERTIFICATE OF DEATH

March 4/34

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 to 19 Death is said

I last saw him alive on 5.30 A.M.
to have occurred on the date stated above, at 5.30 A.M.The principal cause of death and related causes of importance were as follows:
Bronchopneumonia (Primary)

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner M. D.

FILED

MAR 6 - 1934

E 99082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99082

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2907 Louise Ave* St., *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louisa Kraft(a) Residence: No. *2907 Louise Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar*7. AGE *68* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*13. NAME *Christopher Kraft*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Balto* (State or country) *MD*17. INFORMANT *Mrs Catherine Fischer* (Address) *3901 Hamilton Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood* Date *Mar 6* 19*34*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 3* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *Aug 27* 19*32* to *March 3* 19*34*I last saw him alive on *March 3* 19*34* Death is said to have occurred on the date stated above, at *6 P. m.*

The principal cause of death and related causes of importance were as follows:

*Generalized Arteriosclerosis
Coronary Thrombosis
(Ch. Myocarditis)*

Date of onset

*7
1934
1932*

Other contributory causes of importance:

Name of operation *Chloroform* Date ofWhat test confirmed diagnosis? *Chloroform* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *S. A. Alessi* M. D.(Address) *6217 Harford Rd*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 6 - 1934

E'99083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *548 W. Pratt* St., *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *10* mos. *1* day How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *548 W. Pratt* St., *18-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>single</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Apr 18th 1878</i>		
7. AGE <i>55</i>	Years <i>10</i>	Months <i>16</i>
		Days <i>14</i>
		If LESS than 1 day. hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>house work</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>070</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) *Ireland*13. NAME *John M. Allen*14. BIRTHPLACE (city or town)
(State or country) *Ireland*15. MAIDEN NAME *Margaret Godfrey*16. BIRTHPLACE (city or town)
(State or country) *Ireland*17. INFORMANT *Miss Mary Ellen McAllen*
(Address) *548 W. Pratt St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *3/21/1934*

19. UNDERTAKER

(Address) *John J. Howard & Son*
101 N. Holliday St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/21/1934*22. I HEREBY CERTIFY, That I attended deceased from
3/28/1934 to *3/21/34*I last saw him alive on *3/21/34* 19. Death is said to have occurred on the date stated above, at *5:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis History sub.

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Bernard J. Ferry
910 W. Lombard

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 0-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99084

99084

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Tuscan Rd 2-21 Ward)Length of residence in city or town where death occurred — yrs. 6 mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME

(a) Residence: No. 104 Tuscan Rd St., Paris France Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Leo Harriman6. DATE OF BIRTH (month, day, year) Aug 19 18657. AGE Years 69 Months 6 Days 13 If LESS than 1 day, hrs. — or min. —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) N.Y. (State or country)13. NAME Heber R. Bishop14. BIRTHPLACE (city or town) Mass. (State or country)15. MAIDEN NAME Mary Cunningham16. BIRTHPLACE (city or town) N.Y. (State or country)17. INFORMANT Mary Leconte du Nouy (Address) Paris France18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn N.Y. Date Mar 7 193419. UNDERTAKER Leamy N. Euker (Address) M. C. Leamy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 193422. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1933 to March 5 1934I last saw her alive on March 4 1934. Death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cerebral arteriosclerosis Multiple basilar hemorrhages Arterial hypertension Myocardial failure

Other contributory causes of importance:

Over nutritionName of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: —Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NO If so, specify —(Signed) Thomas P. Sprunt M. D.(Address) 1038 N. Calvert St.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1638 Ashburton* St., *16* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1638 Ashburton* St., *16* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Anna M. E. Langley*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 17 - 1888*7. AGE Years *46* Months *8* Days *16* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman*
9. Industry or business in which work was done, as alk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) *Maryland*
(State or country)FATHER 13. NAME *Thomas Langley*
14. BIRTHPLACE (city or town) *Maryland*
(State or country)MOTHER 15. MAIDEN NAME *Garrie Rinehart*
16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Anna M. E. Langley*
(Address) *1638 Ashburton*18. BURIAL, CREMATION, OR REMOVAL
Place *Western Cam* Date *7* 193419. UNDERTAKER *Josiah Syfer*
(Address) *1638 Ashburton*20. FILED *1638 Ashburton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 5*, 193422. I HEREBY CERTIFY, That I attended deceased from *March 2*, 1934, to *March 5*, 1934.
I last saw him alive on *March 4*, 1934. Death is said to have occurred on the date stated above, at *2:15* A.M.

The principal cause of death and related causes of importance were as follows:

Tuber Pneumonia

Date of onset

8

Other contributory causes of importance:

Cardiac Asthenia, *3 days*Name of operation *none*

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *none* Date of injury *19*Where did injury occur? *none*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) *Herbert E. Zeff* M. D.(Address) *3048 N. North Ave*
Baltimore

APR 6 - 1934

99086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99086

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Biddison Lane St. 27-31 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Annie Katherine Parsons

(a) Residence: No. 4014 Biddison Lane
(Usual place of abode)

St. 27 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Eli C. Parsons

6. DATE OF BIRTH (month, day, year) Oct. 25, 1853

7. AGE Years 78 Months 4 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

In own home

10. Date deceased last worked at this occupation (month and year) about 1924

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) York
(State or country) Pennsylvania

13. NAME Jacob Forrest

14. BIRTHPLACE (city or town) Matthew County
(State or country) Virginia

15. MAIDEN NAME Annie Katherine Ventzel

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mrs. M. B. Forrest
(Address) 4014 Biddison Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Mar 8, 1934

19. UNDERTAKER
(Address)Josiah Syfer
1015 N. South Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1933 to March 5, 1934

I last saw her alive on March 4, 1934. Death is said to have occurred on the date stated above, at 3:00 Am.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Chr. Endocarditis

Date of onset

1919

Many yrs

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

A. L. Wilkinson,
5713 Belair Rd.

M. D.

FILED 1934

See instructions on back of certificate.

E 99087 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99087

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Harford Ave 9th Ward)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2110 Harford Ave St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color *W* Race _____ 5. Single, Married, Widowed, or Divorced *Widowed*6a. If married, widowed or divorced *Married*
(or) WIFE of *Harry H. Heath*6. DATE OF BIRTH (month, day, year) *March 6 1877*7. AGE Years *56* Months *3* Days *29* If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *B. I.*
(State or country) _____13. NAME *Frank H. Whitcomb*
14. BIRTHPLACE (city or town) *Ind.*
(State or country) _____15. MAIDEN NAME *don't know*16. BIRTHPLACE (city or town) *don't know*
(State or country) _____17. INFORMANT *Myrtle S. Smith*
(Address) *2110 Harford Ave*18. BURIAL, CREMATION, OR REMOVAL *Holy Redeemer*
Place *3/8* Date *1934*19. UNDERTAKER *Boo E. Balto. H.*
(Address) _____20. FILED *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 5, 1934*
2. I HEREBY CERTIFY, That I attended deceased from *March 4, 1934* to *March 4, 1934*I last saw her alive on *March 4, 1934*. Death is said to have occurred on the date stated above, at *6:25 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage with Hemiplegia

Data of onset

1928

Other contributory causes of importance:

*Hypostatic Pneumonia**3/1, 1934*

Name of operation _____

Date of _____

What test confirmed diagnosis? ☒ Was there an autopsy? ☒23. If death was due to external causes (violence) fill in also the following: ☒ Date of injury _____, 19____Accident, suicide, or homicide? ☒ Date of injury _____, 19____Where did injury occur? ☒ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ☒

If so, specify _____

(Signed) *C. K. Skilling*

M. D.

(Address) *1120 St. Paul St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5. 3

MAR 6 - 1934

E 99088

99088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

819-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sanai* *Has* St. *3-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *216 S. Bond St.* Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *S*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 7 1933*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*8 26*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore md*
(State or country)13. NAME *Frank Goscinski*14. BIRTHPLACE (city or town) *Baltimore md*
(State or country)15. MAIDEN NAME *Joseline Proke*16. BIRTHPLACE (city or town) *Baltimore md*
(State or country)17. INFORMANT *Frank Goscinski*
(Address) *216 S. Bond St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary* Date *March 7 1934*19. UNDERTAKER *John M. Weber*
(Address) *216 S. Bond St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 5 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 3 1934* to *March 5 1934*I last saw her alive on *March 5 1934*. Death is said to have occurred on the date stated above, at *8:30 P. m.*

The principal cause of death and related causes of importance were as follows:

Otitis media, bilateral
Mastoiditis, bilateral
Meningitis, type undetermined

Date of onset

*6 mo.**6 wks.**2-17-34**10 days*

Other contributory causes of importance:

Name of operation *Mastoidectomy, bilateral* Date of *2-17-34*What test confirmed diagnosis? *Chd* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Henry B. Makover* M. D.(Address) *Sanai Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99089

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4920 Ivanhoe Ave* - *St. E* - *Ward 8*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in *city* or town where death occurred *2* yrs. *7* mos. *7* da. How long in U. S. If of foreign birth? *2* yrs. *7* mos. *7* da.

2. FULL NAME

(a) Residence: No. *4920 Ivanhoe Ave* *Baltimore* St., *Ward 8*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 25 1870*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>63</i>	<i>2</i>	<i>9</i>	<i>11</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Dorchester Co Md*
(State or country)13. NAME *John R Phillips*14. BIRTHPLACE (city or town) *Dorchester Co Md*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *Mrs Oswald B Tall*
(Address) *4920 Ivanhoe Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hope Island Cem* Date *Mar 9, 1934*19. UNDERTAKER *John P. Denny*
(Address) *215 Light St*20. *Thurston Williams, M.D.*
Registrar

21. FILED

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 6/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *Mar 3/34* 19 to *Mar 6/34* 19I last saw him alive on *Mar 6/34* 19. Death is said to have occurred on the date stated above, at *1 P.* m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease

Date of onset

Post-mortem

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *none* Date ofWhat test confirmed diagnosis? *none* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Thurston Williams, M.D.* M. D.
(Address) *1203 Light St*

99090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Ped.* *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. _____ St. *1-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Catherine Ambrose*(a) Residence: No. *130 S. East Ave*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *—*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *July 14, 1933*

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.7. AGE *7* *21*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)13. NAME *Homer Ambrose*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Evelyn Fogle*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Oaklawn Cemetery* Date *3/8/1934*19. UNDERTAKER *E. J. Fanning, Inc.*

(Address)

1934 *Thurston Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-5-1934*

22. I HEREBY CERTIFY That I attended deceased from

3-1-1934 to *3-5-1934*I last saw her alive on *3-5-1934* Death is saidto have occurred on the date stated above, at *6 P.M.*The principal cause of death and related causes of
importance were as follows:*Myocardial acute general
peritonitis*

Date of onset

2/25/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Manuel S. Hull*(Address) *Johns Hopkins Hospital*

D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99091

99091

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

Union Memorial Hosp. 12-01

Registered No.

CITY OF BALTIMORE: (No.

St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baldy Irene Connelly

(a) Residence: No.

384 E. 31st

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 20, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Thomas Connelly

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Clara Williams

16. BIRTHPLACE (city or town) (State or country)

Wilmington, Del.

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore, Md.

Date

3/7/1934

1934

19. UNDERTAKER (Address)

E. J. Lanning, 1301 E. 31st St.

20. FILED

10-1834

MEDICAL CERTIFICATE OF DEATH

D

21. DATE OF DEATH (month, day, year)

March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

2-28, 1934, to 3-5, 1934

I last saw her alive on 3-5, 1934. Death is said

to have occurred on the date stated above, at 10:21 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia bilateral

Date of onset

2-26-34

7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Frame, M. D.

(Address) Union Memorial Hosp.

E 99092

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 524 W. Olanvale St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) Single
----------------	-----------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38			1 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town).....*West Point*
(State or country).....*Pa*

FATHER	13. NAME	William Wynn
	14. BIRTHPLACE (city or town) (State or country)	West Point Va

15. MAIDEN NAME	Gene Bowles
-----------------	-------------

16. BIRTHPLACE (city or town) _____
(State or country) _____

17. INFORMANT *Ruenda*
(Address) *Ball City Hospitals*

18. BURIAL, CREMATION, OR REMOVAL
Place West Point Va OR 3-8 89 19

19. UNDERTAKER James Adams
(Address) 142 W 5th St

20. FILED 1934 11-19-34 *W. H. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from
Feb 25, 1934, to March 4 1934

I last saw him live on March 4, 1934 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Lokar pneumonia	100
-----------------	-----

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury.....

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

100 no If so, specify _____

(Signed) T. P. Magill M.

(Address) Bald City, Mo.

20. FILED Q 34

E 99093

E 99093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 W 21st St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 118 W 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) July 3-18767. AGE Years 57 Months 58 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Richard Childs14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Kate Robinson16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Narcissa Berry
(Address) 504 Gold St18. BURIAL, CREMATION, OR REMOVAL Place Int Auburn Date Mar 7 193419. UNDERTAKER Mrs Robert A. Elliott
(Address) 1129 N. Caroline StREG-1834 Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3, 193422. I HEREBY CERTIFY, That I attended deceased from 3/2/34, 1934, to 3/3, 1934I last saw him alive on 3/3, 1934 death is said to have occurred on the date stated above, at 2:4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy
Paralysis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. Williams, M. D.(Address) 213 D St

OCCUPATION is very important. See instructions on back of certificate.

E 99094

99094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Streeper St., 6-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Charles A. Eibner

106 N. Streeper

(a) Residence: No. _____

(Usual place of abode)

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jany 8/32

7. AGE Years 2 Months 1 Days 25 If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Charles T. Eibner

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Theresa Rotunno

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Charles T. Eibner
(Address) 106 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 7 34

19. UNDERTAKER
(Address)

Jilly & Feiler Inc.
403 N. W. 10th St.

FILE

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on..... before 8 A.M. Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia 36 hrs?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) John H. Batten M. D.

(Address) 508 6th Ave

E 99095

E 99095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Washington St., 9-01 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Mary E. Harris(a) Residence: No. 1330 N. Washington St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Charles W. Harris
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 10-18587. AGE Years 76 Months 1 Days 24 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME James H. Busick
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Mary E. Sullivan
16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Edward J. Harris
(Address) 2415 E. Lafayette Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date March 9, 193419. UNDERTAKER George W. Finkler
(Address) 1737 E. Eager St.20. FILED 1934 H. L. Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 193422. I HEREBY CERTIFY, That I attended deceased from March 2nd 1934, to March 6th 1934.
I last saw her alive on March 5th 1934. Death is said to have occurred on the date stated above, at 6:12 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
3-2-34

Other contributory causes of importance:

Arterio SclerosisName of operation None Date of ____What test confirmed diagnosis? Examination Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓, 19____Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ____(Signed) W. E. White M. D.
(Address) 3006 St. Paul St.

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 12400

E 99096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99096

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No.

East Liberty Church St., 1-01 Ward)

Length of residence in city or town where death occurred

44

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

JOSEPH H. MILLER

(a) Residence: No.

3005

ELLIOTT

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
M

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

MRS. J. H. MILLER

6. DATE OF BIRTH (month, day, year)

Dec 4, 1889

7. AGE

Years

Months

Days

If LESS than

44

3

1

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

MOTHER FATHER

13. NAME

A. V. Miller

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Mollie Williams

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. J. H. Miller

(Address)

3005 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cem.

Date March 8, 1934

19. UNDERTAKER

George W. Ziegler

(Address)

1737 E. Eager St.

20. FILED

10

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 12

19.34, to

March 5

19.34

I last saw him alive on March 5, 1934. Death is said

to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Thyrototoxicosis

Date of onset
1931(?)

auricular fibrillation

3-1-34

Other contributory causes of importance:

Ch. myocarditis

Name of operation

Thyroidectomy

Date of 3-1-34

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) W. B. Seale

M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. P. E 99097

✓ E 99097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 151 Willard St. 70-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 57 Willard St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25, 1894

7. AGE Years 40 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done as spinner, Sawyer, bookkeeping, etc. Brewer 9. Industry or business in which work was done as saw mill, bank, etc. Nursing 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME (State or country) James J. Murphy

14. BIRTHPLACE (city or town) (State or country) Germany

15. NAME (State or country) William J. Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Henry J. Murphy 151 Willard St.

18. BURIAL, CREMATION, OR REMOVAL (Place) Willard St. Date 3/7/1934

19. UNDERTAKER (Address) 7 B. Hipper Road 1006 E. Ave. Plac.

20. DIED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar 2, 1934 to Mar 4, 1934

I last saw him alive on Mar 4, 1934 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis. Acute Brain Hemorrhage

Other contributory causes of importance

No wound or laceration in arm, but some signs of acute disease from this source

Name of operation Date of

What test confirmed diagnosis? Same Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No Injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. H. C. Chilly M. D.

(Address) 1939 Glenwood Ave.

M. D. E 99098

E 99098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Lernaale

CITY OF BALTIMORE: (No. _____)

St. 27-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Morris Snyder

(a) Residence: No.

Belvedere Freespring

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Jannie

6. DATE OF BIRTH (month, day, year)

7. AGE

Years 72

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Signature of informant Belvedere Freespring

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Carmel Date 3/2/34

19. UNDERTAKEN

(Address)

1439 E. Baltimore St.

20. PHAD

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from

3/17/30

19

to

3/6

19

34

I last saw him alive on

3/6

1934

Death is said

to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of transverse colon
arteriosclerosis

Date of onset

Other contributory causes of importance:

Chronic Bronchitis
Emphysema

Name of operation

no

Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edmund Bern
Lernaale

M. D.

(Address)

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 7 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99099

CERTIFICATE OF DEATH

131 E 99099
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1518 W. Lankvale St. 16-01 Ward)

2-FULL NAME Elizabeth (West) Smith

(a) RESIDENCE NO. 1518 W. Lankvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced

HUSBAND OF (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

IF LESS than 1 day—hrs. or—min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant (Address)

Cornelius Smith
1518 W. Lankvale St.Frankington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 5, 1934 3/5 1934

17

I HEREBY CERTIFY. That I attended deceased from

12/18 1933 to 3/5 1934

that I last saw her alive on 3/4 1934

and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

CONTRIBUTORY

(Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine etc

(Signed)

H. P. Hughes, M. D.

3/6 1934 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Mount Auburn on March 9 1934

20 UNDERTAKER

ADDRESS

Joseph & Lively 409 N. Mount St

THIS SHOULD BE CAREFULLY SUPPLIED. STATE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATES.

MAR 7 1934

M. D. 1934

E 99100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George G. Miller, Sr.,

(a) Residence: No.

142 N. Luzerne

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Miller

6. DATE OF BIRTH (month, day, year) April 4/1887

7. AGE Years 48 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Matthew Miller

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Margaret Sullivan

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5/34

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 3:04 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure
Acute PancreatitisDate of onset
3 hrs
3 days

Other contributory causes of importance:

Chr. Myocarditis
Chr. Cholecystitis1 yr
1 yr

Name of operation Cholecystostomy Date of operation 3/4/34

What test confirmed diagnosis? clinical & operation Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

7-1934

E 99101

E 99101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Esplanade Aprt, Eutaw Place Ext.
St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Meyer B. Ambach,

(a) Residence: No.

Esplanade Aprt. Eutaw Place & Brooks Lane,
St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 4th, 1872

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

61

9

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Mnfg.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER MOTHER

13. NAME Micheal Ambach, Germany,

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jennie Burgunder, J. Balto. Md.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Mrs. Irvin Eichengreen
Esplanade Apt,

18. BURIAL, CREMATION, OR REMOVAL

Balto. Hebrew Cem, Mch, 7th, 1934

19. UNDERTAKER (Address)

Hand Soudierman
4802 Eutan Place
Huntington Park, Md.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

Mch, 5th 1934.

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 2:30 PM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

(Signed)

(Address)

J. H. Morrissey
3637 Coland Ave

M. D.

Coroner

E 99102

Deffenbaugh

E 99102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1740 E Chase

ST. 8401 WARD)

2. FULL NAME

Sarah Louise Deffenbaugh

(a) RESIDENCE No.

1740 E. Chase St

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos

ds.

How long in U. S., if of foreign birth?

yes

mos

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female White Married

6a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Married

6 DATE OF BIRTH (month, day, and year) Sep 10 1853

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

80

15

5

23

hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Bedford Co Pa. (State or country)

10 NAME OF FATHER Fredrick Sliger

11 BIRTHPLACE OF FATHER (city or town) Bedford Co Pa. (State or country)

12 MAIDEN NAME OF MOTHER Cynthia Vickroy

13 BIRTHPLACE OF MOTHER (city or town) U.S.A. (State or country)

PARENTS

14 Informant (Address)

Mrs. W. B. Jones and 23, Parkersburg and

15 Filed

19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/5/34

17

I HEREBY CERTIFY, That I attended deceased from

Feb 10th 1934 to Mar 5th 1934that I last saw her alive on Mar 5th 1934

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Acute of Igina Myocarditis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

Hypertension

(duration) 4 yrs. mos. ds.

18 Where was disease contracted 1740 E Chase If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) M. D.

19 (Address) 507 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS/203

Henry Lutz

March 8 1934
N. Broadway

TION is very important. See instructions on back of certificates.

MAR 7 - 1934

E 99103 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N Bond - 8-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1819 N Bond - St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D Cunningham		

6. DATE OF BIRTH (month, day, year) December 8, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89 years	2	26		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Previously (House Work)
	10. Date deceased last worked at this occupation (month and year) 7 yrs

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) Baltimore Md.

FATHER	13. NAME Andrew J Barranger
	14. BIRTHPLACE (city or town) Baltimore Md.

MOTHER	15. MAIDEN NAME Sarah Fitzgerald
	16. BIRTHPLACE (city or town) Unknown

17. INFORMANT Mrs Thomas W Glass

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date March 7, 1934

19. UNDERTAKER Frederick A Cole

20. FILED MAR 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 5 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 5 - 1934 to Mch 5 - 1934

I last saw her alive on Mch 5 - 1934 Death is said to have occurred on the date stated above, at 3-30 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance: Edema of Lungs

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 8 Gill Hall M. D.

(Address) 1631 E North av

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

99104

HEALTH DEPARTMENT—CITY OF BALTIMORE

99104

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107-001)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 208-854 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5 - 1915

7. AGE 18 Years 9 Months 1 Day If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Leonard Mayer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6

22. I HEREBY CERTIFY, That I attended deceased from 2/27 to 3/6

I last saw him alive on 3/6

to have occurred on the date stated above, at 3:03 a.m.

The principal cause of death and related causes of importance were as follows:

Acute purulent arthritis of the R. hip joint & shoulder joint.

Other contributory causes of importance:

chronic pneumonia

Date of onset

Date of operation

Was there an autopsy? Yes

Death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

AR 7-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99105

CERTIFICATE OF DEATH

35 E 99105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *250 West Biddle St.* Ward. *8*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Sam Ponce*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 1900*7. AGE Years *34* Months *1* Days *22* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Iron*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *N.C.*
(State or country)13. NAME *Sam Ponce*14. BIRTHPLACE (city or town) *N.C.*
(State or country)15. MAIDEN NAME *Elizabeth Jones*16. BIRTHPLACE (city or town) *N.C.*
(State or country)17. INFORMANT *Prop. record*

(Address)

18. BURIAL, CREMATION, OR REMOVAL *Englewood*Place *Englewood* Date *Mar 8 1934*19. UNDERTAKER *Charles A. Brown*(Address) *1434 McClellan St.*20. FILED *Mar 7 - 1934*Registrar. *2415*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/5*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/2*, 19*34*, to *3/5*, 19*34*I last saw him alive on *3/2*, 19*34*. Death is said to have occurred on the date stated above, at *6:30 am*

The principal cause of death and related causes of importance were as follows:

*Salpingitis, bilateral
infectious*Date of onset *3/2*

Other contributory causes of importance:

*Septicemia, obstruction*Name of operation *Sept. Sepsis with removal of* Date of *3/2/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. R. Brown* M. D.(Address) *Balto City*

E 99106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99106

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Little Susan*(a) Residence: No. *876 St. John St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *widow*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *William Sloan*6. DATE OF BIRTH (month, day, year) *1889*
7. AGE Years Months Days If LESS than 1 day, *49* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stn.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Washington D.C.* (State or country)13. NAME *Charles Reed*14. BIRTHPLACE (city or town) *?* (State or country)15. MAIDEN NAME *Sloan*16. BIRTHPLACE (city or town) *?* (State or country)17. INFORMANT *Joseph Reed* (Address)18. BURIAL, CREMATION, OR REMOVAL *Asbury Ceme* Date *3-8-1934*19. UNDERTAKER *Byron + Mamie Wright* (Address) *218 E. E. Edgerly St.*20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/5*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *1/15*, 19*34* to *3/5*, 19*34*last saw him alive on *3/5*, 19*34* Death is said to have occurred on the date stated above, at *1:30* p.m.

The principal cause of death and related causes of importance were as follows:

Gas from gas furnace (furnace safety)

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *none* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) *W. P. Brown* M. D.(Address) *Baltimore City, Md.*

See instructions on back of certificate.

E 99107

E 99107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No.

St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Stevens

(a) Residence: No. 509 Bruce st.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Joseph (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1874

7. AGE Years 59 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dennis Herbert

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Gray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Mar 77, 1934

19. UNDERTAKER (Address)

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1933, to March 3, 1934

I last saw h. alive on March 3, 1934. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis June 1933

Other contributory causes of importance:

Pulmonary Hemorrhage March 1934 (fatal)

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D. (Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

U. S. S.

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OF 77

M. D. B. 1934

E 99108

✓ E 99108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-01 Ward)Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Cora Ford(a) Residence: No. 100 St. 10-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or race colored 5. Single, Married, Widowed, or Divorced (write the word) unmarried5a. If married, widowed, or divorced ?
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 4, 18647. AGE 69 Years 8 Months 1 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Lorenzo Dove14. BIRTHPLACE (city or town) VA
(State or country)15. MAIDEN NAME Jane16. BIRTHPLACE (city or town) VA
(State or country)17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Wood College Date May 7, 193419. UNDERTAKER Huntington
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 193422. I HEREBY CERTIFY. That I attended deceased from March 3, 1934 to March 5, 1934I last saw her alive on March 5, 1934 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
& Congestive failure
intermittent

Date of onset

??

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 12 May 1934(Address) Balt. City Hosp

M. D.

See instructions on back of certificate. OCCUPATION is very important.

1934

FILED 1934

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E 99109 HEALTH DEPARTMENT—CITY OF BALTIMORE 99109

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 W. Baltimore St. 20-03 Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1836 W. Baltimore St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Emma E. Martin

6. DATE OF BIRTH (month, day, year) July 27th 1866

7. AGE 65 Years Months Days 11 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 5061

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Sawyer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. James Martin (Address) 1836 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place New Catholic Date 3/5/1934

19. UNDERTAKER John Howard & Son (Address) 901 Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934 to March 6, 1934

I last saw him alive on March 6, 1934. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Broncho - Pneumonia Feb 19-

Other contributory causes of importance:

Coronary Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Brown M. D.

(Address) 125 E. Broadway

OCCUPATION is very important. See instructions on back of certificate.

3

MAR 7 - 1934

M. D. R. 1934-3

282 399110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99110

CERTIFICATE OF DEATH

✓ 117-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 2-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Mary Malaszewski (Klosigki)(a) Residence: No. 241 South Washington St. Balto.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

WIFE of Frank Malaszewski6. DATE OF BIRTH (month, day, year) 2/2/18877. AGE Years 47 Months 1 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Baruch14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date March 9th 193419. UNDERTAKER George A. Weber(Address) 705 E. Am. St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 193422. I HEREBY CERTIFY, That I attended deceased from 3-4-1934 to 3-6-1934I last saw him alive on 3-6-1934 Death is said to have occurred on the date stated above, at 1:40 p. m.

The principal cause of death and related causes of importance were as follows:

Perforation of gastric ulcer
peritonitis
Pulmonary edema
Massive collapse of lung

Date of onset

3-4-343-5-34

Other contributory causes of importance:

Name of operation Closure of perforated ulcer Date of 3-4-34What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Eugene H. Hunsicker(Address) Johns Hopkins Hospital

M. D.

STATE CAUSE OF DEATH is plain terms, so that it may be properly understood. See instructions on back of certificate.

MAR 7-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

699111

691111

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital (Ward)

Length of residence in city or town, where death occurred

yrs.

mos.

da.

How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Michael J. Ryan

(a) Residence: No.

1807 N. Collington St. (Ward.)

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Eileen Ryan

6. DATE OF BIRTH (month, day, year)

Dec 23-1885

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48

2

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

for B.O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New York City

FATHER

13. NAME

M. Ryan

14. BIRTHPLACE (city or town) (State or country)

N.Y.

MOTHER

15. MAIDEN NAME

Fannie Seymour

16. BIRTHPLACE (city or town) (State or country)

N.Y.

17. INFORMANT

(Address)

Mrs. Eileen Ryan

18. BURIAL, CREMATION, OR REMOVAL

Place

Berkwood Interment

19. UNDERTAKER

(Address)

Harris, Horch & Sons, Inc.

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-6-34

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on

19

Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

3/6/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes

If so, specify

(Signed)

Eugene Miller

Coroner

M. D.

(Address)

39 Eastern Ave.

99112

HEALTH DEPARTMENT—CITY OF BALTIMORE 99112

CERTIFICATE OF DEATH

✓ 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Washington St., 8001 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine J. Haller

(a) Residence: No. 2015 N. Washington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Bradley E. Haller (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1901

7. AGE Years 32 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Thomas Skelton

14. BIRTHPLACE (city or town) Balto. County Md. (State or country)

15. MAIDEN NAME Katherine Doyle

16. BIRTHPLACE (city or town) Balto. County Md. (State or country)

17. INFORMANT Katherine D. Skelton (Address) 1412 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Place of burial, cremation, etc. Date March 8, 34

19. UNDERTAKER John O. Mitchell & Sons, Inc. (Address) 1900 Eutaw Place

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 5, 1934 to March 6, 1934

I last saw her alive on March 6, 1934 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Acute Dilatation of Heart

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical & Chemical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. P. Carran M. D.

(Address) 1701 N. Caroline St.

E 99113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99113

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 E. 28th St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 2 1/2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 335 E. 28th St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, ~~Widowed~~ Married6a. If married, ~~widowed~~ Widowed HUSBAND of Anna M. Amberg6. DATE OF BIRTH (month, day, year) Jan 16th 18597. AGE Years 75 Months 1 Days 20 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. King Coal Co
10. Date deceased last worked at this occupation (month and year) Jan 16th 1934 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Balto. (State or country) Md.13. NAME Andrew Amberg14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Katherine Rosenberger16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Miss Helen E. Amberg (Address) 335 E. 28th St18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Mar 9th 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Mar 5 1934. I last saw him alive on March 5 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Arteriosclerosis

Other contributory causes of importance:

Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) H. M. D.(Address) 2922 St Paul St

1934

See instructions on back of certificate. OCCUPATION is very important.

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E 99114

E 99114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Hamburg 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lip yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jacob B. Swindall Sr.

(a) Residence: No.

614 W. Hamburg St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of Mary C. Swindall
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Oct 3rd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>82</u>		<u>3</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindall Bros10. Date deceased last worked at this occupation (month and year) Sept 1928 11. Total time (years) spent in this occupation 5212. BIRTHPLACE (city or town). Balto (State or country) MD.13. NAME Richard Swindall14. BIRTHPLACE (city or town) Phila (State or country) Pa15. MAIDEN NAME Charlotte Brumholtz16. BIRTHPLACE (city or town) Phila (State or country) Pa17. INFORMANT Mary C. Swindall (Address) 614 W. Hamburg St18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 8th 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILER 7-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to March 6, 1934I last saw him alive on Mar 5, 1934. Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lip

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Kenneth B Boyd

M. D.

(Address) 104 W Madison St.

E 99115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-004*

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospitals* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *33* yrs. *7* mos. *1* ds. How long in U. S. If of foreign birth? *33* yrs. *7* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *Home* St. *Home* Ward. *Home*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of *Myra Freed (Dead)* (or) WIFE of *Myra*6. DATE OF BIRTH (month, day, year) *Feb 5, 1861*7. AGE *73* Years *1* Months *10* Days If LESS than 1 day, *10* hrs. or *10* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Carpenter*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*10. Date deceased last worked at this occupation (month and year) *1930* 11. Total time (years) spent in this occupation *25*12. BIRTHPLACE (city or town) *Blasensville* (State or country) *Pa*13. NAME *Samuel Freed*14. BIRTHPLACE (city or town) *Adams Co* (State or country) *Pa*15. MAIDEN NAME *Mary Anna Stone*16. BIRTHPLACE (city or town) *Perry Co* (State or country) *Pa*17. INFORMANT *Friends* (Address) *Bald City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Oak Lawn* Date *Mar 8th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILER *1-1934* *Thurston Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 27, 1933* to *March 5, 1934*I last saw him alive on *March 5, 1934* Death is said to have occurred on the date stated above, at *1:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Transferrancy *6 hrs?*
Atherosclerosis

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so specify _____(Signed) *Thurston Williams* M. D.(Address) *Bald City Hosp*

See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99116

CERTIFICATE OF DEATH

E 99116

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 N. Gay St., 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1744 N. Gay St., 8-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe T. Tolson6. DATE OF BIRTH (month, day, year) Dec 11 - 18687. AGE Years 65 Months 2 Days 23 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Robt Davis14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Alice Jones16. BIRTHPLACE (city or town) Baltimore (State or country)17. INFORMANT Joe T. Tolson(Address) 1744 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 9, 193419. UNDERTAKER John Ullrich(Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 193422. I HEREBY CERTIFY, That I attended deceased from January 27, 1934 to March 6, 1934Last saw her alive on March 6, 1934 Death is said to have occurred on the date stated above, 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
Arteriosclerosis
General arteriosclerosis

Date of onset

1/27/341/27/34

Other contributory causes of importance

Cardiac DisturbanceName of operation Fluoridation Date of 1934What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Albert W. Scully M. D.(Address) 2225 E. North Ave

MAR 7 - 1934

The Registrar

99117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Clarkson St., 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1519 Clarkson St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 53 Months 1 Days 20 If LESS than 1 day, hrs. 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Sun Date March 8 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1934

22. HEREBY CERTIFY, That I attended deceased from

Mar 27 1934 to Mar 5 1934

I last saw him alive on Mar 5 1934 Death is said

to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of

death were as follows: acute cardiac dilatation

Other contributory causes of importance:

Name of operation: Amputation Date of

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. H. M. D.

(Address) 1519 Clarkson St.

7-1934

JCF

E 99118

E 99118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 70-01* St., *69* Ward)Length of residence in city or town where death occurred *69* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *220 N. Monitor* St., *69* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John C. Pfeiffer*6. DATE OF BIRTH (month, day, year) *Dec 27/1861*7. AGE Years *72* Months *2* Days *79* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*10. Date deceased last worked at this occupation (month and year) *July 1931* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *John Pfeiffer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Charlotte Reich*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Raymond S. Pfeiffer*
(Address) *226 N. Monitor St*18. BURIAL, CREMATION, OR REMOVAL
Place *Union Pk* Date *2-1-1934*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 6 1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Pectoris

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm Cook* M. D.(Address) *39 Eastern Ave*

MAR 8 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 21-01*)

Ward

Registered No. *181*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 1/2* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *951 S. Paca* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Chas. Blumens*6. DATE OF BIRTH (month, day, year) *Dec 24-1870*7. AGE Years *63* Months *2* Days *10* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md*

FATHER

13. NAME *Carry Southcomb*14. BIRTHPLACE (city or town) (State or country) *Md*

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Md*17. INFORMANT *Mrs C. F. Hutzell*(Address) *2542 W. Lombard St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto*Date *Mar 8th* 193419. UNDERTAKER *Wm Cook*(Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 6, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1st & 2nd degree burn of back, upper & lower extremities *2/22/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* of Injury *2/22/34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home 914 St Paul*Manner of injury *Nothing caught fire from*Nature of injury *Extremities 1st & 2nd degree burn*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm Cook*

Coroner

M. D.

(Address) *134 E. Baltimore*

Registrar.

MAR 8-1934

M. D. B. 1 **E 99120****E 99120****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH****1. PLACE OF DEATH**CITY OF BALTIMORE: (No. 1901 E. North Ave 8-01 Ward)Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.**2. FULL NAME**(a) Residence: No. 1901 E. North Ave Ward. (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Catherine C
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 2 - 18617. AGE Years 73 Months 1 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Griff & Co
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baldred
(State or country)13. NAME Thos Muller14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Kelly16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Mrs Catherine West
(Address) 1901 E. North Ave18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/9 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St20. FILED 1934 Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) March 6, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 29 1930 to Mar. 6 1934I last saw him Dead Mar. 6, 1934. Death is said to have occurred on the date stated above, at 10:17 m.The principal cause of death and related causes of importance were as follows: Angina Pectoris Date of onset Feb 20, 1920

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Erwin B. Muller M. D.(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

E 99121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99121

CERTIFICATE OF DEATH

X ✓ 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. *6* mos. *6* ds. How long in U. S. if of foreign birth? yrs. *6* mos. *6* ds.

2. FULL NAME

(a) Residence: No. *Spring Grove State Hospital* St., *11-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 26 1876*7. AGE Years *57* Months *7* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Attendant 086*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Spring Grove Hosp.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *James Smith*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Victoria Warfield*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Joseph H. Russell*
(Address) *4911 Eastern Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *St Paul's* Date *March 8 1934*19. UNDERTAKER *John C. Miller*
(Address) *2435 E. Oliver St*20. FILED *1934* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 5 1934*22. HEREBY CERTIFY, That I attended deceased from *Oct 25 1933* to *March 5 1934*I last saw him alive on *March 5 1934* Death is said to have occurred on the date stated above, at *10⁰⁰ P. M.*

The principal cause of death and related causes of importance were as follows:

Maligancy of Pelvic Bone Date of onset *1 year?*

Other contributory causes of importance:

Name of operation *Caudotomy* Date of *Dec 16 1933*What test confirmed diagnosis? *X Rays* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Russell M. D.
Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 99122

E 99122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *122-002*)Length of residence in city or town where death occurred *35* yrs. *8* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1157*

(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Albert Kasky* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 26, 1895*7. AGE Years *35* Months *8* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *house work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Walter Staylor*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *Sadie Bell*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Mrs. Sadie Kasky* (Address) *1157 Carroll St.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Charles Cem.* Date *3/10/34*19. UNDERTAKER *John J. Conway & Son* (Address) *1157 Carroll St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/6/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *March 5, 1934* to *March 6, 1934*I last saw her alive on *March 6, 1934* Death is said to have occurred on the date stated above, at *5 p. m.*

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction Date of onset *2/28/34*

Other contributory causes of importance:

Sexemia *3/5/34*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Yes* Date of injury *3/5/34*, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No* (Signed) *Samuel Kasky* M. D.(Address) *1157 Carroll St.*

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 - 1934

Registrar

M. D. B. E-99123

E 99123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3149 Stafford St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3149 Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Mary A. Fitzmaurice (or WIFE of Mary A. Fitzmaurice)6. DATE OF BIRTH (month, day, year) Jan. 20th 18877. AGE Years 47 Months 1 Days 14 if LESS than 1 day, hrs. 16 or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ball & shoe work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2612. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Martin Fitzmaurice14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Ann. Unknown16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs. Mary A. Fitzmaurice (Address) 3149 Stafford St.18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/19/193419. UNDERTAKER John J. Conway & Co. (Address) 4012 Baltimore St.20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/193422. I HEREBY CERTIFY, That I attended deceased from May 14, 1930 to Mar 6, 1934I last saw him alive on Mar 4, 1934. Death is said to have occurred on the date stated above, at 2.4 m.

The principal cause of death and related causes of importance were as follows:

Ch. Pulmonary Tuberculosis Date of onset 1918

Other contributory causes of importance:

noneName of operation Lat. & X-Ray Date of 20What test confirmed diagnosis Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Mar 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in in home, or in public placeManner of injury Went off balconyNature of injury He fell24. Was disease or injury in any way related to occupation of deceased? no(Signed) W. Endreep M. D. (Address) 2514 A

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

E 99124

E 99124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Brown

(a) Residence: No.

302 Bethel Court

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race black	5. Single, Married, Widowed, or Divorced (write the word) married
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of Mildred Brown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March, /1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45	0	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lynchburg. Va.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Mildred Brown
(Address) 302 Bethel Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date Mar 9, 1934

19. UNDERTAKER
(Address)Lattie Guss
1408 Ashland avHuntington Williams Rd
Roxbury.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 9.05 A.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

onset

Other contributory causes of importance:

Cut fingers on left hand. Mch 1/34
(slight if any influence)

Name of operation Amputation of fingers 3/1/

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following: accident Mar 1/34
Accident, suicide, or homicide? Mar 1/34Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in coal yard while cutting wood-

Manner of injury ax slipped. Fayette 7 Dalla

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

J. H. Allen

County

M. D.

(Address) 108 E. North Ave

FILED 1934

E 99125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99125

280069

CERTIFICATE OF DEATH

V, 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 27-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Edward Harris(a) Residence: No. 4913 QueensburySt. 5 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Elora
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4/28/18857. AGE Years 48 Months 00 Days 08 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.13. NAME Jake Harris14. BIRTHPLACE (city or town) (State or country) N. Y.15. MAIDEN NAME Susan Hershfield16. BIRTHPLACE (city or town) (State or country) N. Y.17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

New York N. Y. Date March 8, 193419. UNDERTAKER John Swinson & Co.
(Address) 11272 Balto St.20. FILED 10347

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 6, 193422. I HEREBY CERTIFY, That I attended deceased from Dec - 19 - 1933 to March - 6 - 1934I last saw him alive on March - 6 - 1934 Death is said to have occurred on the date stated above, at 8 PM.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis, Acute & chr.
Urolithiasis

Date of onset

Other contributory causes of importance:

Broncho PneumoniaName of operation Urolithotomy Date 07-25-33What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury _____ 19 _____Where did injury occur? NO

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO so specify _____(Signed) Walter H. Henry M. D.(Address) John Hopkins Hospital

M. D. E. 99126

E 99126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH *Lenox*CITY OF BALTIMORE: (No. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? *29* yrs. *1* mos. *0* ds.2. FULL NAME *Israel Leon*(a) Residence: No. *Belvedere Green Spring Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Dora*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1876*7. AGE Years *57* Months *10* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Abel Leon*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Sarah*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Dr. E. H. Blatt*(Address) *Belvedere Green Spring Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Herring Run* Date *3/8/34*19. UNDERTAKER *J. L. Levinson & Son*(Address) *1127 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/7* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *8/31* 19*32* to *3/7* 19*34*I last saw him alive on *3/7* 19*34* Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Bronchial pneumonia
Hemiplegia
arterio-sclerosis
Hypertension*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chlor* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edmund Levin*

M. D.

(Address) *Levin & Son*

25. FILED

1934

Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

E 99127

E 99127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Hampden Avenue St. 12-01 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel C. Ray

(a) Residence: No. 2825 Hampden Avenue St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Amanda E. Ray
(or) WIFE of

4. DATE OF BIRTH (month, day, year) Dec. 13, 1873

7. AGE Years 60 Months 3 Days 25 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME George Ray

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Amanda E. Ray
(Address) 2825 Hampden Avenue18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Date Mar. 10, 193419. UNDERTAKER A. S. Marshall
(Address) 2539 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1934, to March 7, 1934

I last saw him alive on March 1, 1934 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No In so, specify

(Signed)

(Address)

M. D.

FILED 1934

Huntington Williams

M. D. R. **E-99128**✓ **E 99128****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**94-002
Registered No.**1. PLACE OF DEATH**CITY OF BALTIMORE: (No. 1734 Bank St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.**2. FULL NAME**Eva E. Matthai(a) Residence: No. 1734 Bank St., Ward. (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 18577. AGE Years 76 Months 9 Days 17 if LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) M.D.13. NAME Christian E. Matthai14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Anna E. Miller16. BIRTHPLACE (city or town) Baltimore (State or country) M.D.17. INFORMANT Miss Amelia E. Matthai (Address) 1734 Bank St.18. BURIAL, CREMATION, OR REMOVAL Place Land on Park Date March 8, 193419. UNDERTAKER H. Sanderford Jones (Address) 1710 Fleet St.20. FILED 19 Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) March 5, 193422. I HEREBY CERTIFY, That I attended deceased from June - 1933 to March 5 - 1934I last saw h. alive on 1933 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
(Coronary Thrombosis)

Date of onset

4/33 -

Other contributory causes of importance:

Coronary Block -8 hrName of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 19Where did injury occur? ✓ (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Frank E. Brubaker M. D.(Address) 125 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934

E 99129

E 99129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 19-01 St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 416 A. Carey

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMartha Cole6. DATE OF BIRTH (month, day, year) April 14, 1889

7. AGE

45

Years

Months

10

Days

21

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

MOTHER

12. BIRTHPLACE (city or town) Summerville
(State or country) Essex Co. Virginia13. NAME William Cole14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Lucy Robins16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Martha Cole(Address) 416 A. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place mt. CalvaryDate March 9, 193419. UNDERTAKER Thos. State R. Williams(Address) 322 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-34, 19

22. I HEREBY CERTIFY, That I attended deceased from

2-20-34

19

to

3-5-34

19

I last saw him alive on 3-5-34 19. Death is saidto have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumococcal Meningitis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William J. ...

M. D.

(Address)

President Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1934

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N Schrock St. ST., 18-01 WARD)

2—FULL NAME

Eleanora Madrox

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

316 N Schrock St. ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Caucasian

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJeremiah Madrox

6 DATE OF BIRTH (month, day, and year)

7 AGE

39

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Landlady

(b) General nature of industry, business, or establishment in which employed (or employer)

041

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)MD

10 NAME OF FATHER

William Spear

11 BIRTHPLACE OF FATHER (city or town)

Catonsville, Md.

(State or country)

12 MAIDEN NAME OF MOTHER

Julia?13 BIRTHPLACE OF MOTHER (city or town)
(State or country)MD

14

Informant

(Address)

Minnie Feltz King
316 N Schrock St.

15

Filed

1934
August 11, 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar 3/34

17

I HEREBY CERTIFY, That I attended deceased from

Mar 2, 1934, to Mar 3, 1934that I last saw him alive on Mar 2, 1934and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis of Heart(duration) 1 yrs. mos. ds.CONTRIBUTORY
(Secondary)Pulmonary Tuberculosis(duration) 6 yrs. mos. ds.18 Where was disease contracted
if not at place of death?NoDid an operation precede death? No Date of NoWas there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Feltz, M. D.

19 (Address)

939 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Western Star CemeteryMar. 8, 1934

20 UNDERTAKER

ADDRESS 322 NMr. Katie R. WilliamsSchrock St

Spec.—8-16-34 **E 99131****E 99131**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W Mulberry ST. 17-01 WARD)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

712 W Mulberry ST. WARD

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) Married6a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Hill6 DATE OF BIRTH (month, day, and year) Aug 12, 19097 AGE Years 24 Months 6 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Lake Shore
(State or country) Anne Arundel Co. Md.10 NAME OF FATHER Monroe Hill11 BIRTHPLACE OF FATHER (city or town) Cambridge
(State or country) MA12 MAIDEN NAME OF MOTHER Mary Lemby13 BIRTHPLACE OF MOTHER (city or town) Cambridge
(State or country) MA14 Informant Mary Hill
(Address) 712 W. Mulberry St15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/3417 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Mar 6, 1934, that I last saw him alive on Mar 5, 1934, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis
(duration) yrs. 8? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? yes Date of no

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Card M. D.1934 (Address) 7029 Arundel Hill Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Zion Cemetery

20 UNDERTAKER

Mrs Katie R. Williams

DATE OF BURIAL

Mar 9, 1934ADDRESS 322 N.Schneider St.

E 99132 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2028 Gough st.* St. *2-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *05* yrs. mos. ds. How long in U. S. If of foreign birth? *05* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2028 Gough street* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*6a. If married, widowed, or divorced *WIFE of Late Jacob Novak*6. DATE OF BIRTH (month, day, year) *July 26th, 1860*7. AGE *74* Years Months Days If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *031*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Poland.* (State or country)13. NAME *Thomas Sobczak*14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Mary Wozniak*16. BIRTHPLACE (city or town) *Poland.* (State or country)17. INFORMANT *Mrs. Frances Sobus* (Address) *2028 Gough st.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Stanislaus Cemetery* Date *March 10, 1934*19. UNDERTAKER *George A. Meher* (Address) *765 S. Ann st.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 7th, 1934*22. I HEREBY CERTIFY, That attended deceased from *July 10, 1913 to April 7, 1934*I last saw him alive on *March 7, 1934* Death is said to have occurred on the date stated above, at *1:30* p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis about 2 years

Other contributory causes of importance:

Arterio-sclerosis several years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *m*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Frank L. Valentini* D. D.(Address) *116 S. Howard*

FILED

19

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99133

CERTIFICATE OF DEATH

210-001 E 99133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Hospital St., 500 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2015 N. Poyson St. St., 0 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Feb 9, 1923

8. AGE Years 11 Months 0 Days 25 If LESS than 1 day, 0 hrs. or 0 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

11. Date deceased last worked at this occupation (month and year) Feb 9, 1923

12. Total time (years) spent in this occupation 0

13. BIRTHPLACE (city or town) Balto. (State or country)14. NAME Henry Schneider15. BIRTHPLACE (city or town) Balto. (State or country)16. MAIDEN NAME Atlanta Poulson17. BIRTHPLACE (city or town) Denmark (State or country)18. INFORMANT Henry Schneider (Address) 2015 N. Poyson St.19. BURIAL, CREMATION, OR REMOVAL Trinity Place Trinity Date 3/8/34 1920. UNDERTAKER H. B. McKelvey & Sons (Address) 200 E. Madison St.FILED - 1934 19 John J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 193422. I HEREBY CERTIFY, That I attended deceased from Wagon 1934 to 1934I last saw h. Wagon alive on Wagon 1934 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Crushed left chest
Internal Injuries

Other contributory causes of importance:

Automobile AccidentName of operation none Date of ✓What test confirmed diagnosis none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 3/5/1934Accident, suicide, or homicide AccidentWhere did injury occur? North Ave. & Pulaski St. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place StreetManner of injury Struck by auto while walking across streetNature of injury Struck by auto while walking across street24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Joseph P. McKelvey Coroner(Address) 2200 E. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99134

E 99134

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 Net Chert Lane, 70-01 Ward)

Length of residence in city or town where death occurred 81 yrs. 27 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 318 Net Chert Lane, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. C. Atkinson

6. DATE OF BIRTH (month, day, year) Feb 7th 1855

7. AGE 81 Years Months Days 27 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Henry Brown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Depper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Neane Stanley (Address) 318 Net Chert Lane

18. BURIAL, CREMATION, OR REMOVAL Place Date Mar 10 1934

19. UNDERTAKER F. B. Hubbert & Son (Address) 1306 Eutaw Place

20. FILED - 1934 - 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from 311 1934 to 316 1934

I last saw him alive on 316/34 Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Acute (Primary) 4/2/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Henry M. D.

(Address) 910 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

99135

HEALTH DEPARTMENT—CITY OF BALTIMORE 99135

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Liberty Heights St., 8-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 51201 Liberty Heights St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius F. Scribner		
6. DATE OF BIRTH (month, day, year) May 15-1892		
7. AGE 61	Years 9	Months 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knivesmith		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation 27		

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MOTHER'S NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar 1- to Mar 6, 1934

I last saw him alive on Mar 6, 1934. Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 9534

Other contributory causes of importance:

Slight arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. B. Wipke & Son

(Address) 2145 N. Baltimore St. M. D.

Registrar

99136 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99136

CERTIFICATE OF DEATH

1. PLACE OF DEATH

The Church Home & Infirmary

CITY OF BALTIMORE: (No.

Bellevue, Md. St., 6-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. George W. Grace

(a) Residence: No.

P.O. Sparrows Point, Md. St., Wise Ave & Bear Creek.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Eliza Guthrie Grace

6. DATE OF BIRTH (month, day, year)

2/23/58

7. AGE

Years 76

Months

Days 14/3

If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bridge Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at Bear Creek Wise Ave

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

John Thomas Grace

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Mary Bond

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

William Grace (Address) Wise Ave & Bear Creek.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Mar 9 1934

19. UNDERTAKER

John F. Denny (Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1934

22. I HEREBY CERTIFY. That I attended deceased from 3/3 1934 to 3/5 1934

I last saw him alive on 3/5 1934. Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Chronic Hypertension
Curcled - embolism

Date of onset

3/4/34

Other contributory causes of importance:

Prostatic Hypertrophy
Urinary Retention and
Uremia

Date of death

5/3/34

Date of death

2/27/34

Name of operation

None

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard T. Howard M. D.

(Address) Church Home & Infirmary

FILED 1934

19

Register

E 99137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99137

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Argyle Ave. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? 8 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1516 Argyle Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Joseph (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 72 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Rubini (Address) 2034 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place (where) and (where) Date 3/8/34 19

19. UNDERTAKER (Address) 1429 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/34 19

22. I HEREBY CERTIFY. That I attended deceased from March 1, 1934, to March 7, 1934

I last saw her alive on March 7, 1934 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

Chrom Myocarditis, 2p

Date at onset

Other contributory causes of importance:

(Paralysis) (Euthanasia)

10X

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ...

(Address) 704 E. Eutaw

M. D.

1934-1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

99138

CERTIFICATE OF DEATH

46 E 99138

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City Hosp* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *17* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *111 N. Bond St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Georgia Shumley*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *45* Months *5* Days *5* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *N. C.*
(State or country)13. NAME *Baldy Shumley*14. BIRTHPLACE (city or town) *N. C.*
(State or country)15. MAIDEN NAME *Della Dean*16. BIRTHPLACE (city or town) *N. C.*
(State or country)17. INFORMANT *Hosp record*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *National cem* Date *mar 9* 19*34*19. UNDERTAKER *Edw Bryson*(Address) *1631 Orleans St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/5* 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

2/1 19*34* to *3/5* 19*34*I last saw him alive on *3/4* 19*34* Death is saidto have occurred on the date stated above, at *12 noon*

The principal cause of death and related causes of importance were as follows:

Circumstances of stomach Date of onset *2 miles*

Other contributory causes of importance:

Name of operation. *gastrostomy* Date of *3/3/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. Bryson* M. D.(Address) *Bolton City Hosp*

MAR 8 - 1934

99139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 E 99139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Baltimore City

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter Williams

(a) Residence: No.

2034 Mayer St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Ellen Williams

6. DATE OF BIRTH (month, day, year) 3/11 1896

7. AGE	Years	Months	Days	8. LESS than 1 day, hrs. or min.
37	11	18		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BUKIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1934

22. I HEREBY CERTIFY. That I attended deceased from

3/4 1934 to 3/5 1934

I last saw him alive on 3/5 1934. Death is said

to have occurred on the date stated above, at 10:55 AM

The principal cause of death and related causes of importance were as follows:

Influenza pneumonia

Date of onset

?

Other contributory causes of importance:

Poor nutrition, stress, etc.

gmo.

Name of operation 2 Doppler method of 1/5/34

What was the diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Bourne M. D.

(Address) Baltimore City

MAR 8 - 1934

M. D. B. 126 **E 99140**✓ **E 99140****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

34

1. PLACE OF DEATHCITY OF BALTIMORE: *Baltimore At Hospital 17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *21* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.**2. FULL NAME**(a) Residence: No. *11109 Pennsylvania Ave* St., *17-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 16, 1894*7. AGE *39* Years *10* Months *15* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Atlanta Ga*
(State or country)13. NAME *James Gomo*14. BIRTHPLACE (city or town) *Chester Pa*
(State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *?*
(State or country)17. INFORMANT *Records*
(Address) *Balt. City Hosp*18. *Death Certificate* *Mar 10-1934*19. UNDERTAKER *Chas. G. Cooper 514 N. Baltimore St.*
(Address)**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) *March 1, 1934*22. HEREBY CERTIFY That I attended deceased from *Feb. 25, 1934* to *March 1, 1934*I last saw him alive on *March 1, 1934* Death is said to have occurred on the date stated above, at *1:00* p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

4 days

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *T. Phagil* M. D.(Address) *Baltimore At Hosp*

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 - 1934

Registrar

E 99141

99141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Durham St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 120 S Durham St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) May 31-1873

7. AGE Years 60 Months 9 Days 65 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Wiener

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline Wiener (Address) 120 S Durham St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar. 9, 1934

19. UNDERTAKER Martin W. C. Offel Inc (Address) 37 S. Anne St

20. FILED 8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1933, to Mar 6, 1934

I last saw him alive on Mar 5, 1934 Death is said to have occurred on the date stated above, at 6 AM.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma

Date of onset

Other contributory causes of importance:

Aortic insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. C. M. D.

(Address) 817 Hamilton Ave

E 99142

99142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Ty.)
 CITY OF BALTIMORE: (No. _____ St. 76-01 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Robert Lee Funk

(a) Residence: No. 408 Eaton st.
 (Usual place of abode)

St. _____ Ward. _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced
 HUSBAND of Annie Funk
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1876

7. AGE Years 57 Months 8 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt.

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME David Funk

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem Date March 9, 1934

19. UNDERTAKER Max W. E. Duppel
 (Address) 1132 N. E. St.

20. FILE 1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to March 5, 1934

I last saw him alive on March 5, 1934. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Unknown

Other contributory causes of importance:

Arteriosclerotic heart disease

Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) Christopher C. Shaw M. D.
 (Address) Baltimore City Hospitals

E 99143

99143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Gough St. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 4 yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Klementyna Borzuchowska

(a) Residence: No. 2229 Eastern Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julian Borzuchowski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hra. or ...min.
66				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME Frank Berbert

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Cecil Swanka

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT Julian Borzuchowski (Address) 2229 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Mch. 9 1934

19. UNDERTAKER (Address) 1930

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 6 34, 19

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1933 to March 6, 1934

I last saw her alive on March 19, 1934 Death is said to have occurred on the date stated above, at 4 AM.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
cardiovascular disease
with hypertension

Date of onset

3+ yrs

Other contributory causes of importance:

Apoplexy

Dec 32

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Julius J. Lyska M. D.
Address 2221 Eastern Ave
Baltimore

E 99144

99144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 E. North Ave. St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Helen Blotkamp

(a) Residence: No.

1105 E. North Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
 HUSBAND of John Blotkamp
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
75		3	5	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME John Blotkamp

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT George Kleiderlein
(Address) 1105 E. North Ave.18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date 3/9/34 1919. UNDERTAKER
5305 Harford Rd.20. FILED
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/34 19

22. I HEREBY CERTIFY. That I attended deceased from July 1933 to 3/6/34 19

I last saw him alive on 3/6/34 19. Death is said to have occurred on the date stated above at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
chronic infarcted territory
myocardial infarcted
nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 2703 Harford Rd.

E 99145

99145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3009 Bayonne Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced, HUSBAND of Mrs. Adelaide Cosley (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 4, 18667. AGE Years 68 Months 12 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila, Pa (State or country)13. NAME Sylvester Cosley14. BIRTHPLACE (city or town) Phila Pa (State or country)15. MAIDEN NAME Mrs. Mathias16. BIRTHPLACE (city or town) Phila Pa (State or country)17. INFORMANT Mrs. Adelaide Cosley (Address) 3009 Bayonne Ave18. BURIAL, CREMATION, OR REMOVAL London Park Date 3/12/3419. UNDERTAKER George H. R. R. (Address) 3305 1st Ave20. 1934 Registrar. Therese Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 193422. I HEREBY CERTIFY, That I attended deceased from 1-25, 1934, to 3-8, 1934I last saw him alive on 3-8, 1934. Death is said to have occurred on the date stated above, at 10:4 am.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis C-V disease
Generalized arteriosclerosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: 19.....

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter P. Robinson, M. D.(Address) Mary Hosp

E 99146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 99146

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1509 Locust 25-01)

2-FULL NAME

(a) RESIDENCE NO. 1509 Locust

(3) usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

ST.

WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

3/6/34

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 6 1934

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 7, 1934, that I last saw him alive on March 7, 1934, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Premature Birth (8 mos)

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

1934 (Address)

*State the Disease Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Cross A.A. Co.

20 UNDERTAKER

Wm S. Fialkowski

DATE OF BURIAL

3/8 1934

ADDRESS

2007 Eastern

R 8 1934

Huntington Williams

E 99147

99147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. _____)

BALTIMORE, MD.

St. _____

Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Joseph Martinick

(a) Residence: No. _____

Bingies, Maryland

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of

Mary Martinick

6. DATE OF BIRTH (month, day, year)

Feb. 22 - 1888

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

45 46

10

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

P. R. Black & Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

P. R. R. O. B.

10. Date deceased last worked at this occupation (month and year)

11/11/24

11. Total time (years) spent in this occupation

25 yrs.

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER FATHER

13. NAME

Agnes Martinick

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Anna Black

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Mrs. Mary Martinick
Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19

Holy Redeemer 2/2/19

19. UNDERTAKER

(Address)

Thos. J. Connelly
Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1934 to March 6, 1934

I last saw him alive on March 6, 1934 Death is said

to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Appendicitis
2. Peritonitis
3. Multiple abscesses of liver
4. Pulmonary congestion - terminal

Other contributory causes of importance:

1. Tachycardia

Name of operation Appendectomy Date of 2-17-34

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

M. D.

BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

9914871 HEALTH DEPARTMENT—CITY OF BALTIMORE 28 82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St., 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Charles Gontrum

(a) Residence: No. 715 N. Lakewood ave

St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia

6. DATE OF BIRTH (month, day, year) 9/1/1872

7. AGE Years 61 Months 6 Days 6 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ind
(State or country)

13. NAME William Gontrum

14. BIRTHPLACE (city or town) Ind
(State or country)

15. MAIDEN NAME Josephine Miller

16. BIRTHPLACE (city or town) Ind
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Ocean Date March 10 1934

19. UNDERTAKER Tom G. Schaeffer
(Address) 1612 E. Monument St
Thurston & Williams, Inc.

20. YEAR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934 to March 8, 1934

I last saw him alive on March 8, 1934 Death is said to have occurred on the date stated above, at 6⁴⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis

Date of onset

3/4/34

Other contributory causes of importance:

hypertension

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Josef J. Bagmeyer
Johns Hopkins Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

E 99149

99149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Monroe St. 20-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 308 S. Monroe St., 20-41 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Edith Schade
(or) WIFE of6. DATE OF BIRTH (month, day, year) January 8, 18637. AGE Years 71 Months 2 Days - If LESS than 1 day, - hrs. - or min. -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edward Pyles10. Date deceased last worked at this occupation (month and year) December 1933 11. Total time (years) spent in this occupation 50 yrs12. BIRTHPLACE (city or town) Alexandria
(State or country) Virginia13. NAME Valentine Schade14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Louise Korman16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mrs. Edith B. Schade
(Address) 308 S. Monroe St.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Cem. Date March 12, 193419. UNDERTAKER Joseph H. Hook
(Address) 1007 W. Baltimore St.20. Therapist

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 193422. I HEREBY CERTIFY That I attended deceased from Feb 24, 34 to Mar 8, 34I last saw him alive on Mar 7, 1934. Death is said to have occurred on the date stated above, at 10⁰⁰ A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Chronic
Arthritis Multiple
ChronicDate of onset Sept 733

?

Other contributory causes of importance:
Myocardial Insuff -
InsufficiencyFeb 24/34Name of operation Clinical Date of ✓What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury 19Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -24. Was disease or injury in any way related to occupation of deceased? No(Signed) Therapist M. D.(Address) 2910 Hollis Ferry Rd

8-1934

99150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James Harper

(a) Residence: No.

Rosedale Terrace Rosbury

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

Jul. 18, 1934, to Mar. 6, 1935

I last saw him alive on Mar. 6, 1935. Death is said
to have occurred on the date stated above, at 8:45 a.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Gen. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

FILED 1934

E 99151

99151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Bank St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mo. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mo. ____ ds.

2. FULL NAME

(a) Residence: No. 1909 Bank St., 2-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Baker Sr.6. DATE OF BIRTH (month, day, year) Jan 4 1863
7. AGE Years 71 Months 2 Days 3 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto13. NAME John Guernsey
14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME Elizabeth Guernsey
16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT James B. Baker Jr.
(Address) 1109 Bank St.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 10, 193419. UNDERTAKER Mat. W. E. Dippel, Inc.
(Address) 37 E. Pratt St.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 193422. I HEREBY CERTIFY, That I attended deceased from about 3/4/34 to March 7, 1934
last saw her alive on March 6, 1934 Death is said to have occurred on the date stated above, at 2pm.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Other contributory causes of importance:

None

Date of onset

Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. D. Sackell M. D.(Address) 3927 St Paul St

E 99152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 E. 21st

ST. 9-01 WARD

2. FULL NAME

William Franklin Bowers

(a) RESIDENCE NO

530 E. 21st

ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)
Length of residence in city or town where death occurred

60

yrs. --- mos. --- ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed,
or Divorced (write the word)

Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth Emrich

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1853

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

80

3

2 1/2

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

None

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Elkridge Landing
Maryland

10 NAME OF FATHER William H. Bowers

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Maryland

12 MAIDEN NAME OF MOTHER Rachel A. Isenal

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Maryland

14 Informant

Harry J. Bowers
(Address) 530 E. 21st Street

15

Filed

192

Registrar

CORONER'S CERTIFICATE OF DEATH

5.45 P.M.

16 DATE OF DEATH (month, day, and year) March 7/34

17 I HEREBY CERTIFY, That I took charge of the
remains described above, held an inquiry
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said
inquiry find that said deceased came to his death
topay or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Skull- Fell down stairs
2nd to 1st floor in home, Mar 2/34
Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed)

M. D.
Coroner

3/8/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Loudon Park Cemetery

DATE OF BURIAL

3/9 1934

ADDRESS

20 UNDERTAKER

Henry W. Meares and Son 805 1/2 Calver

See instructions on back of certificates.

PARENTS

M. D. B. 1-99153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99153

XV 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. *1* mos. *1* ds.

2. FULL NAME

(a) Residence: No. *PS Maple Ave* St. *Brown* Ward. *Mid*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1890*7. AGE Years *04* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *W. Va* (State or country)13. NAME *J. H. Bowers*14. BIRTHPLACE (city or town) *W. Va* (State or country)15. MAIDEN NAME *Mary Barker*16. BIRTHPLACE (city or town) *W. Va* (State or country)17. INFORMANT *Deeds* (Address) *University Hospital*18. BURIAL, CREMATION, OR REMOVAL Place *Brown* Date *Mar 11* 19*34*UNDERTAKER (Address) *C. H. Luck & Son*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3 8 34* 1922. I HEREBY CERTIFY. That I attended deceased from *3-8-34* 19, to *3-8-34* 19.I last saw him alive on *3-8-34* 19. Death is said to have occurred on the date stated above, at *11:45 P.*

The principal cause of death and related causes of importance were as follows:

Suppurative cardiac vascular disease
*Central Nervous System*Date of onset *7*

Other contributory causes of importance:

*Pulmonary Oedema*Date of onset *3-8-34*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *P. Phron*

M. D.

FILED

MAR 8 - 1934

Baltimore, Md. Registrar

E 99154

E 99154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*V, 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward *Baltimore*)

Registered No. _____

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mo. *5* d. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME

(a) Residence: No. *Bel Air, Md.* St. _____ Ward _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *deceased*6. DATE OF BIRTH (month, day, year) *Nov 1, 1851*7. AGE Years *82* Months *4* Days *8* If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Maryland* (State or country)13. NAME *John R. Spencer*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *Sara Bailey*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *deceased Stanley Spencer* (Address) *Bel Air, Md.*18. BURIAL, CREMATION, OR REMOVAL Place *MT Zion* Date *Mar 12, 1934*19. UNDERTAKER *Dean Foster* (Address) *Bel Air, Md.*20. FILED *1934* *Huntington* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 9, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 4, 1934, to March 9, 1934*I last saw him alive on *March 8, 1934* Death is said to have occurred on the date stated above, at *12:52 AM*

The principal cause of death and related causes of importance were as follows:

*Broncho pneumonia
Pneumococci septicemia
Mastoiditis, left.
Pneumococci abscess, rt. lung
Otitis media*

Date of onset

*3/4/34**3/5/34**3/3/34**3/5/34**2/2/34*

Other contributory causes of importance:

Name of operation *Left Mastoidectomy* Date of *3/5/34*What test confirmed diagnosis? *operation* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *W. B. Seale* M. D.(Address) *Union Memorial Hospital*

E 99155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99155

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.)

BALTIMORE, MD

St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary C. Leach

(a) Residence: No. 1023

North Central

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) widowed
------------------	---------------------------	--

5a. If married, widowed, divorced, or separated, name of HUSBAND (or) WIFE of Benjamin F. Leach

6. DATE OF BIRTH (month, day, year)

not known

7. AGE 68	Years	Months	Days	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work	11. Total time (years) spent in this occupation 037
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

13. NAME John Henry Kentwell

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

15. MAIDEN NAME Henrietta Dobson

16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mrs. Ruth Leach
(Address) 1023 N. Central Ave18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date March 12, 193419. UNDERTAKER Henry Hershman, Jr.
(Address) 1301 E. Bay St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to March 8, 1934

I last saw her alive on March 8, 1934 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

1. Diabetes mellitus
2. Arteriosclerosis
3. Chronic nephritis
4. Chronic nephritis

Other contributory causes of importance:

Name of operation Date of operation ho

What test confirmed diagnosis? Was there an autopsy? ho

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. M. Weymiller M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

20. FILED

NO - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Raynor Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1824 Raynor Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William P Burns

6. DATE OF BIRTH (month, day, year) March 8, 1876

7. AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H. Bouguard

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah C. Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm P Burns

(Address) 1824 Raynor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 11, 1934

19. UNDERTAKER John H. Emery & Son

(Address) 221 S. Greene St

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934, to March 8, 1934

I last saw him alive on March 7, 1934 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Unknown
Valvular Insufficiency

Date of onset

Other contributory causes of importance:

Pulmonary Tumor

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Weldon R Hill M. D.

(Address) 4531 Reservoir Rd

E 99157

✓ E 99157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Milton Ave 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1637 N. Milton Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Lillie Settler</u>		
6. DATE OF BIRTH (month, day, year) <u>Nov. 5. 1858</u>		
7. AGE <u>75</u> Years <u>4</u> Months <u>3</u> Days	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>030</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>		
FATHER	13. NAME <u>August Settler</u>	
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>	
17. INFORMANT <u>Mrs. Lillie Settler</u> (Address) <u>1637 Milton Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Balto. Cem.</u> Date <u>3/10/34</u>		
19. UNDERTAKED <u>J. Neumann & Co.</u> (Address) <u>32 S. Broadway</u>		
20. FILED <u>1934</u> <u>Washington</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8/ 193422. I HEREBY CERTIFY, That I attended deceased from December 1931, to March 8 1934I last saw him alive on March 7 1934 Death is said to have occurred on the date stated above, at 4 4 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Nephritis
Chronic Myocarditis

Date of onset

?

Other contributory causes of importance:

Cerebral HemorrhageMarch
4, 1934

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

Victor Goldberg M. D.(Address) 1524 N. Patterson Ave

E.D. 99158

E 99158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 1/2 Robinson St. Ward 6)

Length of residence in city or town where death occurred 1 1 1 mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 420 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Age	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
-------------------	------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years 40	Months 6	Days 25	IF LESS than 1 day,.....hrs. or.....min.
--------	--------------------	--------------------	-------------------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city and state or country) *Baltimore, Md*

13. NAME Frank L. Vogt

14. BIRTHPLACE (city or town).....
(State or country)

15. MAIDEN NAME *Barbara Bell*

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT *Barbara Voze*
(Address) *490 W. Robinson*

16. BURIAL, CREMATION, OR REMOVAL
Place Holy Rede mtn Date 3/10/19

19. UNDERTAKER
(Address) *J. A. Moran*
3000 E. B. alt. St.

20. FILED - 1934 H. E. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1961

22. I HEREBY CERTIFY, that _____ Grace, 1934, to _____ Grace, 1934
I last saw him alive on _____ Grace, 1934. Death is said
to have occurred on the date stated above, at _____ Grace, 1934.

The principal cause of death and relief
importance is as follows:

Other contributory causes of importance:

.....

Count Charles Warren Co

Name of operation..... Date of.....

What test confirmed diagnosis? Strep Was there an autopsy? Yes
If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in transit.

Manner of injury

24 Nature of Injury

24. Was disease or injury in any way related to occupation of deceased

(Signed) _____, M.

(Address) 1000 1st St. N. W. Washington, D. C.

E.D. 99159

E 99159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Fair View 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3608 Fair View 15-01 St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18797. AGE Years 55 Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubin Levy14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT She Levy(Address) 3608 Fair View

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern Date March 9, 193419. UNDERTAKER Sol. Levinson(Address) 1127 E. Baltimore

20. MAR 9 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 193422. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1933, to Dec 8, 1933.I last saw her alive on Dec 8, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of colonDate of onset Not sure

Other contributory causes of importance:

Name of operation Enterotomy Date of Nov. 1933What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Samuel Morrison(Address) 1013 N. Charles St.

M. D.

M. E^R 99160

E 99160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Gold St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 528 Gold St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or race White 5. Single, married, widowed, or Divorced Married

5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of John Holt.

6. DATE OF BIRTH (month, day, year) June 1876

7. AGE Years 57 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

13. NAME St Mary Co. Md.

14. BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

15. MAIDEN NAME Sarah Thomas

16. BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

17. INFORMANT Sarah Thomas 528 Gold St.

18. BURIAL, CREMATION, OR REMOVAL Place St Joseph Date Mar 10, 1934

19. UNDERTAKER Thoma E. Wright 200 N. Canadian Ave.

20. FILED R 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1934

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 3 months

Other contributory causes of importance:

Name of operation Pyloromyotomy Date of 1934

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Date of Injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

E 99161

E 99161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Arlington St. 18-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 221 N. Arlington St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col. 5. Single, Married, Widowed,
or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of William McK Morris6. DATE OF BIRTH (month, day, year) June 5 19057. AGE 28 Years 29 Months 9 Days 2 If LESS than
1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. domestic
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Laundry
10. Date deceased last worked at
this occupation (month and
year) 2/24 11. Total time (years)
spent in this
occupation 5 yrs12. BIRTHPLACE (city or town)
(State or country) VA.FATHER 13. NAME Walter Williams14. BIRTHPLACE (city or town)
(State or country) VA.MOTHER 15. MAIDEN NAME Lottie Kemp16. BIRTHPLACE (city or town)
(State or country) VA.17. INFORMANT Wm McK Morris
(Address) 221 N. Arlington St.18. BURIAL, CREMATION, OR REMOVAL
Place Urbanna Date Mar 10, 1934
Urbanna Co. Va.19. UNDERTAKER Mrs. Kate R Williams
(Address) 322 N. Broadway St.20. FILED 1934 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/193422. I HEREBY CERTIFY, That I attended deceased from
3/5/34 to 3/7/34I last saw him alive on 3/7/34 death is said
to have occurred on the date stated above, at 500 A m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Broncho Pneumonia3/4/34

Other contributory causes of importance:

Sagittifer & Bronchitis3 daysName of operation none Date of _____
What test confirmed diagnosis Cervical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____(Signed) J. B. Bowen M. D.(Address) 579 N. Carroll St.

E 99162

E 99162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Aisquith

St. 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Milton Jones

(a) Residence: No.

837 Aisquith

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

black

5. Single, Married, Widowed, or Divorced (write the word)
married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

?????

6. DATE OF BIRTH (month, day, year)

7. AGE

Years
45

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

?????

12. BIRTHPLACE (city or town)
(State or country)

Unknown

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

n

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

n

7. INFORMANT

(Address)

Police Records

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Feb 27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as follows:
Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

0189

THE MORGUE

M. D. H. 11 E 99163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99163

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Otterbri St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 327 Otterbri St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Male Negro

6a. If married, widowed, or divorced HIS HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

E 99164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Astor St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1340 E. Astor St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Alfred C. Roeder

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John H. Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caloline C. Nixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. C. Christopher 1300 Bellvue St.

18. BURIAL, CREMATION, OR REMOVAL Place Date 3/9/34 19

19. UNDERTAKER (Address) 318 E. Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/6 to 3/8 1934

I last saw him alive on 3/8 1934. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia 3/7/34

Other contributory causes of importance:

Acute Myocarditis

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of Injury X 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of Injury X X

Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 3404 Charles

M. D. R. 99165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99165

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Clement St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 621 Clement St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elip Schmidt

6. DATE OF BIRTH (month, day, year)

7. AGE Years 78 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Ice Co. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Finley

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 3/12/34

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mon 6 - 1933 to 3/8 - 1934

I last saw her alive on 3/8 - 1934. Death is said

to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Complication of diseases

Other contributory causes of importance:

Chronic Hypertension

Name of operation X Date of X

What test confirmed diagnosis Phical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X X

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify X

(Signed) M. D.

(Address) 13408 Charles

M. D. B. 1-9 99167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Franklin Square Hospital

Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Antonio Fazio

(a) Residence: No.

309 East St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* 4. Color or Race *w* 5. Single, Married, Widowed, or Divorced (write the word) *widower*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Venera Fazio*

DATE OF BIRTH (month, day, year)

Aug. 5, 1879

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

54

6

7

2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

13. NAME

Dominick Fazio

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Margherita

16. BIRTHPLACE (city or town) (State or country)

Italy

INFORMANT

(Address)

Dominick Fazio
309 East St

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer 3/10/34

UNDERTAKER

(Address)

Richard F. Curley
700 E. North Ave

FILE - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from

very

19

to

19

I last saw him alive on *very*, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile

Accident

Name of operation

Decompression

Date of 3/6/34

What test confirmed diagnosis? *yes* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury 3/3, 1934

Where did injury occur? *Arlington Ave & Mt. Vernon*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street Accident

Manner of injury *Struck by auto as he*

Nature of injury *was walking down the road.*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Joseph Pokorny
2400 E. Madison St

Coroner

M. D.

E 99168

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99168

93-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 S. Highland St., 26-21 Ward)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 309 S. Highland St., 26-21 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of James H. Brady
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 25 18717. AGE Years 63 Months — Days 11/13 If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027
10. Date deceased last worked at this occupation (month and year) West Virginia
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) West Virginia13. NAME John W. Willhide14. BIRTHPLACE (city or town) (State or country) W. Va15. MAIDEN NAME Susanna Holt16. BIRTHPLACE (city or town) (State or country) Emmelleburg Md17. INFORMANT James H. Brady(Address) 309 S. Highland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louison Park cem Date Mar. 12 193419. UNDERTAKER George W. Finkler(Address) 1737 E. Eager St.

FILED 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 193422. I HEREBY CERTIFY, That I attended deceased from — 19— to — 19—I last saw h. — alive on — 19— Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Name of operation — Date of —What test confirmed diagnosis? Heart Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —(Signed) J. P. Rogers M.D. M. D.(Address) 13052 Patterson Park Ave

E 99169

99169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland General Hosp*
 CITY OF BALTIMORE: (No. *21-01* Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *William H. Weisgerber*

(a) Residence: No. *704 Washington* St. *3rd* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
 HUSBAND of *May Weisgerber*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 2, 1870*

7. AGE Years Months Days If LESS than
63 *4* *6* 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *Paper Hanger*
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.
 10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) *Baltimore Md.*

13. NAME *Henry H. Weisgerber*

14. BIRTHPLACE (city or town)
 (State or country) *Germany*

15. MAIDEN NAME *Minnie Pinck*

16. BIRTHPLACE (city or town)
 (State or country) *Germany*

17. INFORMANT *Hospital records*
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place *Western* Date *Mar 10, 1934*

19. UNDERTAKER *Mrs. Mrs. John W. Timpf, Son*
 (Address) *801 W. Fayette St*

20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 7, 1934*

22. I HEREBY CERTIFY, That I attended deceased from
March 3, 1934 to March 7, 1934

I last saw him alive on *March 7, 1934* Death is said
 to have occurred on the date stated above, at *10:25 p.m.*

The principal cause of death and related causes of
 importance were as follows:

Cardio-vascular disease

Date of onset
2 mos

Other contributory causes of importance:

Chronic nephritis

2 mos

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____

(Signed) _____

(Address) _____

M. D.

9-1934

E 99170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp.* St., *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *28* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Anna* (or) WIFE of *Middleton*6. DATE OF BIRTH (month, day, year) *Feb. 2, 1894*7. AGE Years *40* Months *1* Days *6* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *015* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Rock Hall* (State or country) *md*13. NAME *Joseph Middleton*14. BIRTHPLACE (city or town) *Rock Hall* (State or country) *md*15. MAIDEN NAME *Mary Taylor*16. BIRTHPLACE (city or town) *Rock Hall* (State or country) *md*17. INFORMANT *Records*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Rock Hall* Date *3/10* 193419. UNDERTAKER *Franklin W. Satch*(Address) *709 N 33rd St*

20. FICHO

1934

Huntington Avenue, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 8, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 5, 1934* to *March 8, 1934*I last saw him alive on *March 8, 1934* Death is said to have occurred on the date stated above, at *7:20 A.M.*

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
Emphysema
Hydrothorax
Myocardial Infarction

Date of onset

*3 mos?**1 mo*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *P. Maxwell* M. D.(Address) *Balt City Hosp*

E 99171

E 99171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1148 Chester St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Hunger(a) Residence: No. 1148 Chester St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

6a. I married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 8, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>8</u>	<u>—</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Frank Hunger14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Josephine Schaefer16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Josephine Lindner
(Address) 1515 Poplar Grove St18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 3-10-3419. UNDERTAKER Franklin W. Baily
(Address) 109 W. 33rd St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 193422. I HEREBY CERTIFY, That I attended deceased from
March 5, 1934, to March 8, 1934I last saw her alive on March 7, 1934. Death is said to have occurred on the date stated above, at 3:10 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
3/5/34

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Carl Weiss

M. D.

(Address) 2039 E. North Ave.

1934

E 99172

E 99172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Ann St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth 4 yrs. mos. ds.

2. FULL NAME

(a) Residence No. 307 S Ann St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Late Joseph Andryszak6. DATE OF BIRTH (month, day, year) June 9th 18547. AGE Years 79 Months 9 Days 0 29 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR. 10. Date deceased last worked at this occupation (month and year) 07-3 11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) Germany (State or country)FATHER 13. NAME Michael Andryszak14. BIRTHPLACE (city or town) Germany (State or country)MOTHER 15. MAIDEN NAME Mareganna Hoffman16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Martha Jarkowicz (Address) 307 S Ann street18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Cemetery Date March 12-193419. UNDERTAKER George A. Weber (Address) 705 S Ann St.20. FILE 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8th 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1934 to March 8 1934I last saw him alive on March 8 1934 Death is said to have occurred on the date stated above, at 11 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 2-29-34Other contributory causes of importance: Myocardial insufficiency 3-6-34Name of operation Date of What test confirmed diagnosis? P.S. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John V. Jozeficki M. D. (Address) 1802 Eastern Ave.

E 99173

99173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

907 N. 36 St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dorothy E. Fisher

(a) Residence: No.

907 N. 36 St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year)

Oct 26/1932

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

14

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Alfred J. Fisher

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Edith May Link

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

(Address)

Edith May Fisher 907 N. 36 St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

Mar 10/34

19. UNDERTAKER

(Address)

Walter Davis 3418 E. Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 8/34

22. I HEREBY CERTIFY, That I attended deceased from Feb 28/34 to Mar 8/34

I last saw him alive on Mar 8/34 Death is said to have occurred on the date stated above, at Baltimore.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Other contributory causes of importance:

Same

Name of operation

none

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? 907 N. 36 St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

H. P. Phillips M. D.

(Address)

1939 Edmondson Ave

9-1934

Registrar

99174

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99174

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2238 E. Baltimore St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2238 E. Baltimore St., 6-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of George Goetz
(or Widow)6. DATE OF BIRTH (month, day, year) Sept 6/18437. AGE Years 90 Months 6 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME John Goetz14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Charles Goetz
(Address) 2238 E. Baltimore18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar 12, 193419. UNDERTAKER F. Vernon Keener
(Address) 1532 Baltimore20. 1934 Mar 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8 - 193422. I HEREBY CERTIFY, That I attended a deceased from
Sept. 3 1933 to March 8 1934I last saw her alive on Mar 8, 1934 Death is said
to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage1 day

Other contributory causes of importance:

Arterial Sclerosis1 yrName of operation None

Date of

What test confirmed Phys. exam there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. A. Neer

M. D.

(Address) 428 22nd Park ave

99175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 99175
125-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-01 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Vincent Olaszewski

6 N. Broadway

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	????

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

City Charities

6N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Funeral Home

Funeral Home, N.Y.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Odema
Cardiac Failure

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) ...
(Address) ...

M. D.

FEB 28 1934

0192

99176⁸ HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Girl Wilson(a) Residence: No. 109 Blooming Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2/21/34

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)13. NAME Wilson14. BIRTHPLACE (city or town) md
(State or country)15. MAIDEN NAME Edith Myers16. BIRTHPLACE (city or town) md
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Mar 9 193419. UNDERTAKER Commissioner
(Address)20. FILED 0191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 193422. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Feb 21 1934I last saw him alive on Feb 21 1934 Death is said to have occurred on the date stated above, at 5:10 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Manus J. Hulet(Address) Johns Hopkins Hosp

M. D.

E 99177

99177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 W. Cross St. St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frances E. Mahn,

(a) Residence: No. 732 W. Cross

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) November 24. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	15		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fred Mahn,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Snyder,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catherine Jennings
(Address) 732 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date MAR 12 1934

19. UNDERTAKER
(Address) 2700 Edmondson Ave.

20. 1934

MEDICAL CERTIFICATE OF DEATH

MAR 9-1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1933 to March 9 1934

I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

Malaria Schistosomiasis

Arteriosclerosis

Date of onset

Feb 1933

1932

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99178

CERTIFICATE OF DEATH

99178

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospitals

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

2527

Eastern Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widow

6a. If married, widowed, or divorced
HUSBAND of
WIFE of

John Bursel

6. DATE OF BIRTH (month, day, year)

Oct. 6 - 1861

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

72

6

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baths, Md

MOTHER FATHER

13. NAME

George Kelpp

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Augusta Hang

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

(Address)

Mrs. Elly Muhlman
2527 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schmitz & Son Date Mar. 10 1934

19. UNDERTAKER

(Address)

Mar. C. Miller & Son
2333 Gifford Street

20. FILED

99178

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 19, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of

importance were as follows:

Crushed Chest
Stroke

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-

lowing: Accident, suicide, or homicide. Date of injury 3/6, 1934

Where did injury occur? Eastern Ave & Milton Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Street Accident

Manner of Injury Struck by auto as he

Nature of Injury was walking across street

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Kelpp

(Address) 2200 E. Madison St

M. D.

E 99179

99179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 Dolphin ST. 17-01 WARD)

2-FULL NAME

Fannie Broscoe

(a) RESIDENCE NO.

(Usual place of abode)

525 Dolphin ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 70

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Saint Mary Co., Md.

10 NAME OF FATHER

Sam. Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md.

12 MAIDEN NAME OF MOTHER

Rebecca Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Saint Mary Co., Maryland

14

Informant (Address)

Charles B. Brierly
525 Dolphin St.Filed 9-1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/34

17

I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934, to Mar 7, 1934.that I last saw her alive on Mar 7, 1934.and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? none necessary

(Signed)

Sam. E. Bates, M.D.

19

(Address)

Public General Dispensary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

New Cathedral Cemetery Mar 9 1934

20 UNDERTAKER

ADDRESS

Archibald C. Gaddis 2101 McCall St.

E 99180

99180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5233 Cuthbert Ave. 92-001)

2. FULL NAME John Wesley Bull

(a) RESIDENCE NO. 5233 Cuthbert Ave.

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widower

6a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Martha Ellen Nesner

6 DATE OF BIRTH (month, day, and year) June 19th 1845 3-8-34

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

88

8

19

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

Unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER Sally Lawson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Unknown

PARENTS

14

Informant

(Address)

Margaret Bosley 3125 Virginia Ave

10-1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-34

17

I HEREBY CERTIFY, That I attended deceased for last ten or 15 years, that I last saw him alive about one month ago, and that death occurred, on the date stated above, at 6:45 A.M.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis and Cardiac valvular insufficiency

(duration) 10 yrs. + mos. + ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

At place of death.

Did an operation precede death?

No Date of X

Was there an autopsy?

No

What test confirmed diagnosis? General conditions

(Signed)

O. H. Hoffman M. D.

3-8-1934

(Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Forest Baptist Church Cemetery

DATE OF BURIAL

Mar 10th 1934

20 UNDERTAKER

Wm Cook

ADDRESS

1217 St Paul St

99181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital*)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or divorced (write the word) <i>Widowed</i>
-------------------------	----------------------------------	--

6a. If ~~widowed~~ or ~~divorced~~
~~HUSBAND~~
 (or) WIFE of *George W. Eierman*

7. DATE OF BIRTH (month, day, year)

AGE <i>83</i>	Years <i>1</i>	Months <i>11</i>	Days <i>9</i>	If LESS than 1 day, hrs. or min. <i>70</i>
------------------	-------------------	---------------------	------------------	---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and stated causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

99182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99182

✓ 164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (City)

405 E. Lafayette St. 2-01

Length of residence in city or town where death occurred: 3 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

Evelle D. Lilliston

(a) Residence: No.

405 E. Lafayette St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of (or) WIFE of Thomas L. Lilliston Jr.

6. DATE OF BIRTH (month, day, year) Dec 20th 1904

7. AGE Years 29 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Va.

13. NAME Walter M. Demory

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Va.

15. MAIDEN NAME Ida R. Miller

16. BIRTHPLACE (city or town) (State or country) Charles Town West Va.

17. INFORMANT Mrs Ida Demory (Address) 405 E. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 10th 1934

19. UNDERTAKER (Address) J. Cook 1217 St Paul St

20. REGISTRAR (Address) Thompson Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 8th Mar 1934 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Inhalation of illuminating gas - Suicide March 8-34

Other contributory causes of importance:

Name of operation Inguir Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide

Where did injury occur? 405 E. Lafayette St

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Inhalation of Gas

Nature of injury Fatal - Suicide

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph L. Valentini

(Address) 16 So Broadway

M. D.

Coroner

10 1934

99183 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Poplar Grove St 70-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Thomas Espey(a) Residence: No. 532 Poplar Grove St. Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Sarah E. Espey
WIFE of _____6. DATE OF BIRTH (month, day, year) Sept 26th 18577. AGE Years 76 Months 5 Days 12 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 015
10. Date deceased last worked at this occupation (month and year) May 1926 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town) Howard Co. (State or country) MD.13. NAME John Espey
14. BIRTHPLACE (city or town) Howard Co. (State or country) MD.15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown (State or country) _____17. INFORMANT Maurice R. Espey (Address) 532 Poplar Grove St18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Howard Co. MD. Date Mar 12th 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. 01334 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8th 1934

22. I HEREBY CERTIFY. That I attended deceased from 19____ to 19____

I last saw him alive on March 7th 1934 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
myocardial insufficiency
chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) W. nichel M. D.
(Address) 290, Edmondson ave

E 99184

99184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Mondawmin Ave)

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2223 Mondawmin Ave

(Usual place of abode)

Ward. 13th.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 23, 1873

8. AGE 60 Years 4 Months 11/13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U. S. Army

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Newburg New York

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT Mrs. Barker

(Address) 2223 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D. C. Date March 10, 1934

19. UNDERTAKER E. K. Ross & Son, Inc.

(Address) 2223 Mondawmin Ave

20. PREPARED 10-19-34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, justify

(Signed) John J. Morrissey

(Address) 3634 Roland Ave

M. D.

E 99185

99185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1114 McCall St* ST *11-01* WARD)REGISTERED NO. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

2. FULL NAME

Louis Maurice Harris

(a) RESIDENCE NO.

1114 McCall St

ST.

WARD

(If non resident give city or town and state)

Length of residence in city or town where death occurred

Life

mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Ed* 5 Single, Married, Widowed,
or Divorced, (write the word) *single*6a If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒6 DATE OF BIRTH (month, day, and year) *Jan 4/24*7 AGE Years *10* Months *2* Days *4* If LESS than
1 day, ____ hrs.
or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work *none*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) *Baltimore Md*
(state or country)10 NAME OF FATHER *Osie Young*

11 BIRTHPLACE OF FATHER (city or town)

(state or country) *Va*12 MAIDEN NAME OF MOTHER *Laura Harris*

13 BIRTHPLACE OF MOTHER (city or town)

(state or country) *Va*14 Informant *Laura Harris*(Address) *1114 McCall St*15 *10* 1934 19 *10* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Feb 8/30*

17

I HEREBY CERTIFY, That I attended deceased from
Feb 11, 1934 to *Mar 8, 1934*
that I last saw him alive on *Mar 8, 1934*
and that death occurred, on the date stated above, at *5:55 P. M.*

The CAUSE OF DEATH* was as follows:

Cortic meningitis(duration) yrs. *2* mos. *4* ds.CONTRIBUTORY
(Secondary) *none*

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *H. K. Pettigrew*

M. D.

19

(Address) *817 Hamilton Ave**State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL *Int. Auburn*

DATE OF BURIAL

*MAR 10 1934*ADDRESS *436**W. Biddle St.*

20 UNDERTAKER

Jesse M. Readen

99186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Hillman St., 9-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1308 Hillman St., 9-21 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of late Henry Bay (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 21 18467. AGE 87 Years 2 Months 15 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Ger.
(State or country)15. MAIDEN NAME Runegunda16. BIRTHPLACE (city or town) Ger.
(State or country)17. INFORMANT Robert Schmidt(Address) 1308 Hillman St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem.Date Mar. 12 193419. UNDERTAKER Philip Henry Sons(Address) 22 E. Hillman St

20. FILED

01934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9 193422. I HEREBY CERTIFY. That I attended deceased from Dec-23 1933 to March 9 1934I last saw her alive on March 3 1934. Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

Senile Dementia +
Infirmity

Date of onset

Other contributory causes of importance:

Infirmity

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) P. O. Carman(Address) 1701 N. Caroline St

99187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99187

149-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **St. Josephs Hosp.** Life

27-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. **4405 Walther Ave.** St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** (c. Color or Race **White** 5. Single, Married, Widowed, or Divorced **Married**)

5a. If married, widowed, or divorced HUSBAND of **Chas. F. Bohnet** (or) WIFE of

6. DATE OF BIRTH (month, day, year) **Sept. 15/1906**

7. AGE **27** Years **5** Months **22** Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Bal to. Md.**

13. NAME **Dr. Otto Duker** 14. BIRTHPLACE (city or town) (State or country) **Bal to. Md.**

15. MAIDEN NAME **Emma Mehr** 16. BIRTHPLACE (city or town) (State or country) **Bal to. Md.**

17. INFORMANT **Mr. Chas. F. Bohnet** (Address) **4405 Walther Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Oak Lawn Cem.** Date **Mar. 10/1934**

19. UNDERTAKER **Philip Skewig Sons** (Address) **2016 Orleans St.**

20. FILED **10-10-34** Registrar

MEDICAL CERTIFICATE OF DEATH

March 6/1934

21. DATE OF DEATH (month, day, year) 22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on **11.55 @ M.** Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows: **Shock-following Caesarian Section at full term.**

Other contributory causes of importance: **Elective for congenital defect**

Name of operation **Caesarian** Date of **3/6/34**

What test confirmed diagnosis? Was there an autopsy **no** 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Sign) **John H. Case** M. D. (Address) **5086 Monte Lane**

99188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99188

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1610 Madison Ave* ST. *14-01* WARD)2. FULL NAME *Annie E. Tridale*(a) RESIDENCE NO. *1610 Madison Ave* ST.

(Usual place of abode)

Length of residence in city or town where death occurred *21* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *Colored*5 Single, Married, Widowed, or Divorced, (write the word) *Married*6a If married, widowed, or divorced HUSBAND of (or) WIFE of *John T.*6 DATE OF BIRTH (month, day, and year) *Mar. 25-1867*

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*66**11**10*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work...

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Housewife*9 BIRTHPLACE (city or town) (State or country) *md.*10 NAME OF FATHER *Henry Gladden*11 BIRTHPLACE OF FATHER (city or town) (State or country) *md.*12 MAIDEN NAME OF MOTHER *Emma Cook*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *md.*

14

Informant (Address) *John T. Tridale*
1610 Madison

15

01934

Phineas Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *March 7 1934*17 I HEREBY CERTIFY, That I attended deceased from *Mar. 1, 1934*, to *Mar. 7, 1934* that I last saw him alive on *Mar. 6, 1934* and that death occurred, on the date stated above, at *8 a. m.*

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *NO* Date ofWas there an autopsy? *NO*What test confirmed diagnosis? *Typical*(Signed) *John H. Thompson*, M. D.39, 1934 (Address) *1012 N. Lafayette*

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

Mr. George P. Kollar *1631 Druid*

99189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99189

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *842 N. Howard ST.* WARD)

2—FULL NAME

(a) RESIDENCE NO. *842 N. Howard ST.* WARD

(Usual place of abode)

Length of residence in city or town where death occurred *Life* mos. ds.

(If non-resident give city or town and State)
How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *ed* Single, Married, Widowed, or Divorced, (write the word) *Married*

If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Mrs. Louise Frasier*

DATE OF BIRTH (month, day, and year) *June 8th 1862*

AGE Years *71* Months *9* Days *1* If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Chiroprapist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) *Mayland*

10 NAME OF FATHER *Mr. Frasier Sr.*

11 BIRTHPLACE OF FATHER (city or town) (State or country) *Mayland*

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Mayland*

Informant *Mrs. Louise G. Frasier*

(Address) *842 N. Howard ST.*

01934

Registrar

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *3-8-34*

17 I HEREBY CERTIFY. That I attended deceased from *3-2-34*, 19 *34*, to *3-8-34*, 19 *34*.

that I last saw him alive on *3-8-34*, 19 *34*.

and that death occurred, on the date stated above, at *8:30 a. m.*

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia
Chronic Bronchitis—Myocarditis *10 yrs.*
(duration) yrs. mos. *7* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *No*

Was there an autopsy? *No*

What test confirmed diagnosis? *clinical*

(Signed) *W. B. Butler*, M. D.

2/9, 19 *34* (Address) *341 (Bloom) ST.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL *Fountain Park*

DATE OF BURIAL

Mar. 10 1934

20 UNDERTAKER

ADDRESS

Mrs. Geo. H. Kollar 1601 D. St. Hill

E 99190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riverside Road St. Brooklyn Ward 25-31)Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. 0 mos. 0 da.2. FULL NAME Effie F. Arnold(a) Residence: No. Riverside Road St. Brooklyn Ward 25-31
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

3a. If married, widowed, or divorced
HUSBAND of George H. Arnold
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 24, 1866

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	<u>67</u>	<u>9</u>	<u>13</u>	<u>15</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>097</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Gustav A. Bullock14. BIRTHPLACE (city or town) (State or country) Spotsylvania Co. Va.15. MAIDEN NAME Leannah Jones16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Nannie B. Keys
(Address) 16 S. Carey St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 12 1934

19. UNDERTAKER

J. M. F. Denny
(Address) 710 E. Light St.

R 10 1934

Registrar.

Registered No. 92-881

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 193422. I HEREBY CERTIFY That I attended deceased from Feb. 28, 1934 to Mar. 9, 1934I last saw her alive on Mar. 8, 1934 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation and arteriosclerosis
indefinite

Other contributory causes of importance:

Exhaustion3/8/34Name of operation none Date of —What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) J. H. Campbell M. D.(Address) 1644 Hanover St

E 99191

99191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Carrollton Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: Florence Thomas
44 Ave. near + Women's Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female Colored Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/10 1934

19. UNDERTAKER

(Address)

1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to March 5 1934

I last saw her alive on March 8 1934. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

arterio-sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edw. J. Sheahan

(Address)

1230 Second Ave

M. D.

99192

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99192

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City St. 143rd Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 334 Oxford St. St., 143rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Borley6. DATE OF BIRTH (month, day, year) 19857. AGE Years 49 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brw9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Va. (State or country)13. NAME Andrew Johnson14. BIRTHPLACE (city or town) Somerset Va. (State or country)15. MAIDEN NAME ? ?16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT Frederick

(Address)

18. BURIAL, CREMATION, OR REMOVAL NotInterment Date 3/12 193419. UNDERTAKER Samuel G. Henderson(Address) 578 W. 3rd St. Baltimore

101934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8, 193422. I HEREBY CERTIFY, That I attended deceased from 3/7/34, 1934 to 3/8, 1934I last saw him alive on 3/8, 1934. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset 2 yrs

Other contributory causes of importance:

Married

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. P. Brown(Address) Balto. City

M. D.

9193

HEALTH DEPARTMENT—CITY OF BALTIMORE 99193

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Carroll - 21-01 St., 21-01 Ward)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 20 yrs. + 0 mos. + 0 ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME

Vera Miller(a) Residence: No. 808 Carroll St., 21-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed,
or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Charles Miller
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19047. AGE Years 30 Months — Days — If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Home
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 037
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) New York13. NAME William James14. BIRTHPLACE (city or town)
(State or country) New York15. MAIDEN NAME Victoria Williams16. BIRTHPLACE (city or town)
(State or country) New York17. INFORMANT Charles Miller
(Address) 808 Carroll18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/10 193419. UNDERTAKER Walter B. Page
(Address) 134 W. H. Amley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 193422. I HEREBY CERTIFY, That I attended deceased from
2/10 1934 to 3/8 1934I last saw him alive on 3/7 1934 death is said
to have occurred on the date stated above, at 9:30 a.m.The principal cause of death and related causes of
importance were as follows:Chronic Endocarditis

Date of onset

Chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? Date of injury 1934Where did injury occur?
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify(Signed) Walter B. Page M. D.(Address) 142 W. Lee

R 10 1934

19

Registrar.

99194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals 107-001

Registered No.

CITY OF BALTIMORE: (No.

Balto Md. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ephraim Moloch

(a) Residence: No.

512 N. Calhoun St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1-31-59

7. AGE 74 Years 75 Months 1 Days 6 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Maryland

13. NAME Isaac Moloch

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Frances Nicholas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Reese B. Baltimore City Hops

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Mar 10 1934

19. UNDERTAKER (Address) Thomas E. Kelson 1303 Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-1934

22. I HEREBY CERTIFY That I attended deceased from 7-11-1933 to 3-7-1934

I last saw him alive on 3-7-1934 Death is said to have occurred on the date stated above, at 12 PM

The principal cause of death and related causes of importance were as follows:

Terminal Bronchitis Pneumonia

Date of onset

4 days

Other contributory causes of importance:

Cerebral Arteriosclerosis

2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Gledhill

(Address) Baltimore City Hospitals

01934

Huntington Avenue, Md.

✓ E 99195

HEALTH DEPARTMENT—CITY OF BALTIMORE

99195

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1465 N Carey St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 23 mos. 23 ds. How long in U. S. If of foreign birth? 23 yrs. 23 mos. 23 ds.

2. FULL NAME

(a) Residence: No. 1465 N Carey St., 15-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced James Fortes (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 4, 18727. AGE Years 62 Months 4 Days 4 If LESS than 1 day, 4 hrs. or 4 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co (State or country) Md.13. NAME M. deson Bowen14. BIRTHPLACE (city or town) Charles Co (State or country) Md.15. MAIDEN NAME Mary16. BIRTHPLACE (city or town) Charles Co (State or country) Md.17. INFORMANT Maggie Duckett (Address) 1465 N Carey St18. BURIAL, CREMATION, OR REMOVAL Place Waldorf Md Date Mar 10, 193419. UNDERTAKER Thomas S. Nelson (Address) 1303 Preston St20. Thurston Williams, Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 193422. I HEREBY CERTIFY. That I attended deceased from June 15, 1933 to Mar 8, 1934I last saw him alive on Mar 2, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

May 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. Williams, Jr M. D. (Address) 928 Penna Ave

10-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99196

89196

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *9/6 N Carrollton* St., *16* Ward)Length of residence in city or town where death occurred *20* mos. *16* da. How long in U. S. If of foreign birth? *20* yrs. *16* mos. *16* ds.

2. FULL NAME

(a) Residence: No. *9/6 N Carrollton* St., *16* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Female* 4. Color *Cool* Race *White* 5. Single, Married, Widowed, or Divorced *Widow*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *1888*

8. AGE

Years *45*

Months

Days

If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 7* 19*34*

22. I HEREBY CERTIFY That I attended deceased from

19*33* to 19*34*I last saw h. *living* alive on *Mar 7* 19*34* Death is said to have occurred on the date stated above at *home*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *Regular* than an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *no* 19*34*Where did injury occur? *no* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

10 1934

✓ E 99197

E 99197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Edmondson Ave. ST. 16-01 WARD)

2. FULL NAME

(a) RESIDENCE No. 1812 Edmondson Ave. ST. 16-01 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 ~~Single~~ Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1-18517 AGE Years 82 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Stoddard (State or country)10 NAME OF FATHER Wm. Appleby11 BIRTHPLACE OF FATHER (city or town) New Jersey (State or country)12 MAIDEN NAME OF MOTHER Louise Irvine13 BIRTHPLACE OF MOTHER (city or town) New Jersey (State or country)

14

Informant (Address) 1812 Edmondson Ave.

15

01934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1934

17

I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to March 10, 1934that I last saw him alive on March 9, 1934and that death occurred, on the date stated above, at 3:15 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Jones M. D.3/10, 1934 (Address) 720 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington, Delaware DATE OF BURIAL 193420 UNDERTAKER Wilmington, Delaware ADDRESS 1224 N. 1st St.

E 99198 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99198

23

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
 St. 12-01 Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred 3 yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Allen Williams
 (a) Residence: No. 712 E. 133rd St., Cleveland, Ohio St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. Color or Race white
 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) October 30, 1904
 7. AGE Years 29 Months 4 Days 8
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
 10. Date deceased last worked at this occupation (month and year) 8-2-28
 11. Total time (years) spent in this occupation
 New York

12. BIRTHPLACE (city or town) _____
 (State or country)

13. NAME Sam Williams

14. BIRTHPLACE (city or town) England
 (State or country)

15. MAIDEN NAME Anna Christensen

16. BIRTHPLACE (city or town) Germany
 (State or country)

17. INFORMANT Records, U.S. Marine Hospital
 (Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
 St. Pauls Cemetery Date 3-10-34 19

19. UNDERTAKER
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1934
 22. I HEREBY CERTIFY. That I attended deceased from October 10, 1934 to March 8, 1934

I last saw him alive on March 8, 1934 Death is said to have occurred on the date stated above, at 10:45p.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic prior to Oct. 1930

Other contributory causes of importance:

Name of operation Thoracoplasty Date of 12/15/30

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. Abbott M. D.
 (Address) U.S. Marine Hospital

MAR 10 1934

99199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Luzerne Ave 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 501 N. Luzerne Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color & Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Feuerman

6. DATE OF BIRTH (month, day, year) April 4 - 1954

7. AGE Years 79 Months 11 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Angelina F. Jones (Address) 501 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Mar. 12, 1934

19. UNDERTAKER John C. Miller (Address) 2435 E. Alameda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March - 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1934, to March 8, 1934. Last saw him alive on " 8 " 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Jan 34

Other contributory causes of importance:

Arterio Sclerosis

1 yr.

Name of operation None Date of -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [Signature] M. D.

(Address) 118 N. Patuxent Ave

101934

Registrar

99200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Harford, Ave. S. 7-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles E. T. Kolb

(a) Residence: No. 4708 Harford, Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Matilda Kolb
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1854

7. AGE Years Months Days If LESS than
80 1 26 27 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. 073

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Michael Kolb

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Anna Bell

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Matilda Kolb
(Address) 4708 Harford, Ave.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/12/193419. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.20. REGISTRATION
1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 6, 1934, to March 9, 1934.

I last saw him alive on March 8, 1934. Death is said to have occurred on the date stated above, at 5:30 A. M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

March 5, 1934

Other contributory causes of importance:

Arterio-sclerosis

1929

Name of operation None

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. G. Jones M. D.

(Address) 720 W. Pratt St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99201

CERTIFICATE OF DEATH

108 E 99201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *76-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3701 E. Pratt St.* St. *76-21* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years *35* Months *25* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laundry Finisher*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Italy*13. NAME *Carmel Bonti*14. BIRTHPLACE (city or town) (State or country) *Italy*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Italy*

17. INFORMANT

(Address) *Cinnia Gonzales*

18. Informant's name or initials

Place *3701 E. Pratt St.* Date *March 12, 1934*

19. UNDERTAKER

(Address) *Hendell Shippel*

300 S. Calumet St.

MAR 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at *5:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. H. Hervey M.D.* M. D.(Address) *1306 N. Calumet St.*

99202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99202

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 Dillion St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city 4 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 4 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2935 Dillion st. St., 1-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Margdalena Wacławski6. DATE OF BIRTH (month, day, year) February 4/18887. AGE 46 Years 1 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Wacławski14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Agnes Mucha16. BIRTHPLACE (city or town) (State or country) Poland.17. INFORMANT Mrs Magdalena Wacławski(Address) 2935 Dillion street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date March 30 193419. UNDERTAKER George A. Weber(Address) 705 E. Bim Street

20. FILED

MAY 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 193422. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1934 to March 9th 1934I last saw him alive on March 7 - 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Post nasal growth involving base of Skull - Malignant Cancer -Date of onset Dec/1933

Other contributory causes of importance:

General ExhaustionName of operation not operated Date of —What test confirmed diagnosis? ✓ Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Dr. J. J. Brown(Address) 125 S. Broadway

M. D.

E 99203

99203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Fern Park Ave St. 28-01 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Richard Franklin Childs(a) Residence: No. 5300 Fern Park Ave St., 28-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of Late, Mary A. Childs
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 6-18517. AGE Years 82 Months 9 Days 3 If LESS than 1 day, hrs or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13 + O. R. R.
10. Date deceased last worked at this occupation (month and year) 31
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Calverton Co.
(State or country) Ind.13. NAME Singleton Childs14. BIRTHPLACE (city or town) Calverton Co.
(State or country) Ind.15. MAIDEN NAME Caroline Wood16. BIRTHPLACE (city or town) Calverton Co.
(State or country) Ind.17. INFORMANT Mr. S. L. LeCompte
(Address) 5300 Fern Park Ave18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 12, 193419. UNDERTAKER George L. Beyer Jr.
(Address) 1512 N. Highland St.

101934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 193422. I HEREBY CERTIFY, That I attended deceased from March 4, 1934 to March 8, 1934I last saw him alive on March 8, 1934 death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Senile Arterio Sclerosis

Other contributory causes of importance:

Broncho Pneumonia 3/4/34Name of operation ✓ Date ofWhat test confirmed diagnosis? ✓ Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) W. K. Skilling M. D.(Address) 1120 S. Paul St.

99204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99204

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Potomac St. Ward 1-01)Length of residence in city town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 57 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 107 S. Potomac St., 1-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced
HUSBAND of Margaret Welsh6. DATE OF BIRTH (month, day, year) June 4 18767. AGE Years 57 Months 9 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615 of Balto.
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 39 1/212. BIRTHPLACE (city or town) (State or country) City of Ireland13. NAME Peter Welsh14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Budget Hanley16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT (Address) Mrs Margaret Welsh
107 S. Potomac St

18. BURIAL PERMITS OR REMOVAL

Pl. Holy Redeemer 3/12 193419. UNDERTAKER (Address) W. H. Nolan
3000 E. Balt. St.
Thurston Williams, MD

0 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Mar 7, 1934I last saw him alive on Mar 7, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Inflammation
Asthma

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. K. Hanley(Address) 2536 E. Balt.

M. D.

E 99205

99205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 21-81 St. 21-81 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Eney

(a) Residence: No. 1112 W. Cross st. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22, 1894

7. AGE 39 Years 9 Months 16 Days If LESS than
 1 day, hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Laborer

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. Unknown

10. Date deceased last worked at
 this occupation (month and
 year) Unknown 11. Total time (years)
 spent in this
 occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME Charles O. Eney

14. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19

19. UNDERTAKER

(Address)

0-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from
February 26, 1934 to March 8, 1934

I last saw him alive on March 8, 1934 Death is said
 to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of
 importance were as follows:

Pulmonary tuberculosis

Date of onset

Nov.
1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Christopher C. Shaw
Baltimore City Hospitals

99206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH *Balto City Hospitals*
 CITY OF BALTIMORE: (No. *Balto Md* St. *18-01* Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Curtis Bradley*

(a) Residence: No. *1030 Clay St.* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *6-5-93*

7. AGE Years *40* Months *9* Days *1* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Labourer*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Jacksonville*
 (State or country) *Florida*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) *Florida*
 (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Florida*
 (State or country)

17. INFORMANT *Records*
 (Address) *Balto City Hapts*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Not known* Cemetery *March 10, 1934*

19. UNDERTAKER *Mrs. Katie R. Williams*
 (Address) *322 N. Schaefer St.*

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-6-34*

22. I HEREBY CERTIFY That I attended deceased from *1-30-* 19*34* to *3-6-* 19*34*

I last saw him alive on *3-6-* 19*34* Death is said to have occurred on the date stated above, at *11:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Terminal bronchopneumonia Date of onset *5*

Other contributory causes of importance:

Central Nervous system
suppurative
cellulitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) *Harry Goldsmith* M.D.

(Address) *Baltimore City Hospitals*

Registrar.

M. D. B. E 99208

E 99208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 12-21 St., 131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Eason
(a) Residence: No. 5911 Arch St., Philadelphia, Penna. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Ruth Lee Eason
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1876

7. AGE Years 58 Months 1 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-8-34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). North Carolina
(State or country)

13. NAME William Edward Eason

14. BIRTHPLACE (city or town). Elizabeth City
(State or country) N. C.

15. MAIDEN NAME Parthenia Jones

16. BIRTHPLACE (city or town). Elizabeth City
(State or country) N. C.17. INFORMANT Records, U. S. Marine Hospital
(Address) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Phila., Pa. Date Mar 10, 193419. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 S. Schroeder St.

R 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 8, 1934 to March 9, 1934

I last saw him alive on March 9, 1934 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, interstitial

Prior to July 1932

Uremia, acute

Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) G. A. Abbott M. D.

(Address) U. S. Marine Hospital

E 99209
Spec. 10 20 1000 hrs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99209

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4507 Newick Rd. ST., 77 WARD)2. FULL NAME Mary Read McKenney(a) RESIDENCE NO. 4507 Newick Rd. ST., 77 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds.How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. W.4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced

HUSBAND of Mary McKenney or WIFE of Henry McKenney6 DATE OF BIRTH (month, day, and year) Jan 18, 18817 AGE 76 Years 1 Months 22 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None9 BIRTHPLACE (city or town) (State or country) Va. (Accomac Co.)10 NAME OF FATHER Engen Read11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

PARENTS

12 MAIDEN NAME OF MOTHER Debbie Smith13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14

Informant (Address) Nath A. Read, 717 Woodington Rd.

15

Filed Huntington

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10 1934

17

I HEREBY CERTIFY, That I attended deceased from 3/3 1934 to 3/10 1934that I last saw her alive on 3/9 1934and that death occurred, on the date stated above, at 80 m.

The CAUSE OF DEATH was as follows

Myocardial Degeneration
2 yrsCONTRIBUTORY (duration) Chronic Bronchitis yrs. mos. ds.18 Where was disease contracted if not at place of death? Did an operation precede death? ✓ Date of ✓Was there an autopsy? NoWhat test confirmed diagnosis? None(Signed) Mary McKenney M. D.

3/10/34

(Address) 1111 Newick Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Purgoteague Va

DATE OF BURIAL

Mar 12-193420 UNDERTAKER Wm Cook 1217 St Paul St

AR 11 1934

E 99211

Spec. 6-9-19-11-1, Col. 100-1000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99211

CERTIFICATE OF DEATH

1-PLACE OF DEATH *Balto Eye Ear Throat Hospital*
CITY OF BALTIMORE: NO. *1214 Eutaw Place* ST. *1850* WARD)2-FULL NAME *Harry Tyler*(a) RESIDENCE NO. *1029 Bennett Pl.* ST. *Balto.* WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *Black*5 Single, Married, Widowed,
or Divorced (write the word) *Married*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Louise Tyler*

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*50*

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work*Porter*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Balto*10 NAME OF FATHER *John Tyler*11 BIRTHPLACE OF FATHER (city or town)
(State or country) *Md.*12 MAIDEN NAME OF MOTHER *Josephine Smith*13 BIRTHPLACE OF MOTHER (city or town)
(State or country) *Md.*

14

Informant
(Address)*Louise Tyler*
1029 Bennett Place

15

Filed

R 11 1934

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *March 8th 1934*17 I HEREBY CERTIFY, That I attended deceased from
March 6th 1934 to *March 8th 1934*,
that I last saw him alive on *March 8th 1934*
and that death occurred, on the date stated above, at *10:40 a.m.*

The CAUSE OF DEATH* was as follows:

Undetermined.
Sudden spasm of respiratory
muscles after 1 1/2 weeks of
tense state of cervical & dorsal
muscles
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos.

18 Where was disease contracted
if not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *Yes*What test confirmed diagnosis? *Brain, lungs, heart*
lungs did not reveal cause of death
(Signed) *J. Snyder M.D.* M. D.19 (Address) *Balto. Eye Ear Throat Hosp.**State the Disease causing Death, or if deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*W. Auburn**3-12 1934*

20 UNDERTAKER

ADDRESS *142**James A. Stages* *usill &*

E 99212

E 99212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinae Hosp.

CITY OF BALTIMORE: (No. _____)

St. 6-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth 23 yrs. mos. ds.

2. FULL NAME

Dora Parks

(a) Residence: No. _____

4 Living Pl.

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

J. J. J.

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House Wife

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Nathan Rosenberg

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Sarah

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Buried Mt. Carmel Date 3/11/34 19

19. UNDERTAKER

(Address)

J. J. J. 1439 E. Balto St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/34 19

22. I HEREBY CERTIFY, That I attended deceased from 3/8/34 19, to 3/11/34 19

I last saw her alive on 3/11/34 19 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage & rt. Hemiplegia

3/7/34

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Coronary Artery & Atherosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. J. J. Katzenbach

M. D.

M. D. H. 19

E 99213

E 99213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *23* yrs. *1* mos. *1* da. How long in U. S. If of foreign birth *20* yrs. *10* mos. *1* da.

2. FULL NAME

(a) Residence: No. *Middle River Rd* St. *1* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Mrs. Mary* (or) WIFE of *Mrs. Mary*6. DATE OF BIRTH (month, day, year) *July 5 1888*7. AGE *46* Years *8* Months *15* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *merchant* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *oil* 10. Date deceased last worked at this occupation (month and year) *2-2-24* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Austria* (State or country)13. NAME *Bernard*14. BIRTHPLACE (city or town) *Austria* (State or country)15. MAIDEN NAME *Rosa*16. BIRTHPLACE (city or town) *Austria* (State or country)17. INFORMANT *Hospital Record* (Address)18. BURIAL, CREMATION, OR REMOVAL *Buried in Washington* Date *3/10/34* 1919. UNDERTAKER *John Lewis, Inc.* (Address) *17439 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/10/34* 1922. I HEREBY CERTIFY. That I attended deceased from *3-9* 1934 to *3-10* 1934I last saw him alive on *3-10* 1934 Death is said to have occurred on the date stated above, at *11* A m.

The principal cause of death and related causes of importance were as follows:

Tubercular Pneumonia *Pericarditis*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William P. Thomas* M. D.(Address) *Mercy Hosp*

2. FILED

AR 11 1034

E 99214

E 99214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. St. 110 Ward)Registered No. 47

(If death occurred in a hospital or institution, give as NAME instead of street and number.)

Length of residence in city or town where death occurred like mos. da. How long in U. S. If of foreign birth like yrs. mos. da.

2. FULL NAME

(a) Residence: No. 4300 Falls Rd. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 27 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. Maryland (State or country)12. NAME Israel Klein
14. BIRTHPLACE (city or town) Russia (State or country)15. MAIDEN NAME Besari
16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Hospital Record (Address)18. BURIAL, CREMATION, OR REMOVAL
Place Bethesda, Maryland 3/11/34 19.19. UNDERTAKER Jack Lewis, Inc. (Address) 1439 E. Balto. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1934 to March 10, 1934.
I last saw him alive on March 10, 1934 Death in said to have occurred on the date stated above, at 6:45 Am.

The principal cause of death and related causes of importance were as follows:

Bronchiogenic Sarcoma Date of onset 2 months ago

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Leas Rahman M. D.
(Address) West Baltimore Gen. Hosp.

APR 11 1934

E 99215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99215

CERTIFICATE OF DEATH

✓ 82-001

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital St. 17-01 Ward)

2-FULL NAME

Anna G. Young

(a) RESIDENCE NO.

737 N. Fulton Ave.

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 1 da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrederick Young

6 DATE OF BIRTH (month, day, and year)

May 7, 1874

7 AGE

Years

Months

Days

IF LESS than
1 day hrs.
or min.59101

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Baltimore Md.10 NAME OF FATHER Harrison Watson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Georgia

12 MAIDEN NAME OF MOTHER

Mary C. Noonan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Maryland

14

Informant

Raymond H. Watson

(Address)

332 E. 21st. St.

15 Filed

19

11 1934

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1934 19217 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

Inquest find that said deceased came to her death (Inquest, autopsy or inquiry)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage5 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis (duration) yrs. mos. ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

1934

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

St. Mary's Hampden

DATE OF BURIAL

March 12, 34

ADDRESS

UNDERTAKER

Norace F. Burgee

3631

Falls Road

E 99216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99216

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial St. 199p*)Length of residence in city or town where death occurred: *15 yrs. 3 mos. 26 ds.* How long in U. S. If of foreign birth? *15 yrs. 3 mos. 26 ds.*

2. FULL NAME

(a) Residence No. *506 W. 27th*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Male**White**Married*6. If married, widowed, or divorced
HUSBAND of
last WIFE of*Eva S. Hubbard*DATE OF BIRTH (month, day, year) *November 11, 1888*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*45**3**26*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Brick Layer*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Baltimore Md.*

13. NAME

*John W. Hubbard*14. BIRTHPLACE (city or town)
(State or country)*Maryland*

15. MAIDEN NAME

*Unknown*16. BIRTHPLACE (city or town)
(State or country)*Unknown*

INFORMANT

Mrs. Eva S. Hubbard

(Address)

506 W. 27th St.

BURIAL, CREMATION, OR REMOVAL

Place

*Baltimore Cem.**March 12, 1934*

UNDERTAKER

(Address)

*Horace H. Burgee**2631 Falls Rd.*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-9-1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on

3 P. M.

Death is said

to have occurred on the date stated above, at
The principal cause of death and related causes of
importance were as follows:*Richloide Poisoning
(Suicide)*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

HS

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

3631 Roland Ave

M. D.

MAR 11 1934

M. D. H. 1934

E 99217

E 99217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *21-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1325 Scott* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Garfield Myers*

7. DATE OF BIRTH (month, day, year)

AGE Years *50* Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Mo*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Buster Myers*(Address) *1325 Scott St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Calvary* Date *Mar. 11th 1934*19. UNDERTAKER *E. W. Wilson*(Address) *1000 B. & E. Ave.*

FILED

1934

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-9-34*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

E 99218

✓ E 99218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Belmar Avenue St. 26-001 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME JOHN SENDELBACH

(a) Residence: No. 4204 Belmar Avenue
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
WIFE of
Ida Freiman Sendelbach

6. DATE OF BIRTH (month, day, year) Mar. 18, 1870

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
63		11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Mfg. Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME John Sendelbach

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ida K. Sendelbach
(Address) 4204 Belmar Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Buried Ridgely Date Mar. 13, 1934

19. UNDERTAKER Blue Ridge Home
(Address) 118 W. Mt. Royal Ave

20. FILED 11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934 to March 10, 1934

I last saw him alive on March 10, 1934. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Hypertension

Hypertrophy of Heart

Date of onset

Other contributory causes of importance:

Acute Indigestion

Acute dilatation of heart.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? k Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert H. Webster, M. D.

(Address) 6409 Belmar Rd.

M. D. B. 12

E 99219

E 99219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Johns Hopkins Hospital*CITY OF BALTIMORE: (No. *7-01* Ward)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Commodore Perry Brown*(a) Residence: No. *Romeroete W. Pa.* St., *7-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced

HUSBAND of *Effie (same)*6. DATE OF BIRTH (month, day, year) *Feb. 17, 1858*

7. AGE

Years *75*

Months

Days *24*

If LESS than

1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lumber Planer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Pennsylvania*
(State or country)13. NAME *Milton Brown*14. BIRTHPLACE (city or town) *Pa.*
(State or country)15. MAIDEN NAME *Mary Patterson*16. BIRTHPLACE (city or town) *Pa.*
(State or country)17. INFORMANT *Records*(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

Place *Romeroete W. Pa.* *3/12/34*19. UNDERTAKER *Joseph Ahrens*(Address) *221 B. way*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *MAR 11 1934*22. I HEREBY CERTIFY That I attended deceased from *Jan. 25* to *MAR 11 1934*I last saw him alive on *Mar. 11 1934* Death is saidto have occurred on the date stated above, at *728* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Stomach
Pulmonary embolism

Date of onset

*1933**3-11-34*

Other contributory causes of importance:

Name of operation *Ant. Gastroenterostomy* Date of *3-3-34*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Albert B. Smith*(Address) *Johns Hopkins Hospital*

M. D.

MAR 12 1934

M. D. B. E 99220

E 99220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 E. Fayette St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, divorced HUSBAND of Daniel M. Kinley (or) WIFE of Mar 12-1861

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

72

11

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

11

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Walter G. Jeff
2037 E. Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place

Donni, Boral Date Mar 12 1934

19. UNDERTAKER

(Address)

Philp Herwig Sons
2010 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9, 193422. I HEREBY CERTIFY That I attended deceased from March 8, 1934 to March 9, 1934I last saw her alive on March 9, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchitis - Pneumonia

Date of onset

2/10/34

Other contributory causes of importance:

Pulmonary Edema2/10/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Edward G. Scott M. D.
413 N. Washington

AR 12 1934

M. D. B. 12-1934

E 99221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99221

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Mrs. Margaret Lester

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Meyer S. Lester

6. DATE OF BIRTH (month, day, year)

Oct. 17 1882

7. AGE

52

Months

4

Days

23

LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Maryland

FATHER

13. NAME

W. H. Nicholson

14. BIRTHPLACE (city or town)
(State or country)

Va

MOTHER

15. MAIDEN NAME

Margaret Keys

16. BIRTHPLACE (city or town)
(State or country)

England

17. INFORMANT

J. C. Nicholson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

A. S. Marshall

(Address)

20. FILED

AR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-27-1934 to 3-10-1934

I last saw her alive on 3-10-1934 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with Hypertension

Date of onset

?

Other contributory causes of importance:

Cerebral hemorrhage & left-sided hemiplegia

2-26-34

Name of operation

Clinical

Date of

20

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Nicholson M. D.

(Address) 3539 Fall Road

T 99222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99222

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 Reisterstown Road, St. 1, Ward 12)

Length of residence in city or town where death occurred.....yrs.....mos.....ds How long in U.S. if of foreign birth? 88y.....mos.....ds.

2. FULL NAME Mary Smith

(a) Residence: No. 3819 Reisterstown Road St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Smith

6. DATE OF BIRTH (month, day, year) July 20, 1842

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	91	7	18	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. 34 1010

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.,

10. Date deceased last worked at this occupation (month and year)

II. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town).....Germany.....
(State or country)

13. NAME Henry Bingley

14. BIRTHPLACE (city or town).....Germany
(State or country)

15. MAIDEN NAME Delia Hinkel

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Anna Kiohr
(Address) Randallstown, Md.

18. BURIAL, CREMATION, OR REMOVAL Randallstown, Md
Place Mt. Olive Cem Date Mar. 13, 1934

19. UNDERTAKER A. S. Marshall
(Address) 3539 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 10, 1934*

22. I HEREBY CERTIFY, That I attended deceased from
 I am 125 to Mch 10 1934

I last saw her alive on March 10 1934 death is said
to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart dis

Artenocleonus

Other contributory causes of importance:

Date of event

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? ☐ On the job ☐ Off the job ☐ On the job and off the job

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury * * * * *

Nature of Injury	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

24. Was disease or injury in any way related to, occupation of deceased? *no* It is *specifically* _____

(Signed) _____ M. D. _____

(Address) 300 W. North Ave.

WILFRED

FILED *Thurston Village* *1/17/1934* *12*

M. D. B. 1268

E 99223

E 99223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *5-01* St., *34* Ward)Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Randolph Atkins(a) Residence: No. *106*

(Usual place of abode)

St., *East*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*male black**married*

5a. If married, widowed, or divorced

HUSBAND of
(or) *Widowed*

6. DATE OF BIRTH (month, day, year)

3/10/1888

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*45**-**-*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

13. NAME

Randolph Atkins

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Martha Perkins

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

*National cnd.*Date *3-13-*

1934

19. UNDERTAKER

(Address)

*Burton & Mamie H. Wright**1218 McElderry St*

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-8-1934

22. I HEREBY CERTIFY That I attended deceased from

*1-2-**1934*

to

*3-8-1934*I last saw him alive on *3-8-1934*to have occurred on the date stated above, at *5:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Pericarditis, suppurative, purulent. Arteriosclerosis of aorta with partial rupture into pericardium.

Date of onset

*about**12/1/12**about 1/6/34*

Other contributory causes of importance:

Syphilis, latent.

?

Name of operation *Pericardiotomy*Date of *1/16/34, 3/16/34, 3/14/34*What test confirmed diagnosis? *culture* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Henry D. Stelton

M. D.

(Address)

Johns Hopkins Hospital

99224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99224

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 Albermarle St., 3-01 Ward)Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth: 35 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 46 Albermarle St.

(Usual place of abode)

St., 3-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rose6. DATE OF BIRTH (month, day, year) 18887. AGE Years 46 Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08012. BIRTHPLACE (city or town) (State or country) Russia13. NAME Henry14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Pemie16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Rose Kolker(Address) 46 Albermarle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bellevue Mt. CemeteryDate 3/12/34 1919. UNDERTAKER John Louis Inc.(Address) 1438 E. Baltimore St.

20. FILED

MAR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

March-2- 1934 to March-11- 1934I last saw him alive on March-15- 1934 Death is said to have occurred on the date stated above, at 3:24 m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis & hypertension - cerebral hemorrhage

Date of onset

D.K.3/2/34

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify

(Signed) Herman Seidel M. D.(Address) 2404 Entawke

HEALTH DEPARTMENT—CITY OF BALTIMORE 99225

99225

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 E. Bult St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1726 E. Bult St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 42 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helen Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Leon

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Trout (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Helen Washington Pl. 3/17/34 19

19. UNDERTAKER (Address) 1435 E. Bult St.

20. FILED

MAR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1934, to Mar. 12, 1934

I last saw him alive on Mar. 11, 1934. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Mar 8 8934

Other contributory causes of importance:

Marked secondary anemia

Name of operation none

Date of

What test confirmed diagnosis? Chemo Was there an autopsy? 24

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

m If so, specify.

(Signed)

(Address)

O. F. Ellis 24 S. Mow

M. D.

E 99226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99226

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #30 N. Fulton Ave. St. 70-01 Ward)Length of residence in city or town where death occurred 19 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. #30 N. Fulton Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) August 5th 18647. AGE 69 Years 7 Months 5 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Jane E. Brady14. BIRTHPLACE (city or town) New York (State or country)15. MAIDEN NAME Rose Anna Golden16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)17. INFORMANT Mary E. Goy (Address) #30 N. Fulton Ave.18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/13/193419. UNDERTAKER John J. Conner & Son (Address) 901 Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/193422. I HEREBY CERTIFY, That I attended deceased from March 4 1934 to March 10 1934I last saw her alive on March 10 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

3/10/34

Other contributory causes of importance

Arteriosclerosis
Cardiac Hypertrophy

1931

1931

Name of operation

Date of

What test confirmed diagnosis? Clm Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

FILED

APR 12 1934

John J. Conner & Son

M. D. B. 1268-9 E 99227

E 99227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mrs. Bessie S. Evans(a) Residence: No. 12 E. Main St. St., Elkton, Md. Ward. Elkton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18717. AGE Years 63 Months 03 Days 00 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music-teaching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) 086 11. Total time (years) spent in this occupation 08612. BIRTHPLACE (city or town) Elkton, Md.
(State or country)13. NAME James F. Evans
14. BIRTHPLACE (city or town) Elkton, Md.
(State or country)15. MAIDEN NAME Elizabeth Scott
16. BIRTHPLACE (city or town) Elkton, Md.
(State or country)17. INFORMANT Mrs. Randolph Tappan
(Address) Elkton, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Cemetery Date Mar 14, 193419. UNDERTAKER H. W. Pippin
(Address) Elkton, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 193422. I HEREBY CERTIFY, That I attended deceased from 2-27, 1934, to 3-12, 1934I last saw her alive on 3-12, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myeloid Leukemia

Date of onset

Jan 1934

Other contributory causes of importance:

Ch. Nephritis
Arteriosclerosis
Cardiac hypertrophyName of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If no, specify(Signed) W. H. Andrew M. D.
(Address) Church Home & Infirmary

1121034

E 99228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99228

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1109 N. Central St.* Ward *10-81*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *5 yrs.* yrs. *10* mos. *8* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1109 N. Central St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced, name of HUSBAND or WIFE of *Mary Pauline D. Peter*6. DATE OF BIRTH (month, day, year) *July 17 1861*7. AGE Years *72* Months *7* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Tailor* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *80*12. BIRTHPLACE (city or town) *Belle, Md.* (State or country)13. NAME *John Peter*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mary Pauline*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs. Margaret M. Donnell* (Address) *1109 N. Central St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer Church* Date *March 14 1934*19. UNDERTAKER *Henry Webb & Sons, Inc.* (Address) *1301 E. Eager St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/11* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *2/25* 19*34* to *3/11* 19*34*I last saw him alive on *3/11* 19*34*. Death is said to have occurred on the date stated above, at *3:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* as there an autopsy? *no.*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no.* If so, specify _____(Signed) *Ligil. Littman* M. D.(Address) *1304 E. Eager St.*

MAR 17 1934

Huntington Library, Md.

M. D. B. **E 99229****E 99229**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **76-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **Joseph Randall**

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) **October 22, 1921**7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
6 (6) 4 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **None**
10. Date deceased last worked at this occupation (month and year) _____
(11. Total time (years) spent in this occupation _____)12. BIRTHPLACE (city or town) **Maryland**
(State or country)FATHER 13. NAME **John Randall**
14. BIRTHPLACE (city or town) **Maryland**
(State or country)MOTHER 15. MAIDEN NAME **Margaret Cushing**
16. BIRTHPLACE (city or town) **Maryland**
(State or country)17. INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL
Place **St. James** Date **March 12, 1934**19. UNDERTAKER **Martin H. C. Duppel Inc.**
(Address) **37 S. Ann St.****MAR 12 1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 9, 1934**22. HEREBY CERTIFY, That I attended deceased from **July 11, 1933** to **March 9, 1934**I last saw him alive on **March 9, 1934** Death is said to have occurred on the date stated above, at **2:35 p.m.**

The principal cause of death and related causes of importance were as follows:

Rheumatoid Heart Disease

Date of onset

July 1933

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **Arthur H. Hurd**(Address) **Johns Hopkins Hospital**

M. D.

E 99230

E 99230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2344 Annapolis Ave. ST. 25-01 WARD)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)
Length of residence in city or town where death occurred

WARD

(If non-resident give city or town and State)

How long in U. S., if at foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

Col

Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Dec 3, 1922

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

11

3

5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Ind.

10 NAME OF FATHER

Plummer Odum Sr.
N.C.11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

Mabel S. Muller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Ind.

14

Informant
(Address)Plummer Odum Sr.
2344 Annapolis Ave.

15

MAR 12 1934

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1934

17

I HEREBY CERTIFY, That I attended deceased from

Feb 26, 1934, to March 8, 1934.

that I last saw him alive on March 8, 1934.

and that death occurred, on the date stated above, at 10:16 p. m.

The CAUSE OF DEATH* was as follows:

Arteritis and Leukemia

CONTRIBUTORY
(Secondary)

(duration) no yrs. no mos. 4 ds.

(duration) no yrs. no mos. 8 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ray M. Williams, M.D.

March 12, 1934 (Address) 2708 Habers Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt. Calvary Cemetery

Mar. 12, 1934

20 UNDERTAKER

Katie R. Williams

ADDRESS 3224

Schuman St.

M. D. R. 12649
99231

✓ E 99231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital - 01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Helen J. Howard*(a) Residence: No. *1359* *N. Fremont* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Peter Howard (Dead)*

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*5-7*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Stevensburg Va

FATHER

12. NAME

Jonah Jenkins

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Lavinia Gilburt

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

*Friends
Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *Mar 13, 1934*

19. UNDERTAKER

(Address)

*Mrs. Katie R. Williams
322 N. Schroeder St.*

MAR 12 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*March 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 20, 1934* to *March 10, 1934*I last saw him alive on *March 10, 1934* Death is said to have occurred on the date stated above, at *7:20 A.M.*

The principal cause of death and related causes of importance were as follows:

*Hypertension
Myocardial Infarction
Pneumonia*

Date of onset

*2**2**2*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify*Phagitis
Balt City Hosp*

M. D.

99222

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99232

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *1701* Ward)Length of residence in city or town where death occurred: *45* yrs. *5* mos. *15* ds. How long in U. S. If of foreign birth? *45* yrs. *5* mos. *15* ds.2. FULL NAME *Nathaniel Campbell*(a) Residence: No. *903 Shield* St., *1701* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *34*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Rosa Campbell*6. DATE OF BIRTH (month, day, year) *July 12, 1884*7. AGE Years *49* Months *7* Days *23* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *120* 10. Date deceased last worked at this occupation (month and year) *120* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Georgetown* (State or country) *Ind.*13. NAME *Richard Campbell*14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Matilda Fisher*16. BIRTHPLACE (city or town) *Prince George Co* (State or country) *Ind.*17. INFORMANT *Records* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Auburn* Date *Mar 13, 1934*19. UNDERTAKER *Mrs. Katie R Williams* (Address) *322 S. Schreiner St.*

MAR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *March 10, 1934*I last saw him alive on *March 10, 1934* Death is said to have occurred on the date stated above, at *4:42* a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset *3 Mo?*Other contributory causes of importance: *none*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Pharise* M. D.(Address) *Balt City Hosp*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 23-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *910 Pear* Alley St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Unmarried*5a. If married, widowed, or divorced HUSBAND of *Martha Hudson* (last name) (or) WIFE of *Martha Hudson* (last name)

6. DATE OF BIRTH (month, day, year)

7. AGE *67* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *50* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Madison Co Ky.* (State or country)13. NAME *Harry Wood* 14. BIRTHPLACE (city or town) *Madison Co Ky.* (State or country)15. MAIDEN NAME *Sally Jones* 16. BIRTHPLACE (city or town) *Chambers Ky.* (State or country)17. INFORMANT *Reynolds* (Address) *Baltimore City Hosp* 18. DATE OF REMOVAL *3-21-34*19. UNDERTAKER *Geo. T. A. Gibson* (Address) *1738 South Hill Ave*20. FUNERAL *Funeral Home*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 9 1934*22. I HEREBY CERTIFY, That I attended deceased from *August 15 1934* to *March 9 1934*I last saw him live on *March 9 1934* Death is said to have occurred on the date stated above, at *11:24* a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Septicemia, generalized

Date of onset

2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *V. A. Moxley* M. D.(Address) *Baltimore City Hosp*

MAR 21 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *Baltimore City Hospital* 6-01

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *6* yrs. *0* mos. *0* da.

2. FULL NAME

Edward Anderson(a) Residence: No. *320 N. Sun* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>unmarried</i>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mary Anderson (Dead)</i>

6. DATE OF BIRTH (month, day, year)

7. AGE <i>41</i> ?	Years	Months	Days	If LESS than 1 day, <i>0</i> hrs. or <i>0</i> min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>mill worker</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>000</i>
	10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
Charleston S.C.

FATHER

13. NAME *Wm Anderson*14. BIRTHPLACE (city or town) (State or country)
Charleston

MOTHER

15. MAIDEN NAME *Rosa*?16. BIRTHPLACE (city or town) (State or country)
*?*17. INFORMANT *Reeds*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Methodist*Date *Mar 12*, 19*34*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 9*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Oct. 31*, 19*32*, to *March 9*, 19*34*. I last saw him alive on *March 9*, 19*34*. Death is said to have occurred on the date stated above, at *1:30* P. M.

The principal cause of death and related causes of importance were as follows:

*Pneumonia**Arteriosclerosis, cerebral & peripheral*

Other contributory causes of importance:

Date of onset

*4 days**?**over*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Phagel*

M. D.

(Address) *Balt City Hosp*

MAR 12 1934

610

E 99235

E 99235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Not *Baltimore City Hosp* St. *18-01* Ward)Registered No. *97*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *00* mo. *00* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *203 N. Carey* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Palentine Leath*6. DATE OF BIRTH (month, day, year) *?*7. AGE *71* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *71*12. BIRTHPLACE (city or town) *Springfield* (State or country) *Ohio*13. NAME *Paul Clem* 14. BIRTHPLACE (city or town) *La ?* (State or country)15. MAIDEN NAME *?* 16. BIRTHPLACE (city or town) *?* (State or country)17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Springfield* Date *March 1934*19. UNDERTAKER (Address) *Springfield*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *February 28 1934*22. I HEREBY CERTIFY, That I attended deceased from *Oct 11* 19*32* to *Feb. 28* 19*34*I last saw him alive on *Feb 28* 19*34* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Serulity
Pulmonary edema

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *T. P. Howell* M. D.(Address) *Balt City Hosp*20. FILER *1934* *0195*

E 99236

E 99236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1010*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *w* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *7/24/75*7. AGE Years *56* Months *5* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Michael*14. BIRTHPLACE (city or town) (State or country) *Pa.*15. MAIDEN NAME *Elizabeth Goddard*16. BIRTHPLACE (city or town) (State or country) *Pa.*17. INFORMANT (Address) *Baltimore*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *Mar 12* 19

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/7* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *6/6* 19*33* to *3/7* 19*34*I last saw him alive on *3/7* 19*34* Death is said to have occurred on the date stated above, at *7:45* p.m.

The principal cause of death and related causes of importance were as follows:

*Myocardial infarction
arteriosclerosis*Date of onset *?*

Other contributory causes of importance:

senile dementia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

AR 12 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99237

99237

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Hanover St. 23-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 932 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

White

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Catherine Dyson

6. DATE OF BIRTH (month, day, year)

Feb. 13, 1898

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

36

1

7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)St. Mary's County
Md.

13. NAME

Frank Dyson

14. BIRTHPLACE (city or town)
(State or country)Charles County
Md.

15. MAIDEN NAME

Rose Brown

16. BIRTHPLACE (city or town)
(State or country)St. Mary's County
Md.

17. INFORMANT

(Address)

Rose Dyson (mother)
932 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 3/13/34 19

19. UNDERTAKER

(Address)

J. G. Haase & Son
703 Hanover St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/10- 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 15- 1934 to Dec. 10- 1934

Last saw him alive on 3-9- 1934 death is said

to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tub. 9/2/33
Culosis

Other contributory causes of importance:

General weakness

Name of operation

No. 1000

Date of X

What test confirmed diagnosis?

Culosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify

(Signed) J. G. Haase & Son, M. D.

(Address) 1340 2nd St.

MAR 12 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99238

CERTIFICATE OF DEATH

E 99238

1. PLACE OF DEATH

Franklin Square Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 77-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alexander Will

(a) Residence: No.

825 Williams

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

about 1883

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.about 50⁵⁷

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)

Baltimore

MOTHER

13. NAME

Alexander Will

14. BIRTHPLACE (city or town, State or country)

Baltimore

15. MAIDEN NAME

Louise Haymeyer Backer

16. BIRTHPLACE (city or town, State or country)

Baltimore

17. INFORMANT

(Address)

Mrs Matilda Taylor
511 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore March 14 1934

19. UNDERTAKER

(Address)

Margaret S. Flynn
2107 N. Dilworth St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 22, 1933, to Mar. 11, 1934

I last saw him alive on Mar. 11, 1934 Death is said

to have occurred on the date stated above, at 3⁵⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Metastatic Carcinoma of Liver
Gastric HemorrhageDate of onset
Sept. 1933

12-9-33

Other contributory causes of importance:

Name of operation X-Ray Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Rubin M. D.

(Address) Franklin St. House

MAR 12 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99239

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Union Memorial Hospital
Thirty third St., 75-01 Ward

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Dornbusch, Jr.

(a) Residence: No.

3652 Kanauer St.,
(Usual place of abode)Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

W

5. Single, Married, Widowed,
or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMrs John Dornbusch, Jr.
Feb. 2, 1898

6. DATE OF BIRTH (month, day, year)

7. AGE

Years
36Months
1Days
7If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Auto mechanic
Garage 0869. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

FATHER

13. NAME

John Dornbusch, Sr.

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME

Marie Kuehne

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

(Address)

Wife
3652 Kanauer St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cedar Hill

19. UNDERTAKER

(Address)

Margaret E. Flynn
2107 N. Hillman St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1934

22. I HEREBY CERTIFY. That I attended deceased from
March 4, 1934 to March 9, 1934I last saw him alive on March 9, 1934 Death is said
to have occurred on the date stated above, at 10:12 P.M.The principal cause of death and related causes of
importance were as follows:Hydrocephrosis
Suprarenalitis

Other contributory causes of importance:

Uremia

Name of operation Nephrolithotomy Date of 3-4-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Richard France

(Address)

Union Memorial Hosp

M. D.

APR 12 1934

99240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99240

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4429 Clifton Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Bruce Banks

(a) Residence: No. 4429 Clifton Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Pennington Banks

6. DATE OF BIRTH (month, day, year) Apr. 15, 1859

7. AGE Years 76 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

13. NAME Dr. Richard G. Banks

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Julia G. Howlett

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Geo. E. Banks (Address) 1744 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park • Date Mch. 13, 34

19. UNDERTAKER John W. Mitchell (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16/34 19 to March 10 1934

last saw him alive on March 10, 1934. Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

myocarditis

Date of onset about Jan 1/34

Other contributory causes of importance:

nephritis

about Jan 1/34

Name of operation

none

Date of

What test confirmed diagnosis? Physical Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Walter S. Dublett M. D. (Address) 2220 Garrison Boulevard

MAR 12 1934

Registrar

99241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99241

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3530 Edmondson Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert T. Ballard

(a) Residence: No 3530 Edmondson Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Amelia Woodward Ballard

6. DATE OF BIRTH (month, day, year) Nov. 29, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Thomas E. Ballard

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Rosine Turpin

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Amelia W. Ballard
(Address) 3530 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal 3/12/34, 19

19. UNDERTAKER John Mitchell Bros. Inc.
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1933, to Mar 11, 1934.

I last saw him alive on Mar 11, 1934. Death is said to have occurred on the date stated above, at 2:20 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

Signed

E. Miles Wheeler

M. D.

(Address) 2729 W. North Ave.

FILED

MAR 12 1934

19

HEALTH DEPARTMENT—CITY OF BALTIMORE

99242

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Wetheredsville Road St. 28-38 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter A. Townsend

(a) Residence: No. 5008 Wetheredsville Road St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Lucy Townsend

7. DATE OF BIRTH (month, day, year) July 9, 1898

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Laborer10. Date deceased last worked at this occupation (month and year) MARCH 5, 1934
11. Total time (years) spent in this occupation 15 yrs12. BIRTHPLACE (city or town) Hillsdale
(State or country) Maryland

13. NAME Charles W. Townsend

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Annie E. Atkinson

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mr. Lawrence W. Townsend
(Address) 4107 Hayward Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date March 13, 193419. UNDERTAKER
(Address) 1007 W. Baltimore St.

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 12, 1934, to March 11, 1934
I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 1:10 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Infarction

Date of onset

March 12

Other contributory causes of importance:

Hemiparesis 1 day

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Heights Ave.

E 99243

99243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *City Hospital* St. *1-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minnie Vogel(a) Residence: No. *7535* *Duker Court* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John G Vogel*DATE OF BIRTH (month, day, year) *Mar. 8-1861*AGE *73* Years *73* Months Days *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Frank V. Vogel

(Address)

253 Madison St

BURIAL, CREMATION, OR REMOVAL

Place

St. Bernard

Date

Nov. 14, 1934

UNDERTAKER

(Address)

*Gilly & Feiler**803 S. Madison St*

DATE

*11-2-1934**Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 10, 1934*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

Date of onset

Laurels Pneumonia

Other contributory causes of importance:

Accidental fracture of cervical vertebrae

Name of operation.

Date of

What test confirmed diagnosis *Urine* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury *7/11, 1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Home* *2535 Duker Court*

Manner of injury

*Fell down stairs*Nature of injury *Fracture of Cerv. Vertebrae*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. Henry M. D.(Address) *305 N. Patterson St*

E 99244 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *Baltimore City Hospital* Ward *26-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4425 Eastern Ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Charles J. Gray* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Feb. 4, 1875*7. AGE Years *61* Months *1* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *031* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *James Kehoe*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Records* (Address) *Balt. City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Saved Heart* Date *Mar. 13, 1934*19. UNDERTAKER *Jelly & Son* (Address) *Walt St.*

MAR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 8, 1934* to *March 10, 1934*I last saw *her* alive on *March 10, 1934* Death is said to have occurred on the date stated above, at *3:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Emphysema rd. (due to old cerebral accident)
arteriosclerosis
*hypertension & congestive failure*Other contributory causes of importance: *fatigue*

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Haggard*(Address) *Balt. City Hosp.*

M. D.

E-39245

E-39245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

616 S Bond

St. 3-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wadowski

(a) Residence: No.

616 S. Bond

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

seel 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Poland

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT

F. Gregorzyk
(Address) 626 S Broadway

BURIAL, CREMATION, OR REMOVAL

Place St Pauls Ch. Date March 12 1934

UNDERTAKER

J. W. Ozyenowski
(Address) 1930 Eastern Ave.
Huntington Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of esophagus

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Coroner	M. D.
(Address) 1305 N Patterson Park	

MAR 12 1934

Registrar.

M. D. B. 1268-9
99246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99246

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 N. Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2616 N. Calvert St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5-1867

7. AGE Years 66 Months 9 Days 45 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto 10. Date deceased last worked at this occupation (month and year) Feb 1934 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

13. NAME Wm. N. Strithoff

14. BIRTHPLACE (city or town) (State or country) Hartford Conn.

15. MAIDEN NAME Mary L. Fourd

16. BIRTHPLACE (city or town) (State or country) Hartford Conn.

17. INFORMANT Fannie Strithoff (Address) 302 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Mar 13, 1934

19. UNDERTAKER Wm. Cook (Address) 1217 S. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to Mar 10, 1934

I last saw him alive on Mar 10, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of prostate gland with involvement of rectum and sigmoid.

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. French M.D. (Address) 2379 Avenue

MAR 12 1934

E 99247

E 99247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Carolyn Campbell

(a) Residence: No. _____

Earleigh Heights

St., _____

Ward. Ind

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12-24-19337. AGE Years _____ Months 2 1/2 Days 17 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Ind13. NAME James Campbell14. BIRTHPLACE (city or town) _____ (State or country) N J15. MAIDEN NAME Dorothy Kane16. BIRTHPLACE (city or town) _____ (State or country) N J17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Pl. 1st Old St. Cemetery Date 3/13 193419. UNDERTAKER William Cook(Address) 12195 E. Paul St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1934, to Mar 11, 1934.I last saw her alive on Mar 11, 1934 Death is saidto have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
Dysentery, bacillary

Date of onset

Feb 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James S. Hahne(Address) Johns Hopkins Hosp

M. D.

E 99248

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99248

CERTIFICATE OF DEATH

REGISTERED NO.

✓ 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Baker ST. 15-01 WARD)

2—FULL NAME

Ida Swann

(a) RESIDENCE NO.

1811 Baker ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

James N Swann

DATE OF BIRTH (month, day, and year)

Aug 7-1855

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

78

7

4

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Northumberland Co Va

10 NAME OF FATHER

Wm Berry

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Va

12 MAIDEN NAME OF MOTHER

Ann Webb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Va

Informant

(Address)

Annie S. Hampton 1811 Baker St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11, 1934

17

I HEREBY CERTIFY, That I attended deceased from Mar 9, 1934, to Mar 11, 1934, that I last saw her alive on Mar. 11, 1934.

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

Chr. Nephritis

(duration)

yrs.

mos.

ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no

Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed)

George E. Shannon, M. D.

3/12, 1934 (Address)

700 N. Fulton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Baltimore Va

DATE OF BURIAL

3/14, 1934

ADDRESS

1219 St Paul St

20 UNDERTAKER

William Cook

MAR 12 1934

E 99249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

3320 W. Rogers Ave.

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Almira Weaver.

(a) Residence: No.

3320

W. Rogers Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Gideon Weaver

6. DATE OF BIRTH (month, day, year)

July 22nd, 1937

7. AGE

Years

Months

Days

If LESS than
1 day, 17 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

Samuel Armstrong

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Mary Hardy

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

Hardy Armstrong

(Address)

3320 W. Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olivet

Date

3-12-34

19. UNDERTAKER

(Address)

1201 N. Broadway

20. FILED

MAR 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-9-34.

19

22. I HEREBY CERTIFY, That I attended deceased from

February

1929

to

March 8

1934

I last saw her alive on 3/8, 1934 Death is saidto have occurred on the date stated above, at 1 1/2 p. m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Ch. myocarditis

Other contributory causes of importance:

Long. bronchitis pneumonia

Name of operation

none

Date of

What test confirmed diagnosis? ch. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. R. Hester

M. D.

(Address)

3421 Edmondson

99250 STATE OF MARYLAND—CERTIFICATE OF DEATH E 99250

1. PLACE OF DEATH

County

Village or City

Baltimore

Length of residence in city or town where death occurred 36 yrs.

Registration Dist. No.

No. 1530

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

John Leon Emerson Abbott

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of

Emma Abbott

6. DATE OF BIRTH (month, day, and year)

Mar. 26-1872

7. AGE

Years

Months

Days

11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Letter Carrier

10. Date deceased last worked at this occupation (month and year)

3-2-33

11. Total time (years) spent in this occupation

30 yrs

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

William A. Abbott

14. BIRTHPLACE (city or town) (State or country)

Hampstead, Md.

15. MAIDEN NAME

Margaret B. Hammond

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Emma Abbott, (Address) 1530 - Linden Ave.

18. BURIAL, CREMATION, OR OTHER

Foraine Cemetery Date 3-12, 1934

19. UNDERTAKER

Martin W. Hyson Co. (Address) 1300 N. Street, S.E.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 10, 1934

193

4

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 9, 1934, to March 10, 1934

I last saw him alive on Jan 9, 1934; death is said

to have occurred on the date stated above, at 3.15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis
Coronary Sclerosis

Date of onset

?

Other Contributory Causes of importance:

Cerebral Thrombosis

3/8/34

Name of operation

Date of

What test confirmed diagnosis? manual

Was there an autopsy?

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 4/5

If so, specify Letter Carrier for 30 years

(Signed)

Frank E. Meyer

M. D.

(Address)

The Eglantine

If no blank space, fill in name of physician, street, Baltimore, Requesting U. S. No. 1.

AR 12 1934

9251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital 17-01* St. *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *6* mos. *1* da. How long in U. S. If of foreign birth? yrs. *6* mos. *1* da.

2. FULL NAME

(a) Residence: No. *560 W. Presler St.* St. *17-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*6. DATE OF BIRTH (month, day, year) *9/1/33*7. AGE Years *6* Months *9* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Isaac Perkins*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Mollie Lynch*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Isaac Perkins (Fr)* (Address) *560 W Presler St*18. BURIAL, CREMATION, OR REMOVAL Place *Int. Ch. - Cem.* Date *9/12/34*19. UNDERTAKER *Chas. Y. Cooper* (Address) *514 N. Calver St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-10-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *3-9-34*, 19, to *3-10-34*, 19.I last saw her alive on *3-10-34*, 19. Death is said to have occurred on the date stated above, at *6* A.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

21934

E 99252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 81

1. PLACE OF DEATH

Good Shepherd Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 14 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laura Brooks

(a) Residence: No. 119 N. Mount

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

A. A.

Widow

6a. If married, widowed, or divorced

(or) WIFE of

Richard Brooks

6. DATE OF BIRTH (month, day, year)

2/2-1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

54

54

0

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Accomac Co., Virginia

13. NAME

Charles Rogers

14. BIRTHPLACE (city or town) (State or country)

Accomac Co., Virginia

15. MAIDEN NAME

Lettie Savage

16. BIRTHPLACE (city or town) (State or country)

Accomac Co., Virginia

17. INFORMANT

(Address)

Lillian Russell 119 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place

Painter V.A. Date Mar 12th 1934

19. UNDERTAKER

(Address)

Eliot O. Wilson 1000 Bunker Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9 1934

22. I HEREBY CERTIFY, That I attended deceased from

2/17 1934 to 3/9 1934

I last saw her alive on 3/9 1934 Death is said

to have occurred on the date stated above, at 4:05 P. m.

The principal cause of death and related causes of importance were as follows:

Terminal Bronchopneumonia 3/8/34
Acute Lumbosacral Myelitis 2/17/34
Arthritis 12/1/33

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

R 12 1934

9925480

E 99254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Callie Read

(a) Residence: No.

740 Harford ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) widow6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE

Years 60

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

Beverly Taylor

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Amanda Taylor

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Asbury CemDate 3-13-34

19. UNDERTAKER

(Address)

Byron + Marion H. Knight

121934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 193422. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933 to March 9, 1934I last saw her alive on March 9, 1934. Death is said to have occurred on the date stated above, at 3:05 A. M.

The principal cause of death and related causes of importance were as follows:

ArteriosclerosisChronic nephritisCerebral or coronary thrombosis

Date of onset

1930?1930?3/9/34

Other contributory causes of importance:

Adenoma of ThyroidChronic cholecystitis19301930?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. M. Nicholson
Johns Hopkins Hospital

M. D.

99255410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 1-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Catherine Wegnerowicz(a) Residence: No. 729 D. Luyne

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos6. DATE OF BIRTH (month, day, year) 6/16/727. AGE Years 61 Months 8 Days 25 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) (State or country) Poland13. NAME Joos Redzicki14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Catherine Weslowski16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 15, 193419. UNDERTAKER 401 S. Spitz (Address) John J. Berger

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934 to March 11, 1934I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Sanguine of both feet
Amputation at thigh
Gas bacillus infection of stump

Date of onset

19341-20-343-4-343-10-34

Other contributory causes of importance:

AtherosclerosisName of operation Amputation at thigh Date of 3-4-34What test confirmed diagnosis? Leucocytes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) John J. Berger(Address) Johns Hopkins Hospital

M. D.

121934

E 99256

99256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 S. Patterson Park Ave. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Walter . Rydzewski

(a) Residence: No. 136 S. Patterson Park Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced

HUSBAND of Catherino . Rydzewski
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 8 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME John Rydzewski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Maryanna Koluch

16. BIRTHPLACE (city or town) Poland
(State or country)7. INFORMANT Mrs. Catherine Rydzewski (Wife)
(Address) 136 S. Patterson Park Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 14, 1934

9. UNDERTAKER John M. Weber
(Address) 801 N. Cedarwood

10. FILED

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1934

22. I HEREBY CERTIFY That I attended deceased from March 1, 1934 to March 9, 1934

I last saw him alive on March 9, 1934 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Dec. 9, 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Willard Rydzewski M. D.
801 N. Cedarwood

E 99257

D. B. 1265-9

99257 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 S. Bond St. 3-01 Ward)Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 578 S. Bond St., 3-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Joseph HoliskaDATE OF BIRTH (month, day, year) 1885AGE Years 49 Months 49 Days 03 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Poland

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT

(Address)

Joseph Holiska
578 S. Bond

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date March 13, 1934

UNDERTAKER

(Address)

John M. Weber
401 S. ChesterThurston Williams
1700 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. ...

M. D.

(Address)

305 S. ...

21934

E 99258

9258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital St. 14-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. *634 Smith* St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1932*7. AGE Years *1* Months *5* Days If LESS than 1 day, ... hrs. or ... min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*FATHER 13. NAME *No Record* 14. BIRTHPLACE (city or town) (State or country)MOTHER 15. MAIDEN NAME *No Record* 16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place *Med Park* Date *Mar 13* 19

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-12-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *3-11-34*, 19, to *3-12-34*, 19.I last saw her alive on *3-12-34*, 19. Death is said to have occurred on the date stated above, at *3:20* a.m.

The principal cause of death and related causes of importance were as follows:

Brachycephalus

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *William J. ...* M. D. (Address) *President Hospital*

1719340200

99259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N. Kenwood Ave. - 01 St. Ward)

Length of residence in city or town where death occurred 49 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 731 N. Kenwood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color of Race White 3. Single, Married, Widowed, or Divorced (write the word) Widowed

4a. If married, widowed, or divorced HUSBAND of Louisa Berkowski (or) WIFE of

5. DATE OF BIRTH (month, day, year) June 14th 1885

6. AGE Years 78 Months 10 Days 4 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 55 1/2

12. BIRTHPLACE (city or town) (State or country) Bremen Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Corral Thompson (Address) 731 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Michaels Cemetery March 13, 1934

19. UNDERTAKER Fred L. S. Sons (Address) 7401 Belair Road

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from 7:00 P.M. 1934 to March 10, 1934

I last saw him alive on March 10, 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

E 99260

99260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Gough St. St. 3-01 Ward)Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1409 Gough St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Micheline Pucci6. DATE OF BIRTH (month, day, year) November 8, 18777. AGE Years Months Days If LESS than 1 day, ...hra. or ...min. 56 07 4 27.28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8012. BIRTHPLACE (city or town) (State or country) Italy13. NAME Joseph Pucci14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Italy17. INFORMANT Micheline Pucci (Address) 1409 Gough St.18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Co. Date March 14, 193419. UNDERTAKER Wendell J. Slipp (Address) 312 E. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 193422. I HEREBY CERTIFY, That I attended deceased from March 8, 1934 to March 10, 1934I last saw him alive on 3/10, 1934 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

acute cardiac dilatation

Date of onset

3/10/34

Other contributory causes of importance:

cerebral hemorrhageName of operation None Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

A. C. Feldman1425 C. Balt. St.

M. D.

FILED

2 1934

99261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 3-01 Ward)

Registered No. _____

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Estelle Wise(a) Residence: No. 916 E Pratt

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Child6. If married, widowed, or divorced HUSBAND of (or) WIFE of Child6. DATE OF BIRTH (month, day, year) 11/16/227. AGE Years 11 Months 12 Days 3 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Md13. NAME Francis Wise14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Catherine Ridgely16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Rounds
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 15, 193419. UNDERTAKER Wendell J. J. J.(Address) Johns Hopkins Hospital

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 193422. I HEREBY CERTIFY, That I attended deceased from March 8, 1934 to March 11, 1934I last saw h.l. alive on March 11, 1934 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Metastatic carcinoma from papillary thyroid carcinoma (teratoma) 2/6/34 Aug 33

Other contributory causes of importance:

Name of operation Excision of Thyroid Date of 9/14/33What test confirmed diagnosis? Pathologic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Arthur H. Hurd(Address) Johns Hopkins Hospital

M. D.

E 99262

99262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 So East Ave - 01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 710 So East Ave, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced ~~Widowed~~ (or) WIFE of Joseph Svoboda

6. DATE OF BIRTH (month, day, year) April 14 1911

7. AGE Years 22 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 169

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Kramer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Regal

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna Kramer

18. BURIAL, CREMATION, OR REMOVAL (Address) 710 S. East Ave

19. UNDERTAKER (Address) 300 S. East Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, March 9, 1934

I last saw him alive on March 8, 1934 Death is said to have occurred on the date stated above, at 6:15 A.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia 2 days
Cardio Respiratory paralysis few hours

Other contributory causes of importance:

Pulmonary Tuberculosis about 20 mos

Name of operation Physical Exam Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. V. Clark M. D.

(Address) 300 Chestnut Ave

12 1934

99263

E 99263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Edgevale Road St. 27-01 Ward)
Roland Park 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 3 yrs. mos. ds.

2. FULL NAME Edward Badart

(a) Residence: No. 200 Edgevale Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary Caroline Sneeringer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13, 1865

7. AGE Years 68 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) Belgium (State or country)

15. MAIDEN NAME Mathilde Gilain

16. BIRTHPLACE (city or town) Belgium (State or country)

17. INFORMANT Mrs. E. Caroline Badart (Address) 200 Edgevale Road

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date 3/13.34, 19

19. UNDERTAKER Henry W. Messer & Son (Address) 805 E. Calver St.

12-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1910, to March 11, 1934.

I last saw him alive on March 11, 1934. Death is said to have occurred on the date stated above, at 3:30 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

March 10, 1934

Other contributory causes of importance:

Rheumatic Fever
Pulmonary infarction
Hypertension
Angina pectoris

1906

1906

1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis F. Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1265-8

E 99264

E 99264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 N Wolfe St. Ward 8-01)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2122 N Wolfe St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 12, 1934

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME Barry Kenneth George14. BIRTHPLACE (city or town) Baltimore Md
(State or country)15. MAIDEN NAME Pearl Beall Baller16. BIRTHPLACE (city or town) Baltimore Md
(State or country)17. INFORMANT Mrs Pearl George
(Address) 2122 N Wolfe St18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 3/13/3419. UNDERTAKER George J. Smith Co.
(Address) 1215 N. Howard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1934 to March 12, 1934I last saw him alive on March 12, 1934 Death is saidto have occurred on the date stated above, at 2:15 PM

The principal cause of death and related causes of importance were as follows:

Pneumonia
Birth 7 months

Other contributory causes of importance:

Name of operation Autopsy Date of March 12, 1934What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Albert J. Smith M. D.(Address) 2025 E. Baltimore St.

AR 13 1934

E 99265

E 99265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518-Ensor Street

St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

Filippo Federico

(a) Residence: No. 4000--Hillen Road St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or ~~Married~~ (Write the word)

5a. If married, widowed, or divorced HUSBAND of Giuseppa Federico (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1, 1851

7. AGE 82 Years 7 Months 9 Days If LESS than 1 year or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME Vincent Federico

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Frank Federico (Address) 518-Ensor Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/12/34 19

19. UNDERTAKER

(Address) 1235-Harford Ave.

R 13 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-34

22. I HEREBY CERTIFY That I attended deceased from March 10, 1934 to Mar 10, 1934

I last saw him alive on Mar 10, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis

Date of onset

3/7/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of ho

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Samuel Rogan 733 Weymouth St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99266

CERTIFICATE OF DEATH

122⁻⁰⁰E 99266

1. PLACE OF DEATH

Md Gen Hospital

Registered No.

CITY OF BALTIMORE: (No.)

St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ²⁴ yrs. ⁰ mos. ⁰ ds. How long in U. S. If of foreign birth? ⁰ yrs. ⁰ mos. ⁰ ds.

2. FULL NAME

Marshall Mc Ilhenny

(a) Residence: No.

2634 Harlem Ave

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Clara Mc Ilhenny (or ~~WIFE~~)

6. DATE OF BIRTH (month, day, year) About 1874

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 60 59

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm H. Brown 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Henry Mc Ilhenny

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Clara Mc Ilhenny (Address) 2634 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Mar 14th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/4/34, 19, to 3/12/34, 19

I last saw him alive on 3/12/34, 19. Death is said to have occurred on the date stated above, at 2:10 m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

Other contributory causes of importance:

Strangulated inguinal hernia

Name of operation Hernioplasty Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAR 13 1934

1217 St Paul St

J. E. Proctor
J. E. Proctor
Md Gen Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

46E 99267

99267

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St., _____ Ward, _____

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

1134 Homestead St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hra.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date _____ 19____

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22.

HEREBY CERTIFY. That I attended deceased from _____ 19____ to _____ 19____

I last saw him/her alive on _____ 19____. Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: _____ 19____

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

M. D.

1131934

HEALTH DEPARTMENT—CITY OF BALTIMORE 99268

99268

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5204 Branford Ave., 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 5204 Branford Ave., St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Annie L. Foster (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5th 1868

7. AGE Years 65 Months 8 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 50
10. Date deceased last worked at this occupation (month and year) Nov 4/30 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

13. NAME William T. Foster

14. BIRTHPLACE (city or town) Washington D.C. (State or country)

15. MAIDEN NAME Jane E. Engel

16. BIRTHPLACE (city or town) Washington D.C. (State or country)

17. INFORMANT L. Virginia Foster (Address) 5204 Branford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Mar 13th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Mar 11 1934

I last saw him alive on Mar 11 1934. Death is said to have occurred on the date stated above, at 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

Saurmoplegia.

Date of onset

Mar 11/34

Other contributory causes of importance:

Cardiac Hypertrophy + Atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) _____

(Address) 3007 Park Ave

M. D.

M13 1934

M. D. B. 1268

E 99269

✓ E 99269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 St. Mosher St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 215 St. Mosher St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21 / 37

7. AGE Years Months Days 8. LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Alexander H. Hudson

14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Susan Turnbull

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. R. D. Wright (Address) 1400 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place 1400 Park Ave. Date March 3, 1934

19. UNDERTAKER (Address) 1400 Park Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1933, to March 10, 1934.

I last saw her alive on March 10, 1934. Death is said to have occurred on the date stated above, at 6:45 P. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Myocarditis
Senility

Date of onset

Other contributory causes of importance:

Pelvic inflammatory Edema
Cystitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

AR 13 1934

M. D. B. 99270

E 99270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Community Hospital* St. *W-01*)Registered No. *72-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *near New Windsor, Md.* Ward. *W-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *IN-HAND* of *Charles Carroll Zile*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1882-4-26*7. AGE Years *51* Months *10* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Fredrick Co.*
(State or country) *Maryland*13. NAME *Byron S. Bessmiller*
14. BIRTHPLACE (city or town) *Fredrick Co.*
(State or country) *Maryland*15. MAIDEN NAME *Alice Bourns*
16. BIRTHPLACE (city or town) *Carroll Co.*
(State or country) *Maryland*17. INFORMANT *C. Carroll Zile*
(Address) *B. D. New Windsor, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Smith's Cemetery, Md.* *March 16-1934*19. UNDERTAKER *C. M. Waltz*
(Address) *Winfield, Md.*20. FILED *Thompson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-18-34*, 1922. I HEREBY CERTIFY. That I attended deceased from *3-18-34* to *3-18-34*, 19I last saw him alive on *3-18-34*, 19 Death is said to have occurred on the date stated above, at *1:00* p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset *3/18/34*

Other contributory causes of importance:

Shock following transference from bed to stretcher *3/18/34*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Thompson* M. D.
(Address) *W. D. Thompson*

AR 13 1934

M. D. B. E 99271

E 99271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1071 Morris St. 11-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1071 Morris St., _____ Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race R 5. Single, Married, Widowed, or Divorced Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMonroe Wayne

6. DATE OF BIRTH (month, day, year)

7. AGE 68 Years 11 Months 10 Days If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Armature
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 1907
11. Total time (years) spent in this occupation 17012. BIRTHPLACE (city or town) MD
(State or country)13. NAME unknown14. BIRTHPLACE (city or town) MD
(State or country)15. MAIDEN NAME Mary Miller16. BIRTHPLACE (city or town) MD
(State or country)17. INFORMANT Thos. Wayne
(Address) 1071 Morris St.18. BURIAL, CREMATION, OR REMOVAL
Place St. Ambrose Date 3/13/3419. UNDERTAKER Samuel T. Hemmely
(Address) 578 W. 43rd St.20. FILED 11-01
11-01

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/34 1934

22. I HEREBY CERTIFY. That I attended deceased from

3/3/34 1934 to 3/4/34 1934I last saw him alive on 3/11/34 Death is saidto have occurred on the date stated above, at 5:20 PM

The principal cause of death and related causes of importance were as follows:

Endocarditis 73

Other contributory causes of importance:

Arteriosclerosis 73
MyocarditisName of operation None Date of _____What test confirmed Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) A. L. Hill M. D.(Address) 174 Morris St.

E 99272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99272

CERTIFICATE OF DEATH

99-601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1136 Druid Hill ave* Ward *1-01*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME

(a) Residence: No. *1136 Druid Hill ave* St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *Alberta Hart* (or) WIFE of6. DATE OF BIRTH (month, day, year) *2/22, 1880*7. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. or ____ min. *54* *16 19*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070* 10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md.*13. NAME *John W. Hart*14. BIRTHPLACE (city or town) *md.* (State or country)15. MAIDEN NAME *Mary Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Alberta Hart* (Address) *1136 Druid Hill ave*18. BURIAL, CREMATION, OR REMOVAL *Myrtown Cem.* Date *3/14, 1934*19. UNDERTAKER *Samuel O. Hemmley* (Address) *528 N. Biddle St.*20. FILER *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 11, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Feb. 17, 1934* to *March 11, 1934*I last saw him alive on *March 11, 1934* Death is said to have occurred on the date stated above, at *3 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute Infective Arthritis *2-16-34*
Acute Myocarditis *3-8-34*

Other contributory causes of importance:

Name of operation *None* Date of ____What test confirmed diagnosis *None* Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) *Charles T. Weyler* M. D.(Address) *811 Hudson St.*

E 99273

E 99273

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Keyworth Ave. ST. 5-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon Aaron Margolis

(a) RESIDENCE NO. 119 N. Exeter St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

DATE OF BIRTH (month, day, and year) 1856

AGE Years 78 7/2 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Isidur Margolis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs Bessie Hyman

(Address) 2410 Keyworth Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 - 1934

17

I HEREBY CERTIFY, That I attended deceased from Jan 9, 1934, to Mar 11, 1934, that I last saw him alive on Mar 11, 1934

and that death occurred, on the date stated above, at 7:20 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Ephemeral

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano M. D. Mar 12, 1934 (Address) 407 N. Exeter St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Hebrew Rose Dale

3/13 1934

UNDERTAKER

ADDRESS 1127

Sol Levinson + Bro E. Balto St

12-1934 Huntington Williams

M. D. 1934 E 99274

✓ E 99274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Sydenham Hospital

St. 26 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

James Washington Elbig

(a) Residence: No. 3906 Philadelphia St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of child

6. DATE OF BIRTH (month, day, year) Sept. 3, 1929

7. AGE Years 4 Months 6 Days 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Herman A. Elbig

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Mary B. Baker

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Herman A. Elbig

(Address) 3906 Phila. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Conn. Date Mar. 14, 1934

19. UNDERTAKER Mrs. E. Miller

(Address) 2334

1934

Huntington Williams, M.D.

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934, to March 12, 1934

I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Robertsonian
EmpyemaDate of onset
Jan. 15
Feb. 7
March 2

Other contributory causes of importance:

Name of operation Stomachotomy

Date March 5, 1934

What test confirmed diagnosis? X-ray

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Williams, M.D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99275

39275

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospts 34

CITY OF BALTIMORE: (No. 13010)

Balto Md. 14-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Chin Yuen

(a) Residence: No.

107 N. Pine St.

St.; Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Yellow

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day... hrs. or min.

57

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Laundry

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

California

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Records Baltimore City Hospts.

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Pl. Cem.

Date

Mar 13, 1934

137834

20. FILED

John P. Denny

H. H. Williams, Jr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-9-34

22. I HEREBY CERTIFY That I attended deceased from 2-20-34 to 3-9-34

I last saw him alive on 3-9-34 Death is said to have occurred on the date stated above, 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

General Paralysis of Insane

Date of onset

1934

Other contributory causes of importance:

Luetic Infection

1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. H. Williams, Jr. D. Baltimore City Hospts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Annadel Ave. ST. 25-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 507 Annadel Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

One

How long in U. S., if of foreign birth?

yrs.

mos.

One

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

MWhiteInfant5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofInfant

6 DATE OF BIRTH (month, day, and year)

3/11/34

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

One

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town; State or country)

507 Annadel Ave
Baltimore, Md (3/11/34)

10 NAME OF FATHER

Colonel Brady Longest

11 BIRTHPLACE OF FATHER (city or town; State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Elizabeth Longest

13 BIRTHPLACE OF MOTHER (city or town; State or country)

Md

14

Informant

(Address)

Elizabeth Longest
507 Annadel Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1934

17

I HEREBY CERTIFY That I attended deceased from Mar 11th 1934 Mar 12th 1934.that I last saw him live on Mar 12th 1934.and that death occurred, on the date stated above, at 8-A m.

The CAUSE OF DEATH* was as follows:

Respiratory Failure
(suddenly) 630 to 8 AM

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) Robert W. Johnson M. D.

12, 1934 (Address)

3564 HANOVER STREET,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

London ParkMar 13 1934

20 UNDERTAKER

ADDRESS

John R. Denny7.5 8th St

AR 13 1934

E 99277

E 99277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 4-01 Ward)Length of residence in city or town where death occurred... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. George Hughes Darlington Md. St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Ella M. Hughes (or) WIFE of6. DATE OF BIRTH (month, day, year) April 29 18717. AGE Years 62 Months 10 Days 11 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Darlington Md. (State or country)13. NAME John H. Hughes14. BIRTHPLACE (city or town) England (State or country)15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John H. Hughes (Address) Darlington Md.18. BURIAL, CREMATION, OR REMOVAL Darlington Md. Date 3/14/193419. UNDERTAKER H. B. Bailey (Address) Darlington Md.20. FILED 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 193422. I HEREBY CERTIFY That I attended deceased from 3/7/1934 to 3/12/1934I last saw him alive on 3/12/1934 Death is saidto have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertrophy of Prostate

Other contributory causes of importance:

Cerebral EmbolismName of operation None Date of —What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) H. B. Bailey M. D.(Address) Darlington Md.

E 99278

E 99278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital) 27-01 WardLength of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret J. Ebaugh

(a) Residence: No. 5000 Litchfield Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Calvin C. Ebaugh

DATE OF BIRTH (month, day, year) Oct. 6, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Schnitzlein14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town)
(State or country)INFORMANT Calvin C. Ebaugh
(Address) 5000 Litchfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 14, 34

UNDERTAKER

(Address)

John O. Mitchell & Son
1900 Eutan Place

R13 1534

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 193422. I HEREBY CERTIFY. That I attended deceased from 19 to 19 I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Autopsy

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address) 1305 N. Patterson Park Ave

M. D. E 99279

Blondans

✓ E 99279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital - 01 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 33 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Miss Laura Gertrude Blundon(a) Residence: No. 704 Park Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Mar 31, 18807. AGE Years 53 Months 11 Days 20 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kindergarten
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Robert M. Blundon14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Sallie Downing16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Robert M. Blundon
(Address) Greenway Apts18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date Mar 13, 193419. UNDERTAKER John O. Hetchell & Sons
(Address) 1900 East Ave20. FILED Huntington Library

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11, 193422. I HEREBY CERTIFY. That I attended deceased from Feb 2, 1934 19____ to Mar. 11, 1934 19____I last saw her alive on Mar. 11, 1934. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

BronchopneumoniaDate of onset
2-26

Other contributory causes of importance:

Thyroidectomy for Hyperthyroidism2-17Name of operation Thyroidectomy Date of 2-17What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H.B. Seale M. D.
(Address) Union Memorial Hospital

E 99280

HEALTH DEPARTMENT—CITY OF BALTIMORE 9280

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Hopkins Hospital

St. 5-01 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John Booker

(a) Residence: No.

1003 E. Monument St

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Jany 1st/1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23 28	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

James Booker

14. BIRTHPLACE (city or town) (State or country)

Va.

15. MAIDEN NAME

Ida Booker (correct)

nee Booker

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

Ida Booker (Mother)

(Address)

1003 E. Monument

17. BURIAL, CREMATION, OR REMOVAL

Place

Asbury Cemetery

Date

Mar 14

19 34

18. UNDERTAKER

(Address)

Little & Sons
1408 Ashland Ave

FILED

R13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on

1 P.M.

Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pulmonary Odema

Bacterial Endocarditis
(Aortic valve-probably
pneumococcal etc)

Date of onset

??

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner

M. D.

M. D. 1934 E 99281

✓ E 99281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 N. Broadway, 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1801 Patnall St. (Usual place of abode)

St.,

Ward, Wilmington, Del.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Robert R. Smith (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17 1878

7. AGE Years 55 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10. Date deceased last worked at this occupation (month and year) Mar 1934 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Milford (State or country) Delaware

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Robert R. Smith (Address) 1801 Patnall St.

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del Date Mar 13 1934

19. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 12, 1934.

I last saw him alive on March 12, 1934 Death is said to have occurred on the date stated above, at 1:30 am.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Mar.

1930

Other contributory causes of importance:

Cerebral hemorrhage

3/12/34

Name of operation XXXX

Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. S. F. M. D.

(Address) 3622 Greenmount Avenue

APR 13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #1617 Atlantic St. Ward 9-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1617 Atlantic St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 12th 19337. AGE Years 11 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md13. NAME John S. Teipe14. BIRTHPLACE (city or town) (State or country) Baltimore, Md15. MAIDEN NAME Margaret McConan16. BIRTHPLACE (city or town) (State or country) Baltimore, Md17. INFORMANT Mr. John S. Teipe (Address) 1617 Atlantic St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Calverton Date 3/13/1934

19. UNDERTAKER

(Address) John S. Teipe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12/193422. I HEREBY CERTIFY. That I attended deceased from Feb 6 to Mar 12I last saw him alive on Mar 11 Death is saidto have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Ischemic heart disease to toxic poisoning

Name of operation Date of

What test confirmed diagnosis Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Edmund J. ... M. D.(Address) 1025 N. North St.

APR 13 1934

M. E. 99283

E 99283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (T.H.)
 CITY OF BALTIMORE: (No. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Ruth (Wade Hampton Ruth)

(a) Residence: No. 813 Whitecat st. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1914

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
 20 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Charlotte (State or country) North Carolina

13. NAME Wade Ruth

14. BIRTHPLACE (city or town) Aiken (State or country) South Carolina

15. MAIDEN NAME Lula Cummings

16. BIRTHPLACE (city or town) Bonville (State or country) South Carolina

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date May 14, 1934

19. UNDERTAKER (Address) John C. Williams

20. A. M. D. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1934, to March 12, 1934.

I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 9.05 A. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Oct.

1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify (Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

M. D. H. 99284

E 99284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Whatcoat St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1016 Whatcoat St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Miss Ida Robinson
(or) WIFE of Mr. Charles W. Robinson7. DATE OF BIRTH (month, day, year) 1-7-18648. AGE Years Months Days If LESS than 1 day, hrs. or min. 708. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01810. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Charles W. Robinson
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Ida Robinson
(Address) 1016 Whatcoat St.18. BURIAL, CREMATION, OR REMOVAL
Place Unknown Date Nov 5 193419. UNDERTAKER Amos H. Chase & Son
(Address) 638 N. E. Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 193422. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to 3 - 11 - 1934I last saw him alive on 3 - 10 - 1934 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Date of onset

Other contributory causes of importance:

UnknownName of operation none Date of noneWhat test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.(Signed) Joseph A. Saunders M. D.(Address) 229 N. Street

RT 13 1934

E 99285

✓ E 99285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 8-01 WardRegistered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1105 M Melton Ave.

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of singleDATE OF BIRTH (month, day, year) March 22, 19357. AGE Years 11 Months 30 Days 18 If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Frank Kirschner14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Katherine Wilkey16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT Frank Kirschner(Address) 1105 M Melton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lebanon Date 3/14 193519. UNDERTAKER J. J. Morgan(Address) 3000 E. BaltimoreFILED 131334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 193522. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 12, 1935I last saw her alive on March 12, 1935 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Heart failure
Bronchopneumonia

Date of onset

Feb 10March

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Harry L. Lohman(Address) Lebanon Hospital

M. D.

M. D. P. E 99286

E 99286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 PK. Hgts. Terrace St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Ida Emily

(a) Residence: No. 2633 PK. Hgts. Terrace St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Emil

6. DATE OF BIRTH (month, day, year)

7. AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ida

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hoffman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Emil (son)

(Address) 3224 Anchorage Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Hesper Lodge Date 3-13-34

19. UNDERTAKER

(Address) Jace Reins Inc 1737 E. Baltimore St.

20. FILE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-34, 19

22. I HEREBY CERTIFY. That I attended deceased from Aug - 1932 to March - 13 - 1934

I last saw her alive on March - 13 - 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 3/8/34

General arterio sclerosis, chronic, & hypertension 7-8 yrs

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herman Schol M. D.

(Address) 2404 Antwerp

E 99287

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99287

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Mercy Hosp

CITY OF BALTIMORE: (No. _____)

St. 6-01 Ward)

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Cronhardt Jr.

(a) Residence: No. 45-1 N Milton Ave

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) single
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

August 22 1853

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

none

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Germany

FATHER

13. NAME

Charles Cronhardt

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME

Susan B. Cronhardt

16. BIRTHPLACE (city or town)
(State or country)

Pa.

17. INFORMANT

(Address)

Charles Cronhardt Jr.

18. BURIAL, CREMATION, OR REMOVAL

London Park Cemetery

Mar. 13, 1934

HENRY SANDER & SONS, INC.

(Address)

Baltimore St. & Broadway

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

8-9

1934

22. I HEREBY CERTIFY, That I attended deceased from
Sept 28, 1937 to 3-9, 1934I last saw him alive on 3-9, 1934. Death is said
to have occurred on the date stated above, at 11:00 P.M.The principal cause of death and related causes of
importance were as follows:

acute Schistocera Cardio Vascular Disease

Date of onset

Other contributory causes of importance:

Hypertensive Pneumonia

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. J. Sander

M. D.

(Address)

Mercy Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Blanche M^c Laine(a) Residence: No. 1407 E Madison St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 7-6-19217. AGE Years 12 Months 8 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.13. NAME Dewey M^c Laine14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Ollie 216. BIRTHPLACE (city or town) (State or country) 217. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place allbury cemetery Date march 18, 193419. UNDERTAKER Edw Bryan (Address) 163 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 193422. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to March 8, 1934I last saw him alive on March 8, 1934 Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculous meningitis
Pleurisy — Tubercular3/1/34
3/1/34

Other contributory causes of importance:

Bronchopneumonia3/8/34Name of operation Lumbar puncture Date of YesWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Arthur H. Reed M. D.(Address) Johns Hopkins Hospital

MAR 13 1934

E 99289

E 99289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Allendale Road St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Veronica Daniel

(a) Residence: No. 2320 Allendale Road St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of Daniel Daniel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	24	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Rosenthal,
(Address) 2320 Allendale Road18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Mch. 14, 193419. UNDERTAKER David Sandheim & Son
(Address) 1902 Eutaw Place.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to March 12, 1934

I last saw h. or alive on March 12, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Myocarditis
Chronic nephritis

Date of onset

5 years

Other contributory causes of importance:

Anemia + cardiac insufficiency

4 weeks (1 month)

Name of operation none

Date of none

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Frederick Lutz

M. D.

(Address) Temple Garden Apts.

M 19 1934

12-34

99290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1610 N. Calhoun St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced, give name of HUSBAND or WIFE of <i>Paul Edwards</i>		
DATE OF BIRTH (month, day, year) <i>Oct 23-1909</i>		
AGE <i>24</i>	Years <i>4</i>	Months <i>17</i>
	Days <i>15</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>970</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

Date

19

9. UNDERTAKER

10. FILED

MAR 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-10-1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

101.33

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation.

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Ague fever

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99292

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hosp* St. *19-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *23* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *462 Calhoun* St., *19-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of *Louis Gilbert (Dead)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 11, 1871*7. AGE *62* Years *6* Months *0* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Philadelphia* (State or country) *Pa*13. NAME *George*14. BIRTHPLACE (city or town) *Ky.* (State or country)15. MAIDEN NAME *Virginia Gwynn*16. BIRTHPLACE (city or town) *Pa* (State or country)17. INFORMANT *Roscoe* (Address) *Bald City Hosp*18. BURIAL, CREMATION, OR REMOVAL *St Paul's* Place *March 13, 1934* Date19. UNDERTAKER *John C. Miller* (Address) *2435 E. Oliver St*20. FILLED *13 1934* *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 20, 1934* to *March 11, 1934*I last saw *alive* on *March 11, 1934* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung. Date of onset *6 mo*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. P. Maguire* M. D.(Address) *Bald City Hosp.*

99293 HEALTH DEPARTMENT—CITY OF BALTIMORE 99293

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp* St., *76-01* Ward)

Length of residence in city or town where death occurred *20 - Unknown* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *632 P. Macon St* St., *76-01* Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) *Sept-8-1893*

AGE Years Months Days If LESS than 1 day, hrs. or min.
40 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Georgia*

13. NAME *O. B. Perry*

14. BIRTHPLACE (city or town) (State or country) *Georgia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Georgia*

17. INFORMANT *Evelyn Perry*

(Address) *632 P. Macon St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Day Fountain*

Date *Mar-15-1934*

19. UNDERTAKER *John C. Miller*

(Address) *12435 E. Baltimore St*

20. FILED *13 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar-11-1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on *12-30-33* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

Accidental fall down steps at home

Name of operation

Date of

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury *Mar-11-1934*

Where did injury occur? *632 S Macon*

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of injury *Fell down steps*

Nature of injury *Fract Skull*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*

(Signed) *J. H. H. H. H.*

M. D.

(Address) *1200 N. Baltimore St*

E 99294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5430 Belair Rd. St. 27-01 Ward)

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Catherine Scharf

(a) Residence: No.

5430 Belair Rd.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Scharf

6. DATE OF BIRTH (month, day, year) Jan. 3 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Raspeburg
(State or country) Balto. Co. Md.

13. NAME John Milchling

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Eva. Bauer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John Scharf
(Address) 5430 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemetery 3/14/34 19

19. UNDERTAKER Leonard J. Buckner
(Address) 5305 Maryland Rd

131834

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1933 to Mar 11 1934

I last saw him alive on Mar 11 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Clara J. Smith

M. D.

(Address) 4706 Harbor Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 99295

50

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **7-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mo. ____ da. How long in U. S. if of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME **Louisa Bailey**

(a) Residence: No. **615 N. Bethel St.**

(Usual place of abode)

St. ____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **Married**

6a. If married, widowed, or divorced, **Edward Bailey**
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **9/20/1870**

7. AGE Years **63** Months **5** Days **20** If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Maryland**
(State or country)

13. NAME **John R. Cooper**
14. BIRTHPLACE (city or town) **Maryland**
(State or country)

15. MAIDEN NAME **Teja**
16. BIRTHPLACE (city or town) **?**
(State or country)

17. INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL
Place **Arbury Lane** Date **3-18th 1934**

19. UNDERTAKER **Inter-Funeral Co.**
(Address) **1302 Jefferson St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **3/10** 19**34**

22. I HEREBY CERTIFY. That I attended deceased from **2-16** 19**34** to **3-10** 19**34**

I last saw her alive on **3-10** 19**34** Death is said to have occurred on the date stated above, at **4:12 P.M.**

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Breast
Hypertension and Coriary
Hypertrophy
Staphylococcal Septicemia

Date of onset **12/1/30**

3/6/34

Other contributory causes of importance:

Name of operation **Radical Amputation of Breast** Date of operation **3/6/34**
What test confirmed diagnosis? **Section** Autopsy **Yes**

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) **C. J. [Signature]** M. D.
(Address) **[Address]**

MAR 13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99296

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital* St. *7-41* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Parents (416 Pearl*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *March 13, 1934*

7. AGE

Years

Months

Days

If LESS than
1 day 1 hr.
or 47 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood* Date *3-13-34* 19

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 13, 1934*22. I HEREBY CERTIFY, That I attended deceased from
March 13, 1934 to *March 13, 1934*I last saw him alive on *March 13, 1934* Death is said
to have occurred on the date stated above, at *4:50 A.M.*The principal cause of death and related causes of
importance were as follows:*Premature Separation of
Placenta*

Date of onset

*March
13, 1934*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. Allen Decker
Woman's Hospital

D.

R13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 99297

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Ward)Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth: 30 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1223 Cloverdale Rd. St., 1 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie Schones

6. DATE OF BIRTH (month, day, year)

7. AGE Years 58 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00012. BIRTHPLACE (city or town) (State or country) Bussard13. NAME Samuel S. Schones14. BIRTHPLACE (city or town) (State or country) Bussard15. MAIDEN NAME Evelyn Parshman16. BIRTHPLACE (city or town) (State or country) Bussard17. INFORMANT Jack Davis
(Address) 1439 E. Baltimore St.18. BURIAL, CREMATION, OR REMOVAL 3/13/34
Place St. Lawrence Date 1919. UNDERTAKER Jack Davis
(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 193422. I HEREBY CERTIFY. That I attended deceased from Feb. 19, 1934 to March 12, 1934I last saw him alive on March 12, 1934 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchiectatic Abscess of Left Lower LobeDate of onset 2 yrs.

Other contributory causes of importance:

Chronic Rheumatoid Arthritis
Chronic Myocardial Deg.
Cardiac FailureDate of onset 5 yrs?
10Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) Leon A. Schones M. D.
(Address) West Baltimore General Hospital

APR 13 1934

M. D. E 99298

E 99298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Thurston Hospital* St. *14* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. *Beltton Charles St. Md.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced, give name of HUSBAND or WIFE of *Mr. Record*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *own* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Beltton Md.*13. NAME *Mr. Record*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mr. Record*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Hospital Record.* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Beltton Md.* Date *3-13* 193419. UNDERTAKER *L. W. Roby* (Address) *Beltton Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-12-34* 1922. I HEREBY CERTIFY, That I attended deceased from *3-7-34* 19 to *3-12-34* 19I last saw him alive on *3-12-34* 19. Death is said to have occurred on the date stated above, at *9:25 P. m.*

The principal cause of death and related causes of importance were as follows:

Hypertension, Vascular Disease

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *William H. [illegible]* M. D. (Address) *1111 [illegible]*113 1934 *Huntington Williams*

E 99299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 N. Durham St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Annie Johes(a) Residence: No. 431 N. Durham St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of ????
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 55 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) ????
(State or country)13. NAME ???14. BIRTHPLACE (city or town) ??
(State or country)15. MAIDEN NAME ??16. BIRTHPLACE (city or town) ??
(State or country)INFORMANT Police Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's College Date April 13, 1934UNDERTAKER
(Address)

3 1934

0203

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at A. H.

The principal cause of death and related causes of importance were as follows:

Probably Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Printer

E 99300 HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4804 Park Heights Ave., St. 27-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME JAMES J. MADDEN

(a) Residence: No. 4804 Park Heights Ave., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Margaret B. Madden (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24th, 1876

7. AGE Years 57 Months 8 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland. (State or country)

13. NAME Madden

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Spain

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Margaret M. Donovan (Address) 101 E. Joppa Road Towson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery, March 14th, 1934

19. UNDERTAKER (Address) 118 W. Mt. Royal Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th, 1934

22. HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934, to Mar. 12, 1934

I last saw him alive on Mar. 12, 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Feb. 1, 1934

Other contributory causes of importance

Arteriosclerosis Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James B. Ashurst, M. D.

(Address) 4012 Park Heights Ave

MAR 13 1934

M. D. B. 1268-9
99301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99301

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Harlem ave. St. 16-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1910 Harlem Ave. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced
HUSBAND of Werner Sauer
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug 29 - 18717. AGE Years 62 Months 6 Days 10 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Louis Waserbert14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Catherine Reinhard16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Werner Sauer
(Address) 1910 Harlem ave18. BURIAL, CREMATION, OR REMOVAL
Place Landon Park Date March 74 193419. UNDERTAKER Mrs. Mrs. John H. Tempel - son
(Address) 801 N. Bay St.

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1934 to Mar 11, 1934I last saw her alive on Mar 11, 1934 Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid and rectum

Date of onset

1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Pt. X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) Werner U. Todd M. D.(Address) 735 N. Fulton Ave

E 99302

99302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *938 Argyle Ave* St., *17-41* Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred, *yes* *2* mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *938 Argyle Ave* St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of *Bob*6. DATE OF BIRTH (month, day, year) *Jan 26, 1931*7. AGE Years *0* Months *12* Days *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splorer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *William Ross*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Rosetta Ross*16. BIRTHPLACE (city or town) *Baltimore*
(State or country)17. INFORMANT *Supra*
(Address)18. BURIAL, CREATION, OR REMOVAL
Place *St. Paul* Date *Feb 7, 1934*19. UNDERTAKER *Don J. Carter*
(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *March 10, 1934*I last saw him alive on *March 9, 1934* death is said to have occurred on the date stated above, at *40* m.

The principal cause of death and related causes of importance were as follows:

Intestinal toxemia

Date of onset

3/6/34

Other contributory causes of importance:

*possibly dietary*Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* specify _____

(Signed)

John C. Stewart M. D.
(Address) *704 W. Calverton Ave*

99303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99303

CERTIFICATE OF DEATH

X V 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *714 Hope Return St.* Word) *24*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rev. John F. Shea(a) Residence: No. *Manchester, Mass.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 8-1902*7. AGE Years *31* Months *9* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Catholic* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) (State or country) *Manchester N. H.*13. NAME *Timothy Shea*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mary Sullivan*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Sullivan + Turley* (Address) *Manchester N. H.*18. BURIAL, CREMATION OR REMOVAL Place *Manchester New Hampshire* 3/13/3419. UNDERTAKEN *Murray Cook* (Address) *1217 1st Ave. SE.**Edwin Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 13 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/8* 1934 to *3/13* 1934I last saw him alive on *3/13* 1934 Death is said to have occurred on the date stated above, at *4:15* Am.

The principal cause of death and related causes of importance were as follows:

Unaffected right hand with marked edema & cellulitis of Rt. hand Cerebral Embolism

Date of onset

3/8/34

Other contributory causes of importance:

*Acute Mania Manic depression psychosis Manic type*Name of operation *None* Date ofWhat test confirmed diagnosis? *Findings* Was there an autopsy? *no*

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edwin Williams* M. D.(Address) *3326 Frederick Ave.*

131934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Harry F. Schroeder(a) Residence: No. 625 East 34th St

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Schroeder6. DATE OF BIRTH (month, day, year) 9/1/18887. AGE Years 45 Months 6 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Sic & Treasurer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Record Pub Co10. Date deceased last worked at this occupation (month and year) Jan 1934 11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Henry Schroeder 14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Martha Vencet 16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 16, 193419. UNDERTAKER Wm Cook (Address) 1317 St Paul St

1-3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 193422. I HEREBY CERTIFY, That I attended deceased from 2-16, 1934 to 3-13, 1934I last saw him alive on 3-13, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, lung, right, malignant, primary Date of onset 2 months

Other contributory causes of importance:

Bronchial pneumonia 2 daysName of operation none Date of —What test confirmed diagnosis? autopsy Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank W. Gail M. D.(Address) Johns Hopkins Hospital

99305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99305

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Guilford Ave St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel R. Boone(a) Residence: No. 3000 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. ~~Single~~ Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Mollie E. Boone
(or ~~Wife of~~)6. DATE OF BIRTH (month, day, year) Oct 1st 18577. AGE Years 76 Months 5 Days 12 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept
10. Date deceased last worked at this occupation (month and year) Feb 1934 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) Howard Co
(State or country) Md13. NAME Samuel Boone
14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Tane Adair
16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Robert G. Boone
(Address) Rogers Forge Md.18. BURIAL, CREMATION, OR REMOVAL Lorraine Date Mar 16, 1934
Place19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 193422. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to March 13 1934I last saw him alive on March 13 1934 Death is said to have occurred on the date stated above, at 12 15 pm.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease
chronic nephritis

Other contributory causes of importance:

acute coronary thrombosis
cerebral emboli, multipleName of operation none Date of March 13, 1934
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public placeManner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased?
no If so, specify(Signed) Frank R. Smith, Jr M. D.
(Address) 927 N Calvert St

3 1934

99306

(TOMSIK) F 99306 HEALTH DEPARTMENT—CITY OF BALTIMORECERTIFICATE OF DEATH ✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Madeira St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank Tomsik

(a) Residence: No. 915 N. Madeira St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Anna Tomsik

DATE OF BIRTH (month, day, year) June 27/1883

AGE	Years	Months	Days	If LESS than 1 day, ____hra. or ____min.
50	7	8	12	14

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Austria

13. NAME

Joseph Tomsik

14. BIRTHPLACE (city or town) (State or country)

Austria

15. MAIDEN NAME

????

16. BIRTHPLACE (city or town) (State or country)

Austria

INFORMANT (Address)

Anna Tomsik

915 N. Madeira St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 14 1934

UNDERTAKER (Address)

Frank Grachon 1846 W. 1st St

3-1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11/34

22. I HEREBY CERTIFY, That I attended deceased from

19____ to 19____

I last saw h. alive on 19____ Death is said

to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

Nephritis- Ascites

Date of onset

???

Other contributory causes of importance:

Fractured rt clavicle, rt scapula & rt radius (Colles)

Dec 25/33

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury Dec 25/33

Where did injury occur? Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public place

Fell down stairs-2nd to 1st floor

Manner of injury 4.30 A.M.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

E 99307

99307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2205 E. Eager* St., *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2205 E. Eager* St., *7-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 16, 1933*7. AGE Years Months Days *27* If LESS than 1 day, hrs. or min. *45*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *ad* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)FATHER 13. NAME *Frank J. Ruzek*14. BIRTHPLACE (city or town) *Baltimore* (State or country)MOTHER 15. MAIDEN NAME *Mary Vana*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Frank Ruzek* (Address) *2205 E. Eager St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Mar. 15, 1934*19. UNDERTAKER *Frank Brochman* (Address) *1806 W. Highland Ave*20. DATE OF DEATH *13-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 13, 1934*22. I HEREBY CERTIFY That I attended deceased from *March 13, 1934* to *March 13, 1934*. I last saw *her* alive on *March 13, 1934*. Death is said to have occurred on the date stated above, at *7:00* A.M.

The principal cause of death and related causes of importance were as follows:

Solar Anemia

Date of onset

March 24

Other contributory causes of importance:

*Acute Cardiac Dilatation*Name of operation *None* Date of *NO*What test confirmed diagnosis? Was there an autopsy? *NO*23. If death was due to external causes (violence) fill in also the following: Date of injury *19*

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *M. D. B.*(Address) *800 N. Patterson St.*

M. D. B. E 99308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frederick Wm. Schrauffer

(a) Residence: No.

527 York Road

St.,

Towson, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M

W

Widowed

6a. If married, widowed, or divorced

Husband of

Mrs. Schrauffer

(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

73

3

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME Wm. Schrauffer

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Margaret Shatz

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Deceased

18. BURIAL, CREMATION, OR REMOVAL

Place Keen Mount Cemetery Date Nov. 17, 1934

19. UNDERTAKER (Address)

John Burns Sons

Towson, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1934

22. I HEREBY CERTIFY That I attended deceased from

March 12, 1934, to March 13, 1934

I last saw him alive on March 13, 1934 Death is said

to have occurred on the date stated above, at 10:25 pm

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
arteriosclerosis
hypertension

Date of onset

3/12/34

Indefinite

Indefinite

Other contributory causes of importance:

Carcinoma of bladder

Name of operation cystoscopy Date of 3/13/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W.B. Seale

M. D.

(Address) Union Memorial Hospital

034

R181934

M. D. 1934 E 99309

✓ E 99309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Linwood Ave., Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 514 N. Linwood Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Ernestine Hermann

7. DATE OF BIRTH (month, day, year)

77 Years 0 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

last saw him alive on 19 Death is said

to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of

Probably Myocardial Insufficiency

Other contributory causes of importance:
History of Emphysema in 1926

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. C. Miller

(Address)

508 E. Pratt St.

M. D.

R 13 1934

M. D. B. 99310

E 99310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 W. 28th St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 322 W. 28th St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of William Codwell (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24, 1894

7. AGE Years 39 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) Chester (State or country) South Carolina

13. NAME William Allen 14. BIRTHPLACE (city or town) Chester (State or country) South Carolina

15. MAIDEN NAME Jennie Allen 16. BIRTHPLACE (city or town) Chester (State or country) South Carolina

17. INFORMANT Mack Gaither (Address) 322 W. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Pl. Calvary Date 3/14 1934

19. UNDERTAKER Chas. G. Cooper (Address) 514 N. Calhoun St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to March 12, 1934

I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 3/3/34

Other contributory causes of importance:

Hypertension

Name of operation.

Date of.

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Arnon Weiss

M. D.

(Address)

2902 Huntington Ave.

R14 1934

E 99311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99311

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 Rutland Ave Ward 8-01)Length of residence in city or town where death occurred: 4 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1833 Rutland Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) <u>Mary Elizabeth Young</u>
--

6. DATE OF BIRTH (month, day, year) July 4th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>65</u>	<u>8</u>	<u>8</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ed. Printing & Co</u>
	10. Date deceased last worked in this occupation (month and year) <u>May 1932</u>
	11. Total time (years) spent in this occupation <u>26</u>

12. BIRTHPLACE (city or town) (State or country) Frederick Md13. NAME Edward Young14. BIRTHPLACE (city or town) (State or country) Marysville Md15. MAIDEN NAME Susan E. Kanneff16. BIRTHPLACE (city or town) (State or country) Frederick Md17. INFORMANT Mrs G. E. Stone
(Address) 1938 W. Franklin St18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 14th 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th 193422. I HEREBY CERTIFY, That I attended deceased from January 1934 to March 12 1934I last saw him alive on March 10 1934. Death is said to have occurred on the date stated above, at 2⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

1931

Other contributory causes of importance:

Myocardial Degeneration

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayer

M. D.

(Address) 2006 E. Thimbleton St.

AR 14 1934

19

Registr

E 99312

F 99312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11-01 Ward)

2. FULL NAME

Baby Cowan

(a) Residence: No.

317 W. Hoffman

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

March 12/34

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

12. NAME

Ral Cowan

14. BIRTHPLACE (city or town)
(State or country)

Greenway

15. MAIDEN NAME

Rosa

Wells

16. BIRTHPLACE (city or town)
(State or country)

Greenway

INFORMANT

Ral Cowan

(Address)

317 W. Hoffman

BURIAL, CREMATION, OR REMOVAL

222 Auburn Ave Date 3/15 1934

UNDERTAKER

(Address)

Samuel Henry
578 N. Biddle St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12/34

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said
to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of
importance were as follows:

Prematurity (&mons Gestation)

Date of onset

Other contributory causes of importance:

Name of operation

inquiry

Date of

What test confirmed diagnosis?

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

508 E. North Ave

M. D.

E 99313

✓ E 99313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 100 Edgevale Road
 CITY OF BALTIMORE: (No. ~~11100~~ ~~Sheppard~~ ~~Legg~~ 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Sheppard Legg

(a) Residence: No. 100 Edgevale Road St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Frederic W. Legg

7. DATE OF BIRTH (month, day, year) Apr. 14, 1897

8. AGE Years Months Days If LESS than 1 day. hrs. or min.
 36n 10 28

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Philadelphia Pa.
 (State or country)

14. NAME A. Maxwell Sheppard

15. BIRTHPLACE (city or town) Pa.
 (State or country)

16. MAIDEN NAME Florence Harding

17. BIRTHPLACE (city or town) Pa.
 (State or country)

18. INFORMANT Frederic W. Legg
 (Address) 100 Edgevale Road

19. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mch. 14, 1934

20. UNDERTAKER John O. Mitchell
 (Address) 1900 Eutaw Place

21. YEAR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 12, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on about 1 A. m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Probably a fractured skull, and internal injuries, and exposure due to falling from roof of porch of her home. Suicide

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 3/12, 1934

Where did injury occur? 100 Edgevale Road. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home -

Manner of injury see above

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John J. Morrissey M. D.

(Address) 3636 Roland St.

E 99314

E 99314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Eutaw St. St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella G. Fugle

(a) Residence: No. 1111 N. Eutaw St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of Frederick C. Fugle
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Alexander Poulson

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Sarah J. Spurrier

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Mrs. Julia Keyser
(Address) 1111 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. 3/15/34 19

19. UNDERTAKER John C. Mitchell & Son Inc.
(Address) 1900 Eutaw Place

R 14 1934 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1933, to March 12 1934

I last saw her alive on March 12, 1934 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis -

Date of onset

Post-5-6 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify: Motion F. Robinson, M. D.

(Address) Medical Arts Bldg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 99315

45 E 99315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 So. Belmond ST. 1-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 807 So. Belmond ST. 1-01 WARDLength of residence in city or town where death occurred 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widower

6a If married, widowed, or divorced HUSBAND of or WIFE of Not known

6 DATE OF BIRTH (month, day, and year)

7 AGE

41

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Palmer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address) Michael Gurkowski
807 So. Belmond

Registrar

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March, 13, 193417 I HEREBY CERTIFY, That I attended deceased from July 33 to March 13, 1934
that I last saw him alive on March 8, 1934
and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of throatCONTRIBUTORY (Secondary) Arterio-sclerotic heart disease
(duration) 1 yrs. 2 mos. 0 ds.
(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. E. Porter

19

(Address) 316 So. Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

AR 14 1934

E 99316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99316

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2202 Penna Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Col

5. Single, Married, Widowed, or Divorced Married

21. DATE OF DEATH (month, day, year) Mar 11 1934

22. I HEREBY CERTIFY That I attended deceased from

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Cora Broze

I last saw h. alive on 19 to 19 Death is said to have occurred on the date stated above, at m.

DATE OF BIRTH (month, day, year)

AGE Years Months Days 32 6 15/3 If LESS than 1 day. hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shaffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

The principal cause of death and related causes of importance follows: Success of Urethra

Other contributory causes of importance:

12. BIRTHPLACE (city or town) (State or country)

Marshall Broze md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

FILE

14 1934

19

(Signed)

(Address)

M. D.

M. D. B. E 99317

E 99317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1615 N. Mount St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1615 N. Mount St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race *Full* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Thomas Honey*7. DATE OF BIRTH (month, day, year) *8-9-95-July*
8. AGE Yrs. *38* Months *8-9* Days *070* LESS than day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Elizabeth Dorsey*14. BIRTHPLACE (city or town) (State or country) *Paul Jones*15. MAIDEN NAME *Paul Jones*16. BIRTHPLACE (city or town) (State or country) *Paul Jones*INFORMANT (Address) *1615 N. Mount St.*BURIAL, CREMATION, OR REMOVAL Place *Int. Burial* Date *Mar 15 1934*UNDERTAKER (Address) *Thomas E. Kelson*21. DATE OF DEATH (month, day, year) *Mar 10 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were

Mitral Stenosis
Sudden

Other contributory causes of importance:

Name of operation *Regular* Date of *Mar 10 1934*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Smith* M. D. Coroner

(Address)

AR 14 1934

E 99318 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99318

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1332 N. Stockton St. 15-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1332 N. Stockton St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color of Race Col 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Margaret Peew

DATE OF BIRTH (month, day, year) 6-8-15-1863

AGE Years 70 Month 4 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Margaret Peew

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 1332 N. Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date Mar 15, 1934

19. UNDERTAKER (Address) 1462 N. Carey St.

FILED

14 1934

Huntington Williams, M.D.

21. DATE OF DEATH (month, day, year) Mar 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1915 to 1934

I last saw him alive on 1934 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of chest. Date of onset

Other contributory causes of importance:

Name of operation Regular

Date of

What test confirmed diagnosis? As there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Luck

(Address)

Coroner

M. D.

99319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99319

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Sterling St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 625 Sterling St., 5-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Ch 5. Single, Married, Widowed, or Divorced (write the word) widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jackson6. DATE OF BIRTH (month, day, year) 18667. AGE Years 68 Months 0 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) 070
11. Total time (years) spent in this occupation 07012. BIRTHPLACE (city or town) (State or country) Washington DC13. NAME unknown14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Caroline Jackson
(Address) 625 Sterling18. BURIAL, CREMATION, OR REMOVAL
Place Waverly Date 3-16-193419. UNDERTAKER Byron & Mamie H. Wright
(Address) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Mar 13 193422. I HEREBY CERTIFY, That I attended deceased from Mar 10 1934 to Mar 13 1934I last saw him alive on Mar 12 1934 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Injury as a result ofDate of onset 6-24

Other contributory causes of importance:

Old age and poor healthName of operation ✓ Date of 20What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 6Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ✓(Signed) E. Fisher M. D.(Address) 1612 E. Monument

25. FILED

MAR 14 1934

28 1105
E 99320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53E 99320

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

26-01
Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.2. FULL NAME Matilda Heiss(a) Residence: No. 4215 White Ave
(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) unmarried6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9/12/507. AGE Years 83 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pennsylvania
(State or country)13. NAME Henry Franklin14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Mary Fendley16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 3-16-3419. UNDERTAKER Fred Laseghin Son(Address) 2407 Ridge Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934 to March 13, 1934I last saw him alive on March 13, 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, bladder
Supra-pubic cystotomy
UremiaDate of onset
3 yrs
2 1/2 mos.

Other contributory causes of importance:

Name of operation Supra-pubic Cystotomy Date of AprWhat test confirmed diagnosis? Path Was there an autopsy yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) E. H. Hensel(Address) Johns Hopkins Hospital

M. D.

MAR 14 1934

99321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV46 E 99321

1. PLACE OF DEATH *Union Memorial Hospital*
 CITY OF BALTIMORE: (No. *12-01* St., *12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *HARRY JACOB HARP*

(a) Residence: No. *1098 Virginia Avenue* St., *Hagerstown, Maryland*.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widow, or divorced, name of HUSBAND of *Maud Elizabeth Harp*

6. DATE OF BIRTH (month, day, year) *August 6-1876*

7. AGE Years *57* Months *7* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Cheswille, Md.*
 (State or country)

13. NAME *David Harp*

14. BIRTHPLACE (city or town) *Maryland*
 (State or country)

15. MAIDEN NAME *Margaret Beard*

16. BIRTHPLACE (city or town) *Maryland*
 (State or country)

17. INFORMANT *Mrs. Maud, C. Harp*
 (Address) *Hagerstown, Md.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Red Foxen Burial* Date *March 15-1934*
Hagerstown Md.

19. UNDERTAKER *Horace J. Burge*
 (Address) *3631 Falls Road*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 13*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *March 2*, 19*34*, to *March 13*, 19*34*.

I last saw him alive on *March 13*, 19*34*. Death is said to have occurred on the date stated above, at *3:02 P. M.*

The principal cause of death and related causes of importance were as follows:

Post operative peritonitis

Date of onset

3/12/34

Other contributory causes of importance:

Carcinoma of the sigmoid

1929

Name of operation *Pre-colostomy* Date of *2/10/34*

What test confirmed diagnosis? Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Henry M. Hansen* M. D.

(Address) *Union Memorial Hospital*

14 1934

E 99322

E 99322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lane M. Bliss

(a) Residence: No. 835 West 36th St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Bliss

6. DATE OF BIRTH (month, day, year)

7. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Beach

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Bliss (Address) 835 W. 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Society Date 3-14-1934

19. UNDERTAKER Joe Lewis Inc (Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934 to March 13, 1934

I last saw her alive on March 13, 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

1. Myocardial infarction
2. Pulmonary embolism
3. Hypertension

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? 3-10-34

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Maguire, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

R 14 1934

M. D. R. E 99323

E 99323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3223 W. Harrison St., Ave Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, name of (or) WIFE of Parot

6. DATE OF BIRTH (month, day, year)

7. AGE 61 Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia (State or country)13. NAME unknown14. BIRTHPLACE (city or town) Russia (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Russia (State or country)17. INFORMANT Edward Sykes (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5/14 193419. UNDERTAKER John Lewis Lane (Address) 1409 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1934 to March 14, 1934I last saw her alive on March 14, 1934. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease 3 yrs Date of onset

Other contributory causes of importance:

Chronic Myocardial Degeneration 3 yrs
Cardiac Asthma 2 yrs
Atherosclerosis 12 yrs
Cardiac Failure 12 yrsName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Sam Ashman(Address) West Baltimore Gen. Hosp

M. D.

R14 1934

M. D. B. 129 **99324****E 99324****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**V **82-001**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATHCITY OF BALTIMORE: (No. 1107 Walnut Ave SE 28-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME(a) Residence: No. 1107 Walnut Ave SE Ward.
(Usual place of abode) (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 4, 18627. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME John Kennegan14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Bedelia Smith16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Annesley Hodson
(Address) 2323 Arundel Ave18. BURIAL, CREMATION, OR REMOVAL
Place Lauder Park Date Mar 15, 193419. UNDERTAKER F. Vernon Keckner
(Address) 1532 Hollinsworth**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) March 12, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1934 to March 12, 1934I last saw her alive on March 12, 1934 Death is said to have occurred on the date stated above, at 6:30 pm.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage 2/13/34

Name of operation Date of

What test confirmed diagnosis? Physician's sign Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) M. D. Quisenberry(Address) 1324 W. Lombard St M. D.

M. E. 99325

E 99325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Harley Ave. St., 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? 60 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1621 Harley Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William M. Thompson6. DATE OF BIRTH (month, day, year) June 10, 18577. AGE 76 Years 9 Months 2 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) England
(State or country)13. NAME John Knight
14. BIRTHPLACE (city or town) England
(State or country)15. MAIDEN NAME Emilie Karskuz
16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Wm. Thompson
(Address) 1621 Harley Ave.18. BURIAL, CREMATION, OR REMOVAL No 2 mile S. of City
Place Philad. Date Mar. 15, 193419. UNDERTAKER Charles W. Carroll
(Address) 214 E. Eager St.20. FILED Stanton Williams
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1934, to Mar 12, 1934.last saw her alive on Mar 12, 1934. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Feb 27

Other contributory causes of importance:

Ephedrine

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Geo. H. Young M. D.(Address) 1819 St. Paul

MAR 14 1934

E 99326

HEALTH DEPARTMENT—CITY OF BALTIMORE 99326

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Madison Ave. 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ¹⁴ yrs. ² mos. ⁰ ds. How long in U.S. If of foreign birth? ¹⁴ yrs. ² mos. ⁰ ds.

2. FULL NAME

(a) Residence: No. 2002 Madison Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of James H. Greene
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1901

7. AGE Years 33 Months 1 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planned, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Charles Co. Md.

13. NAME Clara Bridge

14. BIRTHPLACE (city or town, State or country) Charles Co. Md.

15. MAIDEN NAME Josephine Beau

16. BIRTHPLACE (city or town, State or country) Charles Co. Md.

17. INFORMANT Min Loure Briscoe
(Address) 2002 Madison Ave.18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Cemetery Date Mar. 15, 193419. UNDERTAKER Mrs. Kate R. Williams
(Address) 221 N. Schreder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12th, 1934I HEREBY CERTIFY That I attended deceased from Mar. 7th, 1934, to Mar. 12th, 1934I last saw her alive on Mar. 12th, 1934, death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia
(Pneumonia)

Date of onset 3/12/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. S. Bell M. D.

(Address) 713 N. Fremont St.

APR 14 1934

E 99327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 926 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced, (write the word) <i>Single</i>
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5a. If married, widowed, or divorced
HUSBAND of May - 1888
(or) WIFE of

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
45	45	10		

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer y.o.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address) 1500 F. St N.W. Wash. D.C.

5. BURIAL, CREMATION, OR REMOVAL.

Place Mc. Auburn Date March 14, 1934

UNDERTAKER

NDERTAKER *Mr Kate R. Williams*
(Address) *322 N Schroeder St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1954

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h _____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at 9.9 m.

The principal cause of death and related causes of importance were as follows:

Loxar Pneumonia

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Chem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

lowing: *Me*
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury	Date	Place	Cause	Treatment	Result
...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [Signature] M. D. _____
(Address) 1305 N. Parkerson Fork Rd _____

14 1934 H. E. Taylor Williams, MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

99328

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md Gen Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

W. Wallace Skinner

(a) Residence: No. 2944

Wynman Parkway

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary O'Hull

6. DATE OF BIRTH (month, day, year)

Jan 7, 1893

7. AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

41

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dist Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bridge Care Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

500

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Lawrence Skinner

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Cath. Valliant

16. BIRTHPLACE (city or town) (State or country)

Tennessee

17. INFORMANT

(Address)

Mrs. Wallace Skinner
2944 Wynman Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Date Mar. 15, 1934

19. UNDERTAKER

(Address)

Rita Wiedefeld
2944 Wynman Parkway

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

2/26/34

19

to

3/13/34

19

I last saw her alive on 3/13/34, 19

Death is said

to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary embolus

Other contributory causes of importance:

Chronic appendicitis
Inguinal hernia (R.)

Name of operation

appendectomy

Date of

3/24/34

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. Chodor

M. D.

(Address)

Md Gen Hospital

1101 Linden Ave.

99330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99330

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1200 Valley St* St. *10-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1200 Valley St.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Emmanuel Rohleder*6. DATE OF BIRTH (month, day, year) *2 August 1882*7. AGE Years *51* Months *7* Days *11* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*
10. Date deceased last worked at this occupation (month and year) *000*
11. Total time (years) spent in this occupation *000*12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Martin Lutz*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Mary Glaser*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Sister Stanislas Lutz*
(Address) *Little Sister of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Mar 15 1934*

19. UNDERTAKER

(Address) *914 E. Monument Ave*
Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *13 March 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 1932* to *March 13 1934*I last saw *her* alive on *March 9*, 19*34* Death is saidto have occurred on the date stated above, at *6:15* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *None*, 19*34*Where did injury occur? *None* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *None*(Signed) *McGarra*

M. D.

(Address) *1114 Baltimore*

4 1934

M. D. B. **E 99331****E 99331****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH****1. PLACE OF DEATH**CITY OF BALTIMORE: (No. Baltimore City Hospital 10-01 St. 10-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.**2. FULL NAME**(a) Residence: No. 922 Hillman St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced HUSBAND of Thomas Wright (or) WIFE of6. DATE OF BIRTH (month, day, year) August 3, 18887. AGE Years 45 Months 7 Days 7 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME ?14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) ? (State or country)17. INFORMANT Records (Address) Bald City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's College Date March 14 193419. UNDERTAKER (Address) St. Mary's College**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) March 10, 193422. I HEREBY CERTIFY, That I attended deceased from March 7 1934 to March 10 1934I last saw her alive on March 10, 1934. Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

Meningitis, acute
Tubercle infection
Torula

Date of onset

3 wks?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also (the following): Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) T. Phaziel M. D.(Address) Bald City Hosp**14 1934****0204**

M. E. 99332

E 99332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* Ward *16-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *4* mos. *5* ds. How long in U. S. If of foreign birth? *7* yrs. *4* mos. *5* ds.

2. FULL NAME

(a) Residence: No. *Laurel* *Ind* St. *Ind* Ward. *Ind*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Annetta Clark (Dead)* (or) WIFE of *?*

6. DATE OF BIRTH (month, day, year)

7. AGE *35* Years Months Days If LESS than 1 day, *?* hrs. or *?* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Laurel* (State or country) *Ind*13. NAME *Ruben Clark*14. BIRTHPLACE (city or town) *Laurel* (State or country) *Ind*15. MAIDEN NAME *Maria* *?*16. BIRTHPLACE (city or town) *Laurel* (State or country) *Ind*17. INFORMANT *Rubens* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Med College* Date *March 11*, 19*34*

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 11*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *November 6*, 19*33* to *March 11*, 19*34*I last saw him alive on *March 11*, 19*34* Death is said to have occurred on the date stated above, at *1:30* A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Heart Disease
Myocardial Infarction
Date of onset *6 days*

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) *Phagiel* M. D.(Address) *Balt. City Hosp.*

0205

E. D. D. 99333

E 99333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1072 Fairmount Ave. 18-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1072 W Fairmount Ave. Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Inquiry 1934 Death in said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Mar 11 1934

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation, of deceased?

No If specify

(Signed) J. L. Valentin, M.D. Coroner

(Address)

16 No. Broadway

(over)

FILED 4 1934

E. 99334

E. 99334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *St. Wilkins & Cotton* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2504* *Chesmon* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6a. If married, widowed, or divorced
 HUSBAND of *Widowed*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *72* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Md*

13. NAME *John Gerhardt*

14. BIRTHPLACE (city or town) *Dont Know*
 (State or country)

15. MAIDEN NAME *Dont Know*

16. BIRTHPLACE (city or town) *"*
 (State or country)

17. INFORMANT *M. L. Johnson*
 (Address) *23 Merrydale Road*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Schwartz Cem* Date *Mar 16th 1934*

19. UNDERTAKER *A. Jones*
 (Address) *111 S. Gilman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 7, 1934 to March 12, 1934

I last saw her alive on *March 12, 1934* Death is said to have occurred on the date stated above, at *8:10* p.m.

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis -
 Coronary Sclerosis
 Chronic Myocarditis*

Date of onset

Other contributory causes of importance:

Pulmonary Embolism (Left) *3/10/34*

Name of operation *None* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John C. Dumble M. D.
St. Agnes Hospital

MAR 14 1934

E 99335

99335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 N. Calvert St. St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME PHILIP WILLIAM POETTER (POTTER)

(a) Residence: No. 2709 N. Calvert St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna Poetter

6. DATE OF BIRTH (month, day, year) Mar. 30. 1864

7. AGE Years 69 Months 11 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Wagon and Truck Bodies 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Feb. 1934 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME William P. Poetter

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elsie Brockman

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Hanna Poetter (Wife) (Address) 2709 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date Mar. 14. 1934

HENRY SANDER & SONS, INC. H. Sander

19. UNDERTAKER (Address) Baltimore St. & Broadway

20. FILED

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 11, 1934 I last saw deceased alive on March 11, 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset Four days

Other contributory causes of importance:

Name of operation None: Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Osden M. D.

(Address) 2701 N. Calvert St.

E 99336

99336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Baltimore City Hospital 17-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Elizabeth Hartigan

(a) Residence: No.

522 2 3 Passa

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

William Hartigan (Deceased)

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

62 ?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hanover Pa

FATHER

13. NAME

Vernon M. Cann

14. BIRTHPLACE (city or town) (State or country)

Hanover Pa

MOTHER

15. MAIDEN NAME

Elizabeth ?

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Records Ball. City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart Date 3/14/34

19. UNDERTAKER

(Address)

J. J. Mahoney 1318 2nd St

4-1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 11, 1934

I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 11, 1934.

I last saw her alive on March 11, 1934. Death is said to have occurred on the date stated above, at 2:27 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary, both feet, - arteriosclerosis
Myocardial infarction

Date of onset

1 mo

?

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. Mahoney

M. D.

(Address)

Ball. City Hosp

99337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Baltimore City Hospital - 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No.

507 1/2 Carey St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept 15, 1871

7. AGE

62

Years

Months

Days

If LESS than

1 day, hrs. or min.

5

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

13. NAME

Ferdinand Spatzler

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Catherine Ernstberger

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Records Baltimore City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place

Cremated at Date 3/14 1934

19. UNDERTAKER

(Address)

J. J. Maher 1113 1/2 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 9, 1934 to March 11, 1934

I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

4 days

Other contributory causes of importance:

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. P. Maguire Baltimore City Hosp

M. D.

14 1934

Huntington Williams, M.D.

99338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E. Baltimore St. St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Wilton E. Scott.

(a) Residence: No. Washington, D.C. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	22	24

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cheffeur.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

13. NAME William E. Scott.

14. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Kearney.

16. BIRTHPLACE (city or town)
(State or country) Martinsburg, W. Va.17. INFORMANT William E. Scott. (father)
(Address) 609 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Mar. 16, 1934

19. UNDERTAKER
(Address)Wm. J. Tucker & Son
North P. Ave.
Huntington Park, Md.

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from
19 to 19I last saw h. alive on 19 Death is said
to have occurred on the date stated above, at 11.50 P. M.The principal cause of death and related causes of
importance were as follows:Internal hemorrhage due to pistol
shot wounds of the lungs.
Justifiable homicide.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy & inquest In autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide Homicide of injury 3/10/34
Where did injury occur? 826 E. Baltimore, Public place

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place Public place.

Manner of injury Pistol wounds.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Otto M. Reinhardt
Address 1017 E. Charles St.

M. D.

Coroner

99339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 16-21 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah A. Williams

(a) Residence: No.

740 N. Fulton Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar E. Williams

6. DATE OF BIRTH (month, day, year)

Nov 28 - 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

67

43

1315

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

William D. Rits

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Matilda Clark

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Edgar E. Williams

(Address)

740 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Dundalk

Date

Mar 15, 1934

19. UNDERTAKER

(Address)

The Proctor Funeral Home

419334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/13/34

I HEREBY CERTIFY, That I attended deceased from 2/24/34 to 3/13/34

I last saw h. a. alive on 3/13/34. Death is said to have occurred on the date stated above, at 4:55 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial failure

Other contributory causes of importance:

Carcinoma (splenic flexure)

Name of operation Caecostomy Date of 3/24/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Proctor M. D.

(Address) 740 N. Fulton Ave.

E 99340

99340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Westwood Ave St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3016 Westwood Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of Frank J. Weber6. DATE OF BIRTH (month, day, year) Oct. 4, 18527. AGE Years 81 Months 5 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Balto. (State or country) md.13. NAME James Elliott14. BIRTHPLACE (city or town) Balto. (State or country) md.15. MAIDEN NAME Mary A. Hedrick16. BIRTHPLACE (city or town) Balto. (State or country) md.17. INFORMANT Mr. Robert J. Weber (Address) 3016 Westwood Ave18. BURIAL, CREMATION, OR REMOVAL Gravestone Place Mar. 16, 193419. UNDERTAKER Wm. McKee Bond (Address) North & Graves

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 193422. I HEREBY CERTIFY, That I attended deceased from April, 1920 to Mar. 11, 1934I last saw him alive on Mar. 11, 1934. Death is said to have occurred on the date stated above, at 5 a.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular

Date of onset

Other contributory causes of importance:

Name of operation ✓Date of ✓What test confirmed diagnosis? Chemist Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. E. Love

M. D.

(Address) 2211 Eastern Pl

99341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 W. Saratoga St. St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) Mar. 11, 19347. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. 1OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) MdFATHER 13. NAME Fred Robinson14. BIRTHPLACE (city or town) Bennettsville (State or country) S. CarolinaMOTHER 15. MAIDEN NAME Lucille M. Call16. BIRTHPLACE (city or town) Bennettsville (State or country) S. Carolina17. INFORMANT Mother (Lucille M. Call) (Address) 725 W. Saratoga St.18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's College Date Mar 14 19...19. UNDERTAKER (Address) St. Paul's College20. FILED 14 1934 0206 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 193422. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1934, to Mar. 12, 1934I last saw him alive on Mar. 11, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity.

Other contributory causes of importance:

Name of operation None Date of ...What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. H. Dwyer M. D.(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

99342

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

Dead on arrival at
Hopkins Hospital

St. 3-01 Ward

CITY OF BALTIMORE: (No. _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Angelo A. Fiori, Jr.

(a) Residence: No. _____

103 S. High

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

Mary Fiori

6. DATE OF BIRTH (month, day, year) Dec 24/1907

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	26	2	16	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Steel Worker 079

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

mch 10/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

13. NAME

Angelo J. Fiori

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Angelina Pagarago

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

Buster Brown

(Address)

2728 E. Baltimore, St

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date

3/15

19. UNDERTAKER

(Address)

Wendell J. Dippel

3005 E. Calver St

Huntington, Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 12/34, 19

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, 12.30 A.M.

The principal cause of death and related causes of importance were as follows

Probably Cardiac Valvular Insufficiency

Date of onset

???

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NC

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

508 E. North Ave

Coroner

M. D.

4 1934

E 99343

99343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Bolton

St. 14-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charlotte Mason ~~Wood~~ Poindester

(a) Residence: No. 1626 Bolton

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, give name of HUSBAND (or) WIFE of Fuldin Louis Poindester

6. DATE OF BIRTH (month, day, year) 1/8/63

7. AGE Years 2 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg Va. (State or country)

13. NAME Roy Wiley Mason

14. BIRTHPLACE (city or town) Fredericksburg Va. (State or country)

15. MAIDEN NAME Susan Thornton

16. BIRTHPLACE (city or town) Fredericksburg Va. (State or country)

17. INFORMANT P. M. Wood

(Address) 22 Sota Apts City

18. BURIAL, CREMATION, OR REMOVAL Place Orange Va. Date March 15, 1934

19. UNDERTAKER H. H. Jenkins & Son Co

(Address) 1414 N. Calver St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1934

22. HEREBY CERTIFY. That I attended deceased from April 17, 1928, to March 13, 1934

I last saw her alive on March 13, 1934 Death is said to have occurred on the date stated above, at 9:42 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung
Carcinoma of Mediastinum

Date of onset

?

?

Other contributory causes of importance:

Carcinoma breast

1918

Name of operation Amputation of breast Date of 1918

What test confirmed diagnosis Laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas W. Larned M. D.

(Address) 1327 Park Ave. Balt. Md.

4 1934

99344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH **ST. JOSEPH'S HOSPITAL**
 CITY OF BALTIMORE: (No. **BALTIMORE, MD.** St. **8-01** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. **3** mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced, name of (or) WIFE of Fred T. Thorpy		
6. DATE OF BIRTH (month, day, year) April 22 - 1906		
7. AGE 27	Years 10	Months 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Ham de Grace**
(State or country) **MD.**

13. NAME **George Jones**
14. BIRTHPLACE (city or town) **Ham de Grace**
(State or country)

15. MAIDEN NAME **Elsie Barnes**
16. BIRTHPLACE (city or town) **H. A. G.**
(State or country) **MD.**

17. INFORMANT **Fred T. Thorpy**
(Address) **Ham de Grace**

18. BURIAL, CREMATION, OR REMOVAL
Place **Mr. E. H. H. Co** Date **March 17** 19**34**

19. UNDERTAKER **William T. Jones**
(Address) **Ham de Grace, MD.**

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 14, 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **February 26, 1934** to **March 14, 1934**
 I last saw him alive on **March 14, 1934** Death is said to have occurred on the date stated above, at **9:45** a.m.

The principal cause of death and related causes of importance were as follows:

1. **Hypertension**
2. **Myocarditis**

Date of onset

Other contributory causes of importance:

Name of operation **Prostatectomy** Date of **March 14, 1934**

What test confirmed diagnosis? **Prostatectomy** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19**34**

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **ST. Macmiller** M. D.

(Address) **ST. JOSEPH'S HOSPITAL**

BALTIMORE, MD.

99345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99345

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4906 Roland Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth 83 yrs. 7 mos. 20 ds.

2. FULL NAME

(a) Residence: No. 4906 Roland Ave St. 27-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Margaret Luld Swindell (or) WIFE of6. DATE OF BIRTH (month, day, year) July-21-18507. AGE Years 83 Months 7 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Bros
10. Date deceased last worked at this occupation (month and year) March 13, 1934 11. Total time (years) spent in this occupation 80 yrs12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME William Swindell14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland15. MAIDEN NAME Hennetta Swindell16. BIRTHPLACE (city or town) Phila (State or country) Penn17. INFORMANT W B Swindell Jr (Address) 4906 Roland Ave18. BURIAL, CREMATION, OR REMOVAL Place Methodist Date May 1, 193419. UNDERTAKER Howard M. Smith (Address) 2000 North Ave

141934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 13, 1934I last saw him alive on March 13, 1934 Death is said to have occurred on the date stated above, at 10:09 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

3/6/34

Other contributory causes of importance:

Pulmonary Edema3/12/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

99346³ HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 12 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.2. FULL NAME Walter Phippen(a) Residence: No. Chesterdown

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>M</u>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Mr. Walter Phippen
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 9/18/64

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>5</u>	<u>26</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	10. Date deceased last worked at this occupation (month and year)	<u>md</u>
	11. Total time (years) spent in this occupation	<u>0</u>

12. BIRTHPLACE (city or town) (State or country) md13. NAME Robt Phippen14. BIRTHPLACE (city or town) (State or country) md15. MAIDEN NAME Annie Jonhansen16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Chesterdown, Md. Date Mar 12/3419. UNDERTAKER Stewart & Mowen Company
(Address) 107 W. North Avenue

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 7, 1934, to 3-14, 1934.I last saw him alive on 3-14-34, 19____. Death is said to have occurred on the date stated above, at 10:50 A. M.

The principal cause of death and related causes of importance were as follows:

uremia
myocardial insufficiency
hypertension
arteriosclerosis
coronary occlusion
cardiac failure
Benign Prostatic Hypertrophy
 Other contributory causes of importance:
anemia, secondary
phlebitis, bacterial, left

Date of onset	<u>10 yrs.</u>
	<u>ago.</u>

Name of operation Prostatectomy Date of 2-12-34What test confirmed diagnosis Path. Report Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) W. Phippen

M. D.

(Address) Johns Hopkins Hosp.

99347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Hebner

(a) Residence: No.

1703 N. Caroline

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

white

married

5a. If married, widowed, or divorced

HUSBAND of

(Last name)

Margaret Hebner

6. DATE OF BIRTH (month, day, year)

Oct. 21, 1867.

7. AGE

Years

Months

Days

If LESS than

66

4

21

23

or

min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Andrew Hebner

14. BIRTHPLACE (city or town) (State or country)

Baltimore

Maryland

MOTHER

15. MAIDEN NAME

(Unknown)

16. BIRTHPLACE (city or town) (State or country)

(Unknown)

17. INFORMANT

Mrs. Margaret Hebner

(Address)

1703 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Cem Mar. 17, 1934

Date

19

19. UNDERTAKER

(Address)

George J. Pott Jr.

438 N. Caroline St.

Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 13, 1934 to March 14, 1934

I last saw him alive on March 14, 1934 Death is said

to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Pneumonia - lobar
2. Myocardial failure

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

ST. JOSEPH'S HOSPITAL

M. D.

(Address)

BALTIMORE, MD.

4 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 8-01 St., 8-01 Ward)Registered No. 13-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 4 yrs. 1 mos. 1 ds.2. FULL NAME Barbara Ertel(a) Residence: No. 2131 Harford ave St., 8-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 7-8-19337. AGE Years 8 Months 4 Days 4 If LESS than 1 day, hrs. — or min. —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Bethesda Md13. NAME John Ertel14. BIRTHPLACE (city or town) (State or country) Bethesda Md15. MAIDEN NAME Helma Blair16. BIRTHPLACE (city or town) (State or country) Harford Co. Md17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL 3/15/34Place 1st Greenwood Date 3/15/34 19.19. UNDERTAKER George S. Hight(Address) 1731 E. Pratt St. Baltimore, Md

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934 to Mar 12, 1934I last saw her alive on Mar 12, 1934. Death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

Pyelitis (S. coli)
Bacterial DysenteryDate of onset
Jan 1934
Feb 1934

Other contributory causes of importance:

Name of operation — Date of —What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? —If so, specify —(Signed) Max S. Hight(Address) Johns Hopkins Hosp.

M. D.

99349

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 99349

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Hamilton Ave. 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs 5 mos 5 ds. How long in U.S. if of foreign birth? 5 yrs 5 mos 5 ds.

2. FULL NAME

(a) Residence: No. 2805 Hamilton Ave. Ward. 27-11
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>John R. Southcomt</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>June 4-1858</u>		
7. AGE	Years <u>75</u>	Months <u>9</u>
	Days <u>9</u>	If LESS than 1 day <u>hrs</u> or <u>min.</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>apluner</u> , sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as <u>stik mill</u> , saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa
(State or country)13. NAME Wesley Amespacher14. BIRTHPLACE (city or town) Pa
(State or country)15. MAIDEN NAME Elizabeth Wolf16. BIRTHPLACE (city or town) Pa
(State or country)17. INFORMANT Paul Southcomt
(Address) 2805 Hamilton Ave18. BURIAL, CREMATION, OR REMOVAL
Place Glen Rock Pa Date Dec. 17, 193419. UNDERTAKER George L. Beyer Jr
1512 Hollins St

14.1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1933, to 3-13, 1934
 I last saw him er alive on 3-13, 1934 death is said to have occurred on the date stated above, at 11:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Date of onset

3-10-34

Other contributory causes of importance:

Chronic Intestinal Nephritis 2-8-33Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Wesley Amespacher M. D.
(Address) 1500 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2216 E Lombard St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Patricia J. McCormick (or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 3 18977. AGE Years 37 Months 2 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md (State or country)13. NAME Joseph Rohleder14. BIRTHPLACE (city or town) Baltimore Md (State or country)15. MAIDEN NAME Eva Litzel16. BIRTHPLACE (city or town) Baltimore Md (State or country)17. INFORMANT John J. Storch (Address) 2216 E Lombard St.18. BURIAL, CREMATION, OR REMOVAL Place Body Recliner Date March 12 193419. UNDERTAKER Martin H.C. Doppel Inc (Address) 322 E Lombard St.

14-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pyelonephritis

Other contributory causes of importance:

Self-inflicted abortion

Name of operation

Date of

What test confirmed diagnosis?

Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no specify

(Signed)

(Address)

J. H. Kierog md1305 N. Patterson

Coroner

M. D.

Phare

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Albermarle St. St. 3-01 Ward)

Length of residence in city or town where death occurred 12 yrs. --- mos. --- da. How long in U. S. If of foreign birth 12 yrs. --- mos. --- da.

2. FULL NAME

Salvatore Eordonaro.

(a) Residence: No.

32 Albermarle St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, ~~XXXXXXXXXX~~

HUSBAND of

~~XXXXXXXXXX~~

Vincenzina Eordonaro.

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE

Years

Months

Days

If LESS than 1 day, --- hrs.

or --- min.

85

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fruit Dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy.

FATHER

13. NAME

Santa Eordonaro.

14. BIRTHPLACE (city or town) (State or country)

Italy.

15. MAIDEN NAME

Josephine. -----

16. BIRTHPLACE (city or town) (State or country)

Italy.

17. INFORMANT

Contosello Joseph. son in law

(Address)

207 S. High St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date

3/10/34

19

19. UNDERTAKER

(Address)

George J. Roth Son

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ **E 99352**

107-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *419 N. Euter St.* ST. *5-01* WARD)2—FULL NAME *Mary Geppi* (*Geppi*)(a) RESIDENCE NO. *419 N. Euter* ST. WARD

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 Single, Married, Widowed, or Divorced, (write the word) *widowed*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Giovanni Geppi*6 DATE OF BIRTH (month, day, and year) *Dec 1861*7 AGE Years *72* Months *3* Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *none*

(b) General nature of industry, business, or establishment in which employed (as employer)

(c) Name of employer

9 BIRTHPLACE (city or town) *Italy* (State or country)10 NAME OF FATHER *Anthony Scuto*11 BIRTHPLACE OF FATHER (city or town) *Italy* (State or country)12 MAIDEN NAME OF MOTHER *unknown*13 BIRTHPLACE OF MOTHER (city or town) *Italy* (State or country)14 Informant *Joseph Geppi* (Address) *444 N. Gay St.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Mar 14 - 1934*17 I HEREBY CERTIFY, That I attended deceased from *March 10*, 19*34*, to *March 14*, 19*34*,that I last saw her alive on *March 14*, 19*34*and that death occurred, on the date stated above, at *5-30 a. m.*

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) *Exhaustion*

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Luigi S. Stefano*, M. D. *March 14, 1934* (Address) *4407 N. Euter St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL *Holy Redeemer*

DATE OF BURIAL

*3/16/34*20 UNDERTAKER *George J. Smith*ADDRESS *125 Harbor*

MAR 15 1934

E 99353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99353

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Eareckson Place St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Earl Sachs

(a) Residence: No. 1608 Eareckson Place St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ***-***-***

6. DATE OF BIRTH (month, day, year) Aug. 20 1920.

7. AGE Years Months Days If LESS than 1 year 13 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Christian Sachs

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Martha Wooden

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Martha Sachs (Address) 1608 Eareckson Place

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date March 17, 1934

19. UNDERTAKER George J. Ruth Inc. (Address) 1234 North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1934 to March 13, 1934

I last saw him alive on March 16, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis

Date of onset Jan. 13 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Cause of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Eugene L. Bessagne M. D.

(Address) 514 Drury Lane

115 1934

AACo 99354

✓ E 99354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Fairview Ave. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3402 Fairview Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of Emma Cook Andral (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13 1861

7. AGE Years 72 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Christians Andral

14. BIRTHPLACE (city or town) Gochetts-Jaaben (State or country) Germany

15. MAIDEN NAME Catherine Eisenberg

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Clara Andral

(Address) 3006 Crescent Ave

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North Ave

MAR 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept. 9, 1933 to March 14, 1934

I last saw him alive on March 14, 1934 death is said

to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

acute dilatation

of heart March 14/34

Other contributory causes of importance:

Myocarditis

Name of operation Physical Date of 10

What test confirmed diagnosis? Was there an autopsy? 10

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Black M. D.

(Address) 2220 Harrison

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 27 N Charles St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie R. Hobbs

(a) Residence: No. 26 27 N. Charles St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1858

7. AGE Years 74 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Brice Howard Hobbs

14. BIRTHPLACE (city or town) Balto Co (State or country) Maryland

15. MAIDEN NAME Mary white

16. BIRTHPLACE (city or town) Philadelphia (State or country) Penna

17. INFORMANT Georgia L. Hobbs (Address) 2627 N Charles St

18. BURIAL, CREMATION, OR REMOVAL Greenwood Park Cemetery Date March 17 1934

19. UNDERTAKER Chas. S. Black (Address) 742 W. North Ave

20. FILED 151334 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11 1934 to March 14 1934

I last saw her alive on March 13 1934 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset

3/11/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Pathologist's Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Delany Thomas

M. D.

(Address)

Med Arts Bldg

E 99356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99356

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2221 N. Gilman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 17, 19117. AGE Years 22 Months 8 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodbury N. H.13. NAME Tony Silvers, Jr.14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Friends(Address) Bald City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Crematorium Date 3/18/3419. UNDERTAKER J. Fisher(Address) 1318 E. Light St20. FILED 151934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 11, 1934I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 11:00 A. M.

The principal cause of death and related causes of importance were as follows:

PneumoniaNeuritis pneumoniae

Other contributory causes of importance:

Date of onset

1 wk2 dayseven

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Russell

M. D.

(Address) Bald City Hosp

E 99357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99357

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Mayor* St. *75-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Philadelphia, Pa.* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *34* Months Days If LESS than
1 day, hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
lawyer, bookkeeper, etc. *None*
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
10. Date deceased last worked at
this occupation (month and
year)
11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Philadelphia
Pa.*13. NAME *Harry Kivitz*14. BIRTHPLACE (city or town)
(State or country) *Austria*15. MAIDEN NAME *Rosa Kolbert*16. BIRTHPLACE (city or town)
(State or country) *Austria*17. INFORMANT *Harry Kivitz*
(Address) *Philadelphia*18. BURIAL, CREMATION, OR REMOVAL
Reburied not cremated Date *3/12/34* 1919. UNDERTAKER *Jack Lewis*
(Address) *1439 E. 7th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 11*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 Death is said
to have occurred on the date stated above, at *A.* m.The principal cause of death and related causes of
importance were as follows:

Date of onset

*Hemorrhage due to gun shot
wound in lung March 11-34*

Other contributory causes of importance:

Name of operation *Autopsy* Date *March 12-34*What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) in also the fol-
lowing: *Home* Date of injury *March 11-34*

Accident, suicide, or homicide

Where did injury occur? *In public Restaurant*
(Specify city or town, or State)

Specify whether injury occurred in industry, in home, or in

place *In Restaurant* *NO*Manner of injury *Shot by another person*Nature of injury *Shot through lungs*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Jack L. Volentz* M. D.
Address *1650 Howard*

R 15 1934

Registrar.

E 99358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99358

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Mulkey(a) Residence: No. 306 N. Ann

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Rose (or) WIFE of6. DATE OF BIRTH (month, day, year) 9/12/037. AGE Years 30 Months 5 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chrome worker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) usa (State or country)FATHER 13. NAME Harmon Mulkey14. BIRTHPLACE (city or town) usa (State or country)MOTHER 15. MAIDEN NAME Hannah Evans16. BIRTHPLACE (city or town) usa (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. INFORMATION OR DEMONSTRATION mt. Auburn Date Nov 15, 193419. UNDERTAKER Jesse W. Redden (Address) 436 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to March 11, 1934I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bronchus.
Metastasis to spine and pelvis.
Extension to mediastinum with
bronchial obstruction.

Date of onset

44?

Other contributory causes of importance:

Effusion, pericardial about 3/8/34Name of operation Biopsy of gland in neck Date of 1/2/34What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Henry D. Stebbins M. D.(Address) 114 Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 Washington Blvd. 1st Ward)

Length of residence in city or town where death occurred: 16 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 842 Washington Blvd. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of the late Catherine Oster (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 3 1899 7. AGE Years 51 Months 11 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME John Oster 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Mame A. Foster (Address) 842 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place London, UK Date 3/16/1934

19. UNDERTAKER John J. Toward & Son (Address) 901 N. Hollenbeck St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to March 13, 1934.

I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 9:14 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis
Atherosclerosis
Bronchitis Pulmonia

Date of onset

1432
1430
March 14, 1934

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

AR 13 1934

E 99360

E 99360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 14) St., 14 Ward

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred 1 yr. yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 15 ds.

2. FULL NAME Beatrice McBride

(a) Residence: No. 2106 Etting st. St., 14 Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed,
 or Divorced (write the word) Separated

5a. If married, widowed, or divorced
 HUSBAND of Nehemiah McBride
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1896

7. AGE Years 37 Months 4 Days 10 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Housework
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. Unknown
 10. Date deceased last worked at
 this occupation (month and
 year) Unknown

11. Total time (years)
 spent in this
 occupation Unknown

12. BIRTHPLACE (city or town)
 (State or country) Baltimore
Maryland

13. NAME Charles Boyer

14. BIRTHPLACE (city or town)
 (State or country) Maryland

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town)
 (State or country) Maryland

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Int. Burial Date 3/15/34 19

19. UNDERTAKER Mrs. George H. Holladay
 (Address) 1631 B. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY That I attended deceased from
October 3, 1933 to March 12, 1934

I last saw her alive on March 12, 1934 Death is said
 to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of
 importance were as follows:

Pulmonary tuberculosis

Date of onset

Nov.
1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
 lowing:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.
 (Address) Baltimore City Hospitals

MAR 15 1934

E 99364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99361

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Caroline St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 805 N. Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, Divorced, (write the word) divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dunny

6. DATE OF BIRTH (month, day, year) Easter 1880

7. AGE Years 53 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Peter Brown

14. BIRTHPLACE (city or town) Harford Co., Md. (State or country)

15. MAIDEN NAME Elizabeth Richardson

16. BIRTHPLACE (city or town) Harford Co., Md. (State or country)

17. INFORMANT Walter C. Clements (Nephew) 2433 Madison Ave (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Daniel Date 3/15/34 19

19. UNDERTAKER Mr. George F. Holla 1631 Daniel St. (Address)

20. FILED

AR 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 before 7 A.M. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows

Cardiac Failure

Date of onset

Other contributory causes of importance:

Probably Pneumonia

Possible Pulm. Tuberculosis ??

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

E 99362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ E 99362

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 N. Stockton ST. 15-01 WARD)

2. FULL NAME

John S. Jones

(a) RESIDENCE NO.

2419 N. Stockton

WARD

(Usual place of abode)

Length of residence in city or town where death occurred

40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Caucasian

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary

6 DATE OF BIRTH (month, day, and year)

March 18, 1886

7 AGE

Years

Months

Days

If LESS than 1 day, hrs or min

47

11

23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

MD

10 NAME OF FATHER

Wm. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country)

MD

12 MAIDEN NAME OF MOTHER

Laura Hume

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MD

14

Informant (Address)

Chas. F. Jones
112 E. Pearson Court

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 13, 1934

17 I HEREBY CERTIFY, That I attended deceased from February 26, 1934, to March 13, 1934, that I last saw him live on March 13, 1934

and that death occurred, on the date stated above, at 4:10 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Thos E. Dougherty, M. D.

, 19 (Address) 1602 Penna St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Mr. George A. Holladay

R 15 1934

E 99363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99363

CERTIFICATE OF DEATH.

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3718 Mt Pleasant Ave ST. 26-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Rose Zoch

(a) RESIDENCE NO. 3718 Mt Pleasant Ave, ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female white widow

5a If married, widowed, or divorced

HUSBAND of late Frank Zoch.

6 DATE OF BIRTH (month, day, and year) February 13, 1871

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
63 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work...

Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Germany

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany

14

Informant (Address)

Mrs. Detsch (Daughter)
3718 Mt. Pleasant Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 - 1933 to March 13, 1934, that I last saw her alive on March 12, 1934, and that death occurred, on the date stated above, at 4 9. m. The CAUSE OF DEATH* was as follows:

Pneumonia

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory. T.B. Dem
(Signed) Allen C. Beetham M. D.

3-15, 1934 (Address) 3139 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MAR 15 1934

Huntington Williams

H. J. Williams

441 E. 19 St.
W. S. W. 10 St.

TION is very important. See instructions on back of certificates.

99364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

3301 Mueller St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Lawrence Wilson Stokes

(a) Residence: No.

3301 Mueller St., 26 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Viola Stokes

6. DATE OF BIRTH (month, day, year)

June 9 1864

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

19

19

9

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER MOTHER

13. NAME

Unpublished

14. BIRTHPLACE (city or town) (State or country)

Penna

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Stenwood Stokes 3301 Mueller St

18. BURIAL, CREMATION, OR REMOVAL

Place

Cremated

Date Feb 17 1934

19. UNDERTAKER

(Address)

Lilly + Zeller 401 E. J. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. P. Kergoy Md

Coroner

M. D.

FILED MAR 15 1934

19

H. F. Kergoy Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99365

CERTIFICATE OF DEATH

7 E 99365

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of residence)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Wife*

6. DATE OF BIRTH (month, day, year)

Feb. 31, 1932

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.*1**2**11/13*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*Wife*12. BIRTHPLACE (city or town) _____
(State or country) _____

FATHER

13. NAME

14. BIRTHPLACE (city or town) _____
(State or country) _____

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country) _____17. INFORMANT _____
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER _____
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3 14 1934*22. I HEREBY CERTIFY. That I attended deceased from *March 12, 1934* to *March 14, 1934*I last saw him alive on *March 12, 1934* Death is said to have occurred on the date stated above, at *4:50 P.M.*

The principal cause of death and related causes of importance were as follows:

*Measles
Pneumonia*

Date of onset

March 10

Other contributory causes of importance:

Name of operation *None* Date of _____What test confirmed diagnosis? *Specimen* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____

(Address) _____

M. D.

FILED

APR 15 1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99366

E 99366

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Sylvan Hospital
St. 15-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

Male White Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) _____
(State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country) _____17. INFORMANT _____
(Address) _____18. BURIAL, CREMATION, OR REMOVAL _____
Date _____19. UNDERTAKER _____
(Address) _____

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____ 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Rubeola measles
Cellulitis of left thighDate of onset
Feb. 23
Feb. 25

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether: Injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) _____ M. D.

(Address) _____

R 15 1934

E 99367 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99367

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 E. Preston ST. 8-01 WARD)

2. FULL NAME

Roland Leon Jackson

(a) RESIDENCE NO.

1515 E. Preston

(Usual place of abode)

ST.

WARD

Length of residence in city or town where death occurred

life yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

C

5 Single, Married, Widowed, or Divorced, (write the word)

single

6a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

single

6 DATE OF BIRTH (month, day, and year)

Oct. 26, 1913

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

20

4

14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md

10 NAME OF FATHER

Leavel Lewis Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Crowe

(State or country)

Va

12 MAIDEN NAME OF MOTHER

Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Balto

(State or country)

Md

14

Informant

Mrs Mary Jackson

(Address)

1515 E. Preston St.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

8-01

23

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

3/13/34

17

I HEREBY CERTIFY, That I attended deceased from

3/5

1934

to

3/13

1934

(that I last saw him alive on

3/12

1934

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration)

yrs.

5 mos.

ds.

CONTRIBUTORY

(Secondary)

Tuberculosis of peritoneum

(duration)

yrs.

? mos.

ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

NO

Date of

Was there an autopsy?

NO

What test confirmed diagnosis?

sputum positive

(Signed)

Raymond Brown

M. D.

19

(Address)

1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MORAL

DATE OF BURIAL

Int. Zion Cem. Mon 17 1934

20 UNDERTAKER

ADDRESS

Lattie Groce 1408 Ashland

100-1000 is very important. See instructions on back of certificates.

MAR 15 1934

Thurston Williams

Lattie Groce 1408 Ashland

E 99368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99368

CERTIFICATE OF DEATH.

13-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *931 S. Kenwood Ave* ST., *1-01* WARD)2-FULL NAME *Elizabeth Conway*(a) RESIDENCE NO. *2822 Dillon St.*

(Usual place of abode)

ST.,

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *20* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) *March 18 1854*

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *March 13, 1934*

17

I HEREBY CERTIFY, That I attended deceased from *March 4*, 19 *34*, to *March 13*, 19 *34*.that I last saw her alive on *March 12*, 19 *34*.and that death occurred, on the date stated above, at *2302* . m.

The CAUSE OF DEATH* was as follows:

Acute (catarrhal) dysentery(duration) yrs. mos. *9* ds.CONTRIBUTORY *Myocardial insufficiency* (Secondary)(duration) yrs. mos. *3* ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *NO* Date ofWas there an autopsy? *NO* deathWhat to report to coroner? *Physical signs of* (Signed) *DR. I. B. BRONUSHAS*, M. D.*3-14-1934 3037 O'DONNELL ST.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

15

MAR 15 1934

Registrar

1000 S. Kenwood

TION is very important. See instructions on back of certificate.

E 99369

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99369

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *2832 Elliott*)ST. *1-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth? *40* yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Josephine Szumlanski*

6 DATE OF BIRTH (month, day, and year)

Apr 4 1882

7 AGE

51

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Poland*

10 NAME OF FATHER

John Szumlanski

11 BIRTHPLACE OF FATHER (city or town)

Poland

(State or country)

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town)

Poland

(State or country)

14

Informant
(Address)*Josephine Szumlanski
2832 Elliott St.*

15

Filed

MAR 15 1934

Huntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 13 1934

17

I HEREBY CERTIFY, That I attended deceased from
March 12 1934 to *March 13 1934*.that I last saw him alive on *March 12 1934*.and that death occurred, on the date stated above, at *730a* m.

The CAUSE OF DEATH* was as follows:

*Cerebral Hemorrhage*CONTRIBUTORY
(Secondary)(duration) *13* yrs. *None* mos. *None* ds.18 Where was disease contracted
if not at place of death?*at home*Did an operation precede death? *no* Date of *None*Was there an autopsy? *no*

What test confirmed diagnosis?

General Examination

(Signed)

Joseph A. Rosenblatt, M. D.

3/14, 1934

(Address) *3018 O'Donnell St., Baltimore*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*H. Stanislaus Ben**March 17 1934*

20 UNDERTAKER

ADDRESS

*Joseph J. Szumlanski**1002 S. Kennerly*

IN

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99370

CERTIFICATE OF DEATH

99370

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Presstman St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Catherine Phillips

(a) Residence: No.

312 Presstman

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Unmarried

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Briscoe Phillips

6. DATE OF BIRTH (month, day, year)

1868

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

66

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Sept, 1933

11. Total time (years) spent in this occupation

42 years

12. BIRTHPLACE (city or town) (State or country)

Gloucester Virginia

FATHER

13. NAME

Baylor

14. BIRTHPLACE (city or town) (State or country)

Gloucester Virginia

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Frank W. Phillips Sr.
312 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cem 3/15/34

19. UNDERTAKER

(Address)

Bernard P. Hensley
818 Dryden Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-13

1934

22. I HEREBY CERTIFY. That I attended deceased from

Oct 1

1933 to March 13

1934

I last saw her alive on March 12, 1934. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

1932

Other contributory causes of importance:

nephritis

Oct, 1933

Name of operation

none

Date of

What test confirmed diagnosis

Physical signs of infarction

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John E. S. Camper

M. D.

(Address)

1119 N. Carrollton St

25. FILED

APR 15 1934

H. E. Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99371

CERTIFICATE OF DEATH

82-E 99371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 E 20th St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnnie R. Maulsby

6. DATE OF BIRTH (month, day, year)

Dec 31 1844

7. AGE

89

Years

Months

Days

If LESS than
1 day, hrs.
or min.214 138. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Stone Mason9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Stone Mason10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.12. BIRTHPLACE (city or town)
(State or country)Balto Md

FATHER

13. NAME

David Lee Maulsby14. BIRTHPLACE (city or town)
(State or country)Maryland

MOTHER

15. MAIDEN NAME

Margaret Ann Pento16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

(Address)

Annie R. Maulsby
1116 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Greenmount 1st Mar 1934

19. UNDERTAKER

(Address)

Geo. Sculling & Sons
1100 N. E. St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 10, 1934, to March 14, 1934I last saw him alive on March 13, 1934 Death is said
to have occurred on the date stated above, at 10³⁰ A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Coronary Arteriosclerosis
Sept. Hemiplegia

Other contributory causes of importance:

Chronic Bronchitis 1928

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Albert Bengtson M. D.

(Address)

1613 E. North Ave

MAR 15 1934

Registrar

E 99372

E 99372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Ashland Ave. 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lucia Brown

(a) Residence: No. 1502 Ashland Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced *married*5a. If married, widowed, or divorced
HUSBAND of *Bing Brown*
(or) WIFE of *1898*

6. DATE OF BIRTH (month, day, year)

7. AGE *46* Years *46* Months *4* Days *1* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *March 16 1934*

19. UNDERTAKER (Address)

Mrs. R. A. Elliott
1129 N. Caroline

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 13, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 24, 1934* to *Mar 13, 1934*I last saw him alive on *Mar 12, 1934* Death is said to have occurred on the date stated above, at *8:30 am*

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis
duration - Indefinite

Date of onset

Other contributory causes of importance:

Long anemia
or months

5, wks

Name of operation *none* Date of *5*What test confirmed diagnosis? *✓* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *19*Where did injury occur? *✓* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *✓*(Signed) *J. Edward Fisher* M. D.(Address) *1412 3rd Monument*

OCCUPATION is very important. See instructions on back of certificate.

E 99373

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99373

282713

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 8-03 St., 34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ishoria Simms(a) Residence: No. 2033 Hlewskyn Ave. St., 34 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/26/337. AGE Years Months Days If LESS than 1 day, hrs. or min.
7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md.
(State or country)13. NAME Joseph Brown14. BIRTHPLACE (city or town) Pa.
(State or country)15. MAIDEN NAME Alice Simms16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Date 3-17, 193419. UNDERTAKER Mrs. P. A. Elliott
(Address) 1124 N. Carroll St.20. FILED 11-1-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) mch-14, 193422. I HEREBY CERTIFY, That I attended deceased from March-5, 1934, to March-14, 1934I last saw h.d.l. alive on March-14, 1934. Death is said to have occurred on the date stated above, at 5:15 A. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

3-3-34

Other contributory causes of importance:

Congenital SyphilisName of operation None Date of NoneWhat test confirmed diagnosis? X-ray Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Arthur H. Brud. M. D.(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 99374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99374

CERTIFICATE OF DEATH

✓ 108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1346 N. Stockton ST., 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Margaret Elvora Waters

(a) RESIDENCE NO.

1346 N. Stockton

ST.,

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female

Col

Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

Apr 1919

7 AGE

13-15

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Md

10 NAME OF FATHER

Edward Savage

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Lula Jones

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md

14

Informant

Emma Mason

(Address)

1346 N. Carey

15

Filed

1346 N. Carey

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-34

17

I HEREBY CERTIFY, That I attended deceased from

3-7-34, 19, to 3-13-34, 19

that I last saw him alive on

3-12-34, 19

and that death occurred, on the date stated above, at

1130 A.M.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

CONTRIBUTORY (Secondary) Debility, cold, & exposure (duration) yrs. mos. 7 ds. (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

F. N. Cardozo M. D.

19

(Address)

1524 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mount Calvary March 16, 1934

20 UNDERTAKER

ADDRESS

Mrs R. A. Elliott, N. Carey

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto City/Bolto* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *000*

(Usual place of abode)

Ward. *20*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Maranda Taylor*6. DATE OF BIRTH (month, day, year) *10-1-1893*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>50</i>		<i>5</i>	<i>13</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Bolto, Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Samuel Taylor
Bolto Md.

15. MAIDEN NAME

Martha Burrows

16. BIRTHPLACE (city or town) (State or country)

va.

17. INFORMANT (Address)

Superintendent

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington *3/15/34*

19. UNDERTAKER (Address)

William G. Galt
2442 del Monte St
Washington, D.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/14*, 19*34*22. I HEREBY CERTIFY, That *I* attended deceased from*6/3*, 19*33* to *3/14*, 19*34*I last saw him alive on *3/14*, 19*34*. Death is said to have occurred on the date stated above, at *11:20 am*

The principal cause of death and related causes of importance were as follows:

*minutes of pulse of hypoxia**Concomitant*

Other contributory causes of importance:

Myocardial failure
Pharyngeal tumor

Date of onset

2 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. C. Baum* M. D.(Address) *Bolto City, Md.*

OCCUPATION is very important. See instructions on back of certificate.

157934

99376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *promised dead at University Hospital* St. *4-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *John A. Reed*

(Usual place of abode)

St. *Toppa*Ward. *Med.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, ~~Widowed~~ *Married* (write the word)5a. If married, widowed, or divorced
HUSBAND of *Ida S. Reed*6. DATE OF BIRTH (month, day, year) *May 27th 1881*7. AGE Years *52* Months *9* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Engineer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Stationary*
10. Date deceased last worked at this occupation (month and year) *1934* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*13. NAME *Unknown* 14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Unknown* 16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Ida S. Reed* (Address) *Toppa Md.*18. BURIAL, CREMATION, OR REMOVAL *Cedar Hill* Place Date *Mar 15th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*
Thurston Pollock, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 12 1934*22. I HEREBY CERTIFY, That I attended deceased from *beginning* 19 to 19I last saw h. *beginning* alive on *beginning* 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Compound Fracture of Skull.

Date of onset

Other contributory causes of importance:

*Automobile accident*Name of operation *none* Date ofWhat test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external cause (violence) fill in also the following: *Accident* Date of injury *3/12 1934*

Accident, suicide, or homicide

Where did injury occur? *Toppa Rd crossing B & O R.R.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Auto Accident*Manner of injury *Auto he was driving collided with a B & O train*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph P. Kearney* M. D.(Address) *2202 E. Madison St*

15 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99377

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *14-01* Ward)Length of residence in city or town where death occurred *2* yrs. *0* mon. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mon. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Jan 26 1925*

7. AGE *9* Years *1* Months *16* Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or occupation, or kind of work done, as *Student*
sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as *Public School*
saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *North Point*
(State or country) *MD*13. NAME *John A. Reed*14. BIRTHPLACE (city or town) *Balto*
(State or country) *MD*15. MAIDEN NAME *Ida Switzer*16. BIRTHPLACE (city or town) *Balto*
(State or country) *MD*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 12 1934*22. I HEREBY CERTIFY, That I attended deceased from *Wagon* 19____ to 19____I last saw him (alive on *Wagon* 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

*Automobile Accident*Name of operation *None*

Date of

What test confirmed diagnosis? *None* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *3/12 1934*Where did injury occur: *John A. Reed, B & O R.R.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Auto in which she was riding collided with a B & O train*

24. Was disease or injury in any way related to occupation of deceased?

If no specify *No*

(Signed)

Coroner

M. D.

(Address)

R 15 1934

99378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/99378

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3041 Belmont Ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate g. Mc. Kay

(a) Residence: No. 3041 Belmont Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John Mc. Kay (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1 1868

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 65 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Anton Aemy

14. BIRTHPLACE (city or town) Grand (State or country)

15. MAIDEN NAME Anna Garrison

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Mc. Kay (Address) 3041 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date 3/17/34

19. UNDERTAKER Harford Rd. (Address)

15-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1933 to March 14 1934

I last saw her alive on March 7 1934 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart

Other contributory causes of importance: myocarditis, diabetes mellitus

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John L. Tipton M. D.

(Address) 1219 Replair Stone

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City 1008-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Jimm Carroll*(a) Residence: No. *1734 2115 North St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah Carroll*6. DATE OF BIRTH (month, day, year) *1086*7. AGE *48* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cement & Brickwork*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *18*12. BIRTHPLACE (city or town) *A. A. Co. Md.* (State or country)13. NAME *Wesley Carroll*14. BIRTHPLACE (city or town) *A. A. Co. Md.* (State or country)15. MAIDEN NAME *Anna Johnson*16. BIRTHPLACE (city or town) *A. A. Co. Md.* (State or country)17. INFORMANT *Wesley Carroll* (Address)18. BURIAL, CREMATION, OR REMOVAL *md* Place *Town of A. A. Co. Md.* Date *March 15, 1934*19. UNDERTAKER *Ref. M. C. Elderly* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/10*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/5*, 19*34*, to *3/10*, 19*34*I last saw him alive on *3/10*, 19*34* Death is said to have occurred on the date stated above, at *3:00* p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset *2 mo.*

Other contributory causes of importance:

Inflammation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *E. R. Burns* M. D.(Address) *Baltimore, Md.*

See instructions on back of certificate.

R 15 1934

E 99380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99380

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1436 Presstman* ST. *15-01* WARD *15-01*)

2-FULL NAME

(Residence in Baltimore: No. *1436 Presstman* St. *5* yrs., *5* mos., *5* ds.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.

Male

4-COLOR OR RACE,

Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED.

Widower
(Write the word.)

16-DATE OF DEATH.

March 12, 1934
(Month) (Day) (Year)

6-DATE OF BIRTH.

1856
(Month) (Day) (Year)

7-AGE.

78 yrs., *8* mos., *8* ds.
If LESS than 1 day, hrs. or min.?

8-OCCUPATION:

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).*Blacksmith*
006

9-BIRTHPLACE.

(State or Country).

Annapolis Co. Md.

10-NAME OF FATHER.

Jacob Casey

11-BIRTHPLACE OF FATHER.

(State or Country).

Maryland

12-MAIDEN NAME OF MOTHER.

Unknown

13-BIRTHPLACE OF MOTHER.

(State or Country).

Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Blake Casey (son)*(Address) *2400 Presstman St. Mt. Vernon*

15-

FILED

MAR 15 1934

Wm. A. Williams, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

17-I HEREBY CERTIFY, That I attended deceased from

Feb. 26, 1934, to March 12, 1934,
that I saw him live on *March 12, 1934,*
and that death occurred, on the date stated above, at *5:55 p.m.*

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease
(Duration) yrs. mos. *14* ds.

CONTRIBUTORY (Secondary)

(Signed) *Prof. E. Daugherty* M. D.
March 13, 1934 (Address) *1602 Penna. av.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.

DATE OF BURIAL.

St. Luke's Cemetery *March 13, 1934*

20-UNDERTAKER

ADDRESS

Richard G. Ladd *2101 W. Calver St.*

E 99381

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99381

CERTIFICATE OF DEATH

1. PLACE OF DEATH :

CITY OF BALTIMORE: (No. 628 S. Brandy St. Ward 16-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 138 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Henry Splidt(a) Residence: No. 628 S. Brandy St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Splidt6. DATE OF BIRTH (month, day, year) Dec 25 - 18677. AGE Years 66 Months 2 Days 19 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 1886
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Boiler
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Geo Splidt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Dora Kellor16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Louise Splidt (Address) 628 S. Brandy18. BURIAL, CREMATION, OR REMOVAL Place Swartz Cem Date May 17, 193419. UNDERTAKER John Vellert (Address) 1000 E. Baltimore

3 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934 to Mar 14, 1934
I last saw him alive on Mar 13, 1934 Death is said to have occurred on the date stated above, at 2:40 am.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis & acute Exacerbation
Chronic Myocarditis

Date of onset

Apr 17, 1934

Other contributory causes of importance:

Suburinary Edema1 day

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) George D. Lipp

M. D.

(Address) 4 W. Latham St. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

E 99382 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99382

CERTIFICATE OF DEATH

Registered No. *131*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1025 S Conkling* St., *76-01* Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME *Margaret Pfeil*(a) Residence: No. *1025 Conkling*

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or *Married* (Write the word)

6a. If married, widowed, or divorced, HUSBAND of *Frederick Pfeil* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 19 1863*

7. AGE Years *70* Months *10* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Germany

12. BIRTHPLACE (city or town) (State or country)

Gaspar Hoerner

13. NAME

Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Frederick Pfeil*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Gravely Green*Date *Mar 17 1934*

19. UNDERTAKER

(Address)

15-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/14* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/15* 19*34* to *3/13* 19*34*

I last saw him alive on *3/13* 19*34* Death is said to have occurred on the date stated above, at *3:30* a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Hydrostatic pneumonia

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

E 99383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99383

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Quin Hospital 6-01* St., *6-01* Ward)Registered No. *93-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *123 N. Hare* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *widowed*
(or) WIFE of *0214 1855*6. DATE OF BIRTH (month, day, year) *0214 1855*7. AGE *78* Years *57* Months *1* Days If LESS than 1 day, *0* hrs. or *0* min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer 040*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balto City*
10. Date deceased last worked at this occupation (month and year) *0214 1855* 11. Total time (years) spent in this occupation *040*12. BIRTHPLACE (city or town) *Baltimore*
(State or country)FATHER 13. NAME *Don't know*14. BIRTHPLACE (city or town) *Balto*
(State or country)MOTHER 15. MAIDEN NAME *Don't know*16. BIRTHPLACE (city or town) *Balto*
(State or country)17. INFORMANT *Mr. Edith Matheny*
(Address) *123 N Hare St*18. BURIAL, CREMATION, OR REMOVAL
Place *Parsonage Co* Date *March 17 1934*19. UNDERTAKER *John Miller*
(Address) *2008 Calumet*5 1934 Registrar. *123 N Hare*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 15, 1934*22. I HEREBY CERTIFY That I attended deceased from *March 8, 1934* to *Mar. 15, 1934*I last saw him alive on *March 10, 1934* Death is said to have occurred on the date stated above, at *1:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia
pulmonary edema*

Date of onset

1 wk.

Other contributory causes of importance:

*arteriosclerosis
chr. myocarditis
coronary insufficiency*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify _____(Signed) *H. A. Greene* M. D.(Address) *Sinai Hospital*

99384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99384

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N. Fulton Ave St., 14-01 Ward)Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Marion Elizabeth Austin(a) Residence: No. 211 Fulton Ave (North) St., 14-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of George Louis A. Austin
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 18, 18987. AGE Years 35 Months 11 Days 27 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood
10. Date deceased last worked at this occupation (month and year) March 1, 1934 11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Altoona
(State or country) Pa.13. NAME JACKES14. BIRTHPLACE (city or town) Piquette
(State or country) Pa.15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown
(State or country)17. INFORMANT Louis A. Austin
(Address) 211 N. Fulton18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Ave Date March 17, 193419. UNDERTAKER W. H. Smith
(Address) 104 N. Calvert20. FILED Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 193422. I HEREBY CERTIFY, That I attended deceased from February 28, 1934 to March 15, 1934I last saw her alive on March 14, 1934 death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia, right

Date of onset

2/28/34

Other contributory causes of importance:

Parturition Feb 1, 1934Name of operation none Date of clinical methods
What test confirmed diagnosis? clinical methods Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Frank R. Smith, Jr. M. D.(Address) 927 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

99385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99385

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward 4-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Ernest, Johanning(a) Residence: No. Hanover, Howard County Md.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day, year) Mar. 16, 19037. AGE Years 30 Months 11 Days 29 If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.13. NAME Wm. J. Johanning14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Retic L. McClary16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.17. INFORMANT Mr. Wm. J. Johanning
(Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 19, 193419. UNDERTAKER Wm. J. Tischer
(Address) 1111 N. E. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-, 193422. I HEREBY CERTIFY, That I attended deceased from 3-1-, 1934, to 3-15-, 1934.I last saw him alive on 3-15-, 1934 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Uremia

Date of onset

3-3-343-6-34

Other contributory causes of importance:

Diabetes MellitusSepticemiaCarbuncle of neck3-9-34?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Chm TaylorUniversity Hospital

M. D.

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

15 1934

99386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No.)

St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. J. L. Palmer

(a) Residence: No. 1401 Fairmount St.,

N.W. Washington D.C. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. J. Palmer		
6. DATE OF BIRTH (month, day, year) Sept. 22/1875		
7. AGE Years 58	Months 5	Days 21/23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Iowa

13. NAME

Reckard

14. BIRTHPLACE (city or town) (State or country)

Kentucky

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

Kenneth J. Palmer

(Address) 1401 Fairmount St. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookings S.D. Date Mar 16, 1934

19. UNDERTAKER

Wm. J. Tucker & Son

(Address) North 812 Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1934

22. I HEREBY CERTIFY, That I attended deceased from

2-22-1934 to 3-15-1934

I last saw her alive on 3-15-1934. Death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of thyroid with metastasis to trachea and esophagus

Date of onset

1933?

Other contributory causes of importance:

Pulmonary edema

3-14-34

Name of operation: Tracheostomy

Date of 3-27-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

Dr. J. L. Palmer

OCCUPATION is very important. See instructions on back of certificate.

10-1934-11-1934-12-1934-1-1935-2-1935-3-1935-4-1935-5-1935-6-1935-7-1935-8-1935-9-1935-10-1935-11-1935-12-1935-1-1936-2-1936-3-1936-4-1936-5-1936-6-1936-7-1936-8-1936-9-1936-10-1936-11-1936-12-1936-1-1937-2-1937-3-1937-4-1937-5-1937-6-1937-7-1937-8-1937-9-1937-10-1937-11-1937-12-1937-1-1938-2-1938-3-1938-4-1938-5-1938-6-1938-7-1938-8-1938-9-1938-10-1938-11-1938-12-1938-1-1939-2-1939-3-1939-4-1939-5-1939-6-1939-7-1939-8-1939-9-1939-10-1939-11-1939-12-1939-1-1940-2-1940-3-1940-4-1940-5-1940-6-1940-7-1940-8-1940-9-1940-10-1940-11-1940-12-1940-1-1941-2-1941-3-1941-4-1941-5-1941-6-1941-7-1941-8-1941-9-1941-10-1941-11-1941-12-1941-1-1942-2-1942-3-1942-4-1942-5-1942-6-1942-7-1942-8-1942-9-1942-10-1942-11-1942-12-1942-1-1943-2-1943-3-1943-4-1943-5-1943-6-1943-7-1943-8-1943-9-1943-10-1943-11-1943-12-1943-1-1944-2-1944-3-1944-4-1944-5-1944-6-1944-7-1944-8-1944-9-1944-10-1944-11-1944-12-1944-1-1945-2-1945-3-1945-4-1945-5-1945-6-1945-7-1945-8-1945-9-1945-10-1945-11-1945-12-1945-1-1946-2-1946-3-1946-4-1946-5-1946-6-1946-7-1946-8-1946-9-1946-10-1946-11-1946-12-1946-1-1947-2-1947-3-1947-4-1947-5-1947-6-1947-7-1947-8-1947-9-1947-10-1947-11-1947-12-1947-1-1948-2-1948-3-1948-4-1948-5-1948-6-1948-7-1948-8-1948-9-1948-10-1948-11-1948-12-1948-1-1949-2-1949-3-1949-4-1949-5-1949-6-1949-7-1949-8-1949-9-1949-10-1949-11-1949-12-1949-1-1950-2-1950-3-1950-4-1950-5-1950-6-1950-7-1950-8-1950-9-1950-10-1950-11-1950-12-1950-1-1951-2-1951-3-1951-4-1951-5-1951-6-1951-7-1951-8-1951-9-1951-10-1951-11-1951-12-1951-1-1952-2-1952-3-1952-4-1952-5-1952-6-1952-7-1952-8-1952-9-1952-10-1952-11-1952-12-1952-1-1953-2-1953-3-1953-4-1953-5-1953-6-1953-7-1953-8-1953-9-1953-10-1953-11-1953-12-1953-1-1954-2-1954-3-1954-4-1954-5-1954-6-1954-7-1954-8-1954-9-1954-10-1954-11-1954-12-1954-1-1955-2-1955-3-1955-4-1955-5-1955-6-1955-7-1955-8-1955-9-1955-10-1955-11-1955-12-1955-1-1956-2-1956-3-1956-4-1956-5-1956-6-1956-7-1956-8-1956-9-1956-10-1956-11-1956-12-1956-1-1957-2-1957-3-1957-4-1957-5-1957-6-1957-7-1957-8-1957-9-1957-10-1957-11-1957-12-1957-1-1958-2-1958-3-1958-4-1958-5-1958-6-1958-7-1958-8-1958-9-1958-10-1958-11-1958-12-1958-1-1959-2-1959-3-1959-4-1959-5-1959-6-1959-7-1959-8-1959-9-1959-10-1959-11-1959-12-1959-1-1960-2-1960-3-1960-4-1960-5-1960-6-1960-7-1960-8-1960-9-1960-10-1960-11-1960-12-1960-1-1961-2-1961-3-1961-4-1961-5-1961-6-1961-7-1961-8-1961-9-1961-10-1961-11-1961-12-1961-1-1962-2-1962-3-1962-4-1962-5-1962-6-1962-7-1962-8-1962-9-1962-10-1962-11-1962-12-1962-1-1963-2-1963-3-1963-4-1963-5-1963-6-1963-7-1963-8-1963-9-1963-10-1963-11-1963-12-1963-1-1964-2-1964-3-1964-4-1964-5-1964-6-1964-7-1964-8-1964-9-1964-10-1964-11-1964-12-1964-1-1965-2-1965-3-1965-4-1965-5-1965-6-1965-7-1965-8-1965-9-1965-10-1965-11-1965-12-1965-1-1966-2-1966-3-1966-4-1966-5-1966-6-1966-7-1966-8-1966-9-1966-10-1966-11-1966-12-1966-1-1967-2-1967-3-1967-4-1967-5-1967-6-1967-7-1967-8-1967-9-1967-10-1967-11-1967-12-1967-1-1968-2-1968-3-1968-4-1968-5-1968-6-1968-7-1968-8-1968-9-1968-10-1968-11-1968-12-1968-1-1969-2-1969-3-1969-4-1969-5-1969-6-1969-7-1969-8-1969-9-1969-10-1969-11-1969-12-1969-1-1970-2-1970-3-1970-4-1970-5-1970-6-1970-7-1970-8-1970-9-1970-10-1970-11-1970-12-1970-1-1971-2-1971-3-1971-4-1971-5-1971-6-1971-7-1971-8-1971-9-1971-10-1971-11-1971-12-1971-1-1972-2-1972-3-1972-4-1972-5-1972-6-1972-7-1972-8-1972-9-1972-10-1972-11-1972-12-1972-1-1973-2-1973-3-1973-4-1973-5-1973-6-1973-7-1973-8-1973-9-1973-10-1973-11-1973-12-1973-1-1974-2-1974-3-1974-4-1974-5-1974-6-1974-7-1974-8-1974-9-1974-10-1974-11-1974-12-1974-1-1975-2-1975-3-1975-4-1975-5-1975-6-1975-7-1975-8-1975-9-1975-10-1975-11-1975-12-1975-1-1976-2-1976-3-1976-4-1976-5-1976-6-1976-7-1976-8-1976-9-1976-10-1976-11-1976-12-1976-1-1977-2-1977-3-1977-4-1977-5-1977-6-1977-7-1977-8-1977-9-1977-10-1977-11-1977-12-1977-1-1978-2-1978-3-1978-4-1978-5-1978-6-1978-7-1978-8-1978-9-1978-10-1978-11-1978-12-1978-1-1979-2-1979-3-1979-4-1979-5-1979-6-1979-7-1979-8-1979-9-1979-10-1979-11-1979-12-1979-1-1980-2-1980-3-1980-4-1980-5-1980-6-1980-7-1980-8-1980-9-1980-10-1980-11-1980-12-1980-1-1981-2-1981-3-1981-4-1981-5-1981-6-1981-7-1981-8-1981-9-1981-10-1981-11-1981-12-1981-1-1982-2-1982-3-1982-4-1982-5-1982-6-1982-7-1982-8-1982-9-1982-10-1982-11-1982-12-1982-1-1983-2-1983-3-1983-4-1983-5-1983-6-1983-7-1983-8-1983-9-1983-10-1983-11-1983-12-1983-1-1984-2-1984-3-1984-4-1984-5-1984-6-1984-7-1984-8-1984-9-1984-10-1984-11-1984-12-1984-1-1985-2-1985-3-1985-4-1985-5-1985-6-1985-7-1985-8-1985-9-1985-10-1985-11-1985-12-1985-1-1986-2-1986-3-1986-4-1986-5-1986-6-1986-7-1986-8-1986-9-1986-10-1986-11-1986-12-1986-1-1987-2-1987-3-1987-4-1987-5-1987-6-1987-7-1987-8-1987-9-1987-10-1987-11-1987-12-1987-1-1988-2-1988-3-1988-4-1988-5-1988-6-1988-7-1988-8-1988-9-1988-10-1988-11-1988-12-1988-1-1989-2-1989-3-1989-4-1989-5-1989-6-1989-7-1989-8-1989-9-1989-10-1989-11-1989-12-1989-1-1990-2-1990-3-1990-4-1990-5-1990-6-1990-7-1990-8-1990-9-1990-10-1990-11-1990-12-1990-1-1991-2-1991-3-1991-4-1991-5-1991-6-1991-7-1991-8-1991-9-1991-10-1991-11-1991-12-1991-1-1992-2-1992-3-1992-4-1992-5-1992-6-1992-7-1992-8-1992-9-1992-10-1992-11-1992-12-1992-1-1993-2-1993-3-1993-4-1993-5-1993-6-1993-7-1993-8-1993-9-1993-10-1993-11-1993-12-1993-1-1994-2-1994-3-1994-4-1994-5-1994-6-1994-7-1994-8-1994-9-1994-10-1994-11-1994-12-1994-1-1995-2-1995-3-1995-4-1995-5-1995-6-1995-7-1995-8-1995-9-1995-10-1995-11-1995-12-1995-1-1996-2-1996-3-1996-4-1996-5-1996-6-1996-7-1996-8-1996-9-1996-10-1996-11-1996-12-1996-1-1997-2-1997-3-1997-4-1997-5-1997-6-1997-7-1997-8-1997-9-1997-10-1997-11-1997-12-1997-1-1998-2-1998-3-1998-4-1998-5-1998-6-1998-7-1998-8-1998-9-1998-10-1998-11-1998-12-1998-1-1999-2-1999-3-1999-4-1999-5-1999-6-1999-7-1999-8-1999-9-1999-10-1999-11-1999-12-1999-1-2000-2-2000-3-2000-4-2000-5-2000-6-2000-7-2000-8-2000-9-2000-10-2000-11-2000-12-2000-1-2001-2-2001-3-2001-4-2001-5-2001-6-2001-7-2001-8-2001-9-2001-10-2001-11-2001-12-2001-1-2002-2-2002-3-2002-4-2002-5-2002-6-2002-7-2002-8-2002-9-2002-10-2002-11-2002-12-2002-1-2003-2-2003-3-2003-4-2003-5-2003-6-2003-7-2003-8-2003-9-2003-10-2003-11-2003-12-2003-1-2004-2-2004-3-2004-4-2004-5-2004-6-2004-7-2004-8-2004-9-2004-10-2004-11-2004-12-2004-1-2005-2-2005-3-2005-4-2005-5-2005-6-2005-7-2005-8-2005-9-2005-10-2005-11-2005-12-2005-1-2006-2-2006-3-2006-4-2006-5-2006-6-2006-7-2006-8-2006-9-2006-10-2006-11-2006-12-2006-1-2007-2-2007-3-2007-4-2007-5-2007-6-2007-7-2007-8-2007-9-2007-10-2007-11-2007-12-2007-1-2008-2-2008-3-2008-4-2008-5-2008-6-2008-7-2008-8-2008-9-2008-10-2008-11-2008-12-2008-1-2009-2-2009-3-2009-4-2009-5-2009-6-2009-7-2009-8-2009-9-2009-10-2009-11-2009-12-2009-1-2010-2-2010-3-2010-4-2010-5-2010-6-2010-7-2010-8-2010-9-2010-10-2010-11-2010-12-2010-1-2011-2-2011-3-2011-4-2011-5-2011-6-2011-7-2011-8-2011-9-2011-10-2011-11-2011-12-2011-1-2012-2-2012-3-2012-4-2012-5-2012-6-2012-7-2012-8-2012-9-2012-10-2012-11-2012-12-2012-1-2013-2-2013-3-2013-4-2013-5-2013-6-2013-7-2013-8-2013-9-2013-10-2013-11-2013-12-2013-1-2014-2-2014-3-2014-4-2014-5-2014-6-2014-7-2014-8-2014-9-2014-10-2014-11-2014-12-2014-1-2015-2-2015-3-2015-4-2015-5-2015-6-2015-7-2015-8-2015-9-2015-10-2015-11-2015-12-2015-1-2016-2-2016-3-2016-4-2016-5-2016-6-2016-7-2016-8-2016-9-2016-10-2016-11-2016-12-2016-1-2017-2-2017-3-2017-4-2017-5-2017-6-2017-7-2017-8-2017-9-2017-10-2017-11-2017-12-2017-1-2018-2-2018-3-2018-4-2018-5-2018-6-2018-7-2018-8-2018-9-2018-10-2018-11-2018-12-2018-1-2019-2-2019-3-2019-4-2019-5-2019-6-2019-7-2019-8-2019-9-2019-10-2019-11-2019-12-2019-1-2020-2-2020-3-2020-4-2020-5-2020-6-2020-7-2020-8-2020-9-2020-10-2020-11-2020-12-2020-1-2021-2-2021-3-2021-4-2021-5-2021-6-2021-7-2021-8-2021-9-2021-10-2021-11-2021-12-2021-1-2022-2-2022-3-2022-4-2022-5-2022-6-2022-7-2022-8-2022-9-2022-10-2022-11-2022-12-2022-1-2023-2-2023-3-2023-4-2023-5-2023-6-2023-7-2023-8-2023-9-2023-10-2023-11-2023-12-2023-1-2024-2-2024-3-2024-4-2024-5-2024-6-2024-7-2024-8-2024-9-2024-10-2024-11-2024-12-2024-1-2025-2-2025-3-2025-4-2025-5-2025-6-2025-7-2025-8-2025-9-2025-10-2025-11-2025-12-2025-1-2026-2-2026-3-2026-4-2026-5-2026-6-2026-7-2026-8-2026-9-2026-10-2026-11-2026-12-2026-1-2027-2-2027-3-2027-4-2027-5-2027-6-2027-7-2027-8-2027-9-2027-10-2027-11-2027-12-2027-1-2028-2-2028-3-2028-4-2028-5-2028-6-2028-7-2028-8-2028-9-2028-10-2028-11-2028-12-2028-1-2029-2-2029-3-2029-4-2029-5-2029-6-2029-7-2029-8-2029-9-2029-10-2029-11-2029-12-2029-1-2030-2-2030-3-2030-4-2030-5-2030-6-2030-7-2030-8-2030-9-2030-10-2030-11-2030-12-2030-1-2031-2-2031-3-2031-4-2031-5-2031-6-2031-7-2031-8-2031-9-2031-10-2031-11-2031-12-2031-1-2032-2-2032-3-2032-4-2032-5-2032-6-2032-7-2032-8-2032-9-2032-10-2032-11-2032-12-2032-1-2033-2-2033-3-2033-4-2033-5-2033-6-2033-7-2033-8-2033-9-2033-10-2033-11-2033-12-2033-1-2034-2-2034-3-2034-4-2034-5-2034-6-2034-7-2034-8-2034-9-2034-10-2034-11-2034-12-2034-1-2035-2-2035-3-2035-4-2035-5-2035-6-2035-7-2035-8-2035-9-2035-10-2035-11-2035-12-2035-1-2036-2-2036-3-2036-4-2036-5-2036-6-2036-7-2036-8-2036-9-2036-10-2036-11-2036-12-2036-1-2037-2-2037-3-2037-4-2037-5-2037-6-2037-7-2037-8-2037-9-2037-10-2037-11-2037-12-2037-1-2038-2-2038-3-2038-4-2038-5-2038-6-2038-7-2038-8-2038-9-2038-10-2038-11-2038-12-2038-1-2039-2-2039-3-2039-4-2039-5-2039-6-2039-7-20

E 99387

99387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Penhurch Ave. Ward 15-01)Length of residence in city or town where death occurred 1 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4106 Penhurch Ave. Ward 15-01
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 - 19327. AGE Years 1 Months 2 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME

14. BIRTHPLACE (city or town) (State or country) Harrisburg15. MAIDEN NAME Katherine Schaefer16. BIRTHPLACE (city or town) (State or country) Washington

17. INFORMANT

(Address) 4106 Penhurch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Mar 16, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 193422. I HEREBY CERTIFY. That I attended deceased from March 12, 1934 to March 14, 1934I last saw him alive on March 10, 1934 Death is said to have occurred on the date stated above, at 8-2 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis with acute edema of lungs

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis? — Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William G. Turner M. D.(Address) 3571 Larnwood

5 1834

E'99388

E 99388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Penhurst Ave. St. 98-01 Ward)Length of residence in city or town where death occurred 76 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4200 Penhurst Ave. St. 98-01 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Frederick De Rose Meares6. DATE OF BIRTH (month, day, year) June 28, 18577. AGE Years 76 Months 8 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Emilia De Rose Woods14. BIRTHPLACE (city or town) W. Va. (State or country)15. MAIDEN NAME Emilia M. McCabe16. BIRTHPLACE (city or town) Fredricksburg (State or country) Va.17. INFORMANT Edith De Rose Meares (Address) 4200 Penhurst Ave.18. BURIAL, CREMATION, OR REMOVAL Place Cremation Date Mar. 16, 193419. UNDERTAKER Tom McKee Don (Address) North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 193422. I HEREBY CERTIFY, That I attended deceased from Sept, 1929 to Mar 14, 1934
last saw him alive on Mar 12, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

BronchopneumoniaDate of onset Mar 11

Other contributory causes of importance:

Arteriosclerosis
Auricular fibrillation
Hypertension1926Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Alan Bernstein M. D.
(Address) 1207 E. St. Place

R15 1934

19____ Registrar.

E 99389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Dead on arrival at 8-01
 CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred life mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Conrad G. Rebhan

(a) Residence: No. 3016 Chesterfield Ave. Ward. ____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed,
 or Divorced (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Regina Rebhan
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 29/1900

7. AGE Years 33 Months 7 Days 13 12 If LESS than
 1 day, ____ hrs. or ____ min.

OCCUPATION 8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Steamfitter
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. 160
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

FATHER 13. NAME Frederick Rebhan
 14. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

MOTHER 15. MAIDEN NAME Mary E. King
 16. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

17. INFORMANT Mary E. Rebhan
 (Address) 1131 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
 Place Holy Redeemer Date 3/16 19 ____

19. UNDERTAKER Sam. H. Valentin
 (Address) 326 Calver St.

AR 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12/34

22. I HEREBY CERTIFY, That I attended deceased from
 ____ 19 ____ to ____ 19 ____

I last saw h ____ alive on ____ 19 ____ Death is said
 to have occurred on the date stated about 10 P.M.

The principal cause of death and related causes of
 importance were as follows:

Cerebral Hemorrhage
Fractured Skull

Date of onset

Other contributory causes of importance:

Name of operation: ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
 lowing: Accident, suicide, or homicide: accident injury Mar. 12/34

Where did injury occur? Baltimore, Md.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place Public Tavern

Manner of injury Fell down stairs going to

Nature of injury lavatory in basement-1031
N. Luzerne Ave

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) John H. Bann M. D.
 (Address) 508 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99390

99390

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-01 Ward)Length of residence in city or town where death occurred 1 yrs. 13 mos. 13 ds. How long in U. S. If of foreign birth? 1 yrs. 13 mos. 13 ds.

2. FULL NAME

Joshua Thompson(a) Residence: No. Nest Friendship St. Howard, Co. Md. Ward. Howard, Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 27, 18787. AGE Years 55 Months 0 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME R. V. Thompson14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Martha V. Thompson16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT R. V. Thompson(Address) Nest Friendship

18. BURIAL, CREMATION, OR REMOVAL

Place MT ViewDate 3-17 193419. UNDERTAKER R. H. Hightower(Address) Friendship

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 193422. I HEREBY CERTIFY, That I attended deceased from 2-4-34 1934 to 3-15-34 1934I last saw him alive on 3-15-34 1934. Death is said to have occurred on the date stated above, at 11:40 Am.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema,Date of onset 3-15-34

Other contributory causes of importance:

Arterio Sclerotic Gangrene
Generalized Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Taylor(Address) University Hospital

FILED

15 1934

99391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 4 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1934, to March 3, 1934

I last saw him alive on March 3, 1934 Death is said to have occurred on the date stated above, at 5³⁰ m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis -
Cardio-vascular - Renal

Date of onset

?

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

15 1934

Registrar

99392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S. If of foreign birth? *45* yrs. mos. ds.2. FULL NAME *Mrs Sarah J. Farrell*(a) Residence: No. *58 Gorman Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 6 1872*

7. AGE	Years <i>61</i>	Months <i>5</i>	Days <i>8</i>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Doris M. Farrow*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Sarah O'Boyle*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mayotte Farrell*
(Address) *58 Gorman Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Catholic Cem* Date *3/17 1934*19. UNDERTAKER *Mayotte Farrell*(Address) *58 Gorman Ave*

20. FILED

15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/14 1934*

22. I HEREBY CERTIFY, That I attended deceased from

2/10 1934 to *3/14 1934*I last saw him alive on *3/14 1934* Death is saidto have occurred on the date stated above, at *10* a.m.

The principal cause of death and related causes of importance were as follows:

Pellagra
Bronchopneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Altha H. G. Swollen*, M. D.(Address) *Bon Secours Hosp.*

99393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28-01* yrs. How long in U. S. If of foreign birth *57* yrs. *4* mo. *12* ds.

2. FULL NAME

Sister Angela Marie O'Connor

(a) Residence: No.

Natham, Mass St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 23-1876*7. AGE Years *57* Months *4* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Mass*

13. NAME

Robert O'Connor

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Elizabeth Hatton

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

James M. Hoke

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Charles Hospital

19. UNDERTAKER

(Address)

James M. Hoke

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar. 1, 1934* to *Mar. 15, 1934*I last saw her alive on *Mar. 15, 1934* Death is said to have occurred on the date stated above, at *1105A*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis?

Other contributory causes of importance:

Paranoid Complex, Intestinal Superinfection

Name of operation

Date of

What test confirmed diagnosis? *Findings* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James P. O'Connor*(Address) *3326 J. M. Hoke*

R 15 1934

99394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. _____ St., 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Dr. Peter A. Snell(a) Residence: No. 523 N. Wolfe St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Eleanor Whiting Snell</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) <u>April 6, 1906</u>		
7. AGE	Years <u>27</u>	Months <u>11</u>
	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>internist - J. H. H.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>054</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (city or town, State or country) <u>New York</u>
	13. NAME <u>Dr. Albert C. Snell</u>
	14. BIRTHPLACE (city or town, State or country) <u>New York</u>
	15. MAIDEN NAME <u>Cora Well</u>
MOTHER	16. BIRTHPLACE (city or town, State or country) <u>New York</u>

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Burying Ground Date Mar. 17, 193419. UNDERTAKER John A. Mitchell & Son Inc.
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 14 193422. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to Mar 14, 1934.I last saw him alive on Mar 14, 1934. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Disseminated Tuberculosis

Date of onset

Feb. 5, 1934.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Loh Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____
(Signed) Paul Padgett M. D.(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 15 1934

E 99395

99395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Harford Ave. St., 9-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 Years. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Francesco S. Cimino

(a) Residence: No. 2538 Harford Avenue St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Mary Milec Cimino (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 2, 1864.

7. AGE Years 69 Months 4 Days 12 If LESS than 1 year

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy (State or country)

13. NAME Andrew Cimino

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Barbara (Unknown)

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Andrew R. Cimino (Address) 2538 Harford Avenue.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem March 17, 1934

19. UNDERTAKER George J. Ruth Inc. (Address) 135 Harford Ave. Mary T. Ruth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Mar 14, 1934

I last saw him alive on Mar 14, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

Chronic Bronchitis & Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Smith M. D.

(Address) 4706 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

R 15 1934

M. D. **E 99396****E 99398**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **3706** **Rexmere Road** St., **9-01** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. **7** mos. **1** ds. How long in U. S. If of foreign birth? yrs. **7** mos. **1** ds.

2. FULL NAME

Thomas J. Reilly(a) Residence: No. **3704** **Rexmere Road** St., **9-01** Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced **widower**5a. If married, widowed, or divorced
HUSBAND of **Mary A.**
(or) WIFE of6. DATE OF BIRTH (month, day, year) **Jany 30/1869**7. AGE Years **65** Months **1** Days **15** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Guard**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **U.S. Treasury**
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Norristown. Pa.**
(State or country)13. NAME **John T. Reilly**14. BIRTHPLACE (city or town) **Phila., Pa.**
(State or country)15. MAIDEN NAME **Elizabeth Cannon**16. BIRTHPLACE (city or town) **Phila., Pa.**
(State or country)17. INFORMANT **Theresa O'Brien**
(Address) **3704 Rexmere Road.**18. BURIAL, CREMATION, OR REMOVAL
Place **Philadelphia** Date **3/16** 19**34**19. UNDERTAKER **Wm. Cooke**
(Address) **1217 St. Paul**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 15/34** 1922. I HEREBY CERTIFY, That I attended deceased from 19**34**, to 19**34**I last saw h. **alive on** 19**34** Death is said to have occurred on the date stated above, at **6 A.M.**

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation **injury** Date of **no**What test confirmed diagnosis **injury** Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? **injury** Date of injury 19**34**Where did injury occur? **injury**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **John T. Reilly** Coroner M. D.
(Address)

APR 16 1934

E 99397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 99397

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 1/2 E 23rd St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 700 1/2 E 23rd St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. C. Brown

6. DATE OF BIRTH (month, day, year) May 13, 1869

7. AGE Years 64 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 03 1/2

12. BIRTHPLACE (city or town) Moore or Grace (State or country) Md

13. NAME James Wilson 14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Martha Mattingly 16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Thelma Brown (Address) 700 1/2 E 23rd St

18. BURIAL, CREMATION, OR REMOVAL London Park 3/17 1934

19. UNDERTAKER Wm. Cook (Address) 1217 1/2 Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934

22. I HEREBY CERTIFY, That I attended (deceased from June 9, 1933, to March 14, 1934)

I last saw him or her alive on March 13, 1934. Death is said to have occurred on the date stated above, at 8:10 AM

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular renal disease Date of onset 6/8/34

Other contributory causes of importance: Cerebral Hemorrhage 3/3/34

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George S. Hume M. D.

(Address) 1231 E. Mount Airy

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 15 1934

M. D. R. E 99398

✓ E 99398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Gen. Hosp.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7.5* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *455 W. 24th St.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Walter Dix* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE *65* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *037*12. BIRTHPLACE (city or town) *Pa.* (State or country)13. NAME *Jacob Mathewe*14. BIRTHPLACE (city or town) *Pa.* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Jacob E. Jones* (Address) *1216 Fairfeld Road*18. BURIAL, CREMATION, OR REMOVAL *Stewartstown, Pa.* Date *March 19, 1934*19. UNDERTAKER *Chesnut St. Co.* (Address) *3615-17 Chesnut St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 8, 1934* to *March 15, 1934*I last saw him alive on *March 15, 1934* Death is said to have occurred on the date stated above, at *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene
*Left foot & toes*Duration
Date of onset
3 weeks

Other contributory causes of importance:

*Cardiac Failure**2 days*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Lea A. Gorman* M. D.(Address) *West Baltimore Gen. Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 16 1934

M. D. E 99399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3854 Quarry Ave. 13-01 Ward)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella H. Fitch

(a) Residence: No. 3854 Quarry Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Fitch

6. DATE OF BIRTH (month, day, year) March 26, 1864

7. AGE 69 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Fitch (Address) 3854 Quarry Ave

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hospital Date March 17, 1934

19. UNDERTAKER The National Home (Address) 3615 12th St. N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 5th, 1934, to March 15th, 1934.

I last saw h. e. alive on March 15th, 1934. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Emphysema
Cardiac Hypertrophy

Date of onset 1915

Other contributory causes of importance:

Myocardial Failure

1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis W. Ellis

M. D.

(Address) 900 N. 37th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 16 1934

Registrar

E 99400

J. J. Green

✓

E 99400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. Y. or D. C.)

Gord Shepard Hospital

WARD)

2. FULL NAME

Louis TRUMAN GREEN

(a) RESIDENCE NO.

436 N. Biddle St.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

FEMALE Colored WINDOW

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

Joseph W. Green

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None -

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Md.

10 NAME OF FATHER

Jesse Redden

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md.

12 MAIDEN NAME OF MOTHER

Matilda Redden

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md.

14

Informant (Address)

Jesse W. Redden 436 N. Biddle St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

MARCH 12, 1934

17

I HEREBY CERTIFY, That I attended deceased from DECEMBER 11, 1934, to MARCH 12, 1934, that I last saw her alive on MARCH 12, 1934, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

BRONCHO PNEUMONIA (ARTEROSCLEROSIS)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

CELEDA / SOFTEN 19

(duration) yrs. 4 mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) CHARLES J. Woodland M. D.

19 (Address)

871 HALEM A

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Dr. Redden

DATE OF BURIAL

Mar 16, 34

ADDRESS

436 N. Biddle St.

TION is very important. See instructions on back of certificates.

AR 16 1934

Huntington Williams, Jr. Registrar

M. 199401

Capt. Pruitt

Surgeon

E 99401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Gibbons St. 27-01 Ward)

Length of residence in city or town where death occurred 10 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2812 Gibbons St. Ward. (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Jessie Barlow

6. DATE OF BIRTH (month, day, year) May 22, 1878

7. AGE Years 55 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western

10. Date deceased last worked at this occupation (month, day, year) 1919 Suburban City

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town, State or country) Suburban City

13. NAME A. A. Barlow

14. BIRTHPLACE (city or town, State or country) Parkman

15. MAIDEN NAME Julia Spratt

16. BIRTHPLACE (city or town, State or country) Kentucky

17. INFORMANT Eric Barlow

18. BURIAL, CREMATION, OR REMOVAL 2812 Gibbons St. Date 3/17/34

19. UNDERTAKER 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1934, to Mar. 14, 1934

I last saw him alive on Mar. 14, 1934. Death is said to have occurred on the date stated above, 50 m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis 3/18/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis H. Pruitt M. D. (Address) 437 O. O. Bldg. Balto.

MAR 16 1934

E 99402

HEALTH DEPARTMENT—CITY OF BALTIMORE

99402

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Brown's Rd. Stone House Cove 25-01 Ward)Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James H. Harman.

(a) Residence: No.

Brown's Rd. Stone House Cove. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If ~~Married~~ widowed, ~~Married~~ HUSBAND of Emily Harman.6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 68 Months --- Days --- If LESS than 1 day, hrs. --- or min. ---8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. --- 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation 64012. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Charles H. Harman.14. BIRTHPLACE (city or town) Maryland. (State or country)15. MAIDEN NAME Annetette Harman.16. BIRTHPLACE (city or town) Maryland. (State or country)17. INFORMANT William Huber. (Address) 331 Pontiac St.18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem Date 3/14/3419. UNDERTAKER J. A. Krause & Son (Address) 713 S. Hanover St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1934

22. I HEREBY CERTIFY. That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Date of onset

Other contributory causes of importance:

Name of operation None. Date ofWhat test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Oliver Reinhardt

(Address)

1017 S. Charles St.

Coroner

M. D.

AR 16 1934

M. D. 1934-99403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 99403

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore Ave. 24-01* Ward)Length of residence in city or town where death occurred *64* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *22 C West St*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of *Mary A. Hartman*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Mch 17-1869*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*64**11**28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years) spent in this occupation

Baltimore Md.

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Valentine Hartman*14. BIRTHPLACE (city or town) (State or country) *Ohio*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Mr. Davis*(Address) *22 C West*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill*Date *9/17*19. UNDERTAKER *J. J. McCall*(Address) *130 E. North*20. FILED *161*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/12/34* 19 to *3/15/34* 19I last saw him alive on *3/15/34* 19. Death is said to have occurred on the date stated above, at *7:05* am.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Arteriosclerosis
Chronic cardio-vascular
renal disease with
generalized anasarca*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Michael J. McCall*

M. D.

(Address) *South Baltimore Ave. 24-01*

OCCUPATION is very important. See instructions on back of certificate.

5.3

MAR 16 1934

E 99404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99404

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore San. Hosp. 24-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Muscar Russell Carnal

(a) Residence: No.

159 E. Randall St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Annie O. Carnal*

6. DATE OF BIRTH (month, day, year)

Mar. 25 - 1856

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*77**11**19*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

on Wharf 062

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation

*20*12. BIRTHPLACE (city or town)
(State or country)*Essex Co. Va.*

MOTHER FATHER

13. NAME

*Unknown*14. BIRTHPLACE (city or town)
(State or country)*Unknown*

15. MAIDEN NAME

*Unknown*16. BIRTHPLACE (city or town)
(State or country)*Unknown*17. INFORMANT
(Address)*Charles Carnal
4408 Mainfield*

18. BURIAL, CREMATION, OR REMOVAL

Place

London Pt

Date

*3/17 1934*19. UNDERTAKER
(Address)*J. Frew McCall
130 E. Fort*

20. FILER

16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Feb 14 1934* 1922. I HEREBY CERTIFY, That I attended deceased from *Feb. 16* 1934, to *March 14 1934* 19I last saw him alive on *March 14 1934* 19 Death is said to have occurred on the date stated above, at *8 P m.*

The principal cause of death and related causes of importance were as follows:

Hemorrhages, nephritis

Date of onset

unknown

Other contributory causes of importance:

*Sum of Bronch. pneumonia**3/14/34*

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Michael J. McCall* M. D.(Address) *South Baltimore San. Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 9405

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City 18-01* Ward)Length of residence in city or town where death occurred *18* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *18* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *807 N. Anglin av.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Eliza Wright*6. DATE OF BIRTH (month, day, year) *1886*7. AGE *48* Years Months Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lab.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *04*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *va.* (State or country)13. NAME *Jonah Wright*14. BIRTHPLACE (city or town) *va.* (State or country)15. MAIDEN NAME *Rose Tate*16. BIRTHPLACE (city or town) *va.* (State or country)17. INFORMANT *Joseph Mend.* (Address)18. BURIAL, CREMATION, OR REMOVAL *Int. Suburban cemetery* Date *3/16 - 34* 1919. UNDERTAKER *Thomas S. Kelson* (Address) *1303 Presstman st.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/12* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3/3* 19*34* to *3/12* 19*34*I last saw him alive on *3/12* 19*34* Death is said to have occurred on the date stated above, at *8:20am*

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus Date of onset *2 mos.*

Other contributory causes of importance:

Name of operation *gastrostomy* Date of *3/4/34*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. P. Brown* M. D.(Address) *Bolton City*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

MAR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

39406

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 E Oliver St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Clarence J. Wolach(a) Residence: No. 2229 E OliverSt., 8-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Wolach6. DATE OF BIRTH (month, day, year) June 2, 18557. AGE Years 78 Months 9 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME John Conrad14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Miss Matilda Buck16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Miss Matilda Wolach
(Address) 2229 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Bethesda Cemetery Date 3-19 193419. UNDERTAKER Albert J. Miller
(Address) 1206 N. Chester St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 193422. I HEREBY CERTIFY, That I attended deceased from September 16 1931 to March 16 1934I last saw her alive on March 15 1934 Death is said to have occurred on the date stated above, at 0 m.The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Arterial Hypertension
General Atherosclerosis

Date of onset

9/16/319/16/319/16/319/16/31

Other contributory causes of importance:

Cardiac Dilatation7 daysName of operation Physical Examinations Date of twiceWhat test confirmed diagnosis Physical Examinations and there an autopsy? twice

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 1900Where did injury occur? 0

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify 0(Signed) Albert J. Miller M. D.(Address) 4025 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 16 1934

E 99407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99407

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Belnord Ave St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. 14 mos. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME

Charles F. Hamilton

(a) Residence: No.

609 N. Belnord Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nina Hamilton

6. DATE OF BIRTH (month, day, year) August 15/1846

7. AGE Years 87 Months 7 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Importing Co-N.Y.
10. Date deceased last worked at this occupation (month and year) one year ago 11. Total time (years) spent in this occupation 004

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Charles Hamilton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Nina Hamilton (Address) 609 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date March 19, 1934

19. UNDERTAKER (Address) 1606 N. Chester Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows: Myocardial insufficiency

Date of onset

Other contributory causes of importance: History of Asthma

? yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

R 16 1934

M. D. B. 1934
E 99408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99408

CERTIFICATE OF DEATH

43-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 S. Bond St. 3-01 St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 28 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 208 S. Bond St. St., 3-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Antoinette Norckus (or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown - 18847. AGE Years 50 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania
(State or country)13. NAME Antonis Norckus14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Antoinette Lynnyckus16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT Bernice Norckus(Address) 208 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 17, 1934

19. UNDERTAKER

(Address) John Grelpauck
423 S. Bond St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1934, to 2 pm, 1934.I last saw him alive on Mar 14, 1934. Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Date of onset

Unknown

Other contributory causes of importance:

Marked Secondary Anemia
General AnemiaUnknownName of operation NoneDate of —What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 1934.Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) A. T. Reis M. D.(Address) 24 S. Bond

E 99409

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99409

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *3-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town *where death occurred* *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *253 S. Caroline* St., *3-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of *Dominiana Torcivia* (or) WIFE of *Married*6. DATE OF BIRTH (month, day, year) *April 4 - 1889*7. AGE Years *50* Months *11* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Moulded* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Iron Foundry* 10. Date deceased last worked at this occupation (month and year) *Oct 7* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *State* (State or country)13. NAME *Antonia*14. BIRTHPLACE (city or town) *State* (State or country)15. MAIDEN NAME *Josephine Lombard*16. BIRTHPLACE (city or town) *State* (State or country)17. INFORMANT *Salvatore Slegaria* (Address) *253 S. Caroline St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *March 17, 1934*19. UNDERTAKER *Wendell J. Schipke* (Address) *308 S. Caroline St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-14-1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wendell J. Schipke* M. D.(Address) *273 S. Caroline St.* Coroner

State cause of death on back of certificate. See instructions on back of certificate. OCCUPATION is very important.

MAR 16 1934

Wendell J. Schipke

M. D. B. 13 E 99410

✓ E 99410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Atterick Rd. 15-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3213 Vickers Rd. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Grace Thorton Strohmeyer

6. DATE OF BIRTH (month, day, year) Feb. 14, 1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 11, 1934, to March 14, 1934.

I last saw him alive on March 13, 1934. Death is said

to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Coronary Thrombosis
(Embolus)

Date of onset

P

3/14/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, write

(Signed)

(Address)

4037 Falls Road

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. E. 99411

✓ E 99411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2752 Fenwick St. 9-01 Ward)Length of residence in city or town where death occurred 1 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2752 FenwickSt. 9-01

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJanuary 2-1933

6. DATE OF BIRTH (month, day, year)

January 21, 1913

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.1213

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Louane Cem Date Mar. 16, 1934

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 15, 1934 to Mar. 15, 1934I last saw him alive on March 14, 1934 Death is said to have occurred on the date stated above, at 3:55 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation none Date of 2What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. T. Knecht M. D.(Address) 2878 J. Harford

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 16 1934

B 99412

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 99412

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Ashland St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Kate (Katherine) Bentley(a) Residence: No. 1639 Ashland Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Frank Bentley (or) WIFE of6. DATE OF BIRTH (month, day, year) 18777. AGE Years 57 Months + Days + If LESS than 1 day, + hrs. or + min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Annapolis (State or country)13. NAME Elizabeth Knable 14. BIRTHPLACE (city or town) MD (State or country)15. MAIDEN NAME Elizabeth Lee 16. BIRTHPLACE (city or town) Annapolis MD (State or country)17. INFORMANT Mrs Sarah Jones (Address) 1639 Ashland Ave18. BURIAL, CREMATION, OR REMOVAL Place Ashburybury Date 3, 17, 193419. UNDERTAKER Mrs L. H. G. Bailey (Address) 1421 Jefferson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13 193422. I HEREBY CERTIFY, That I attended deceased from 3-12 1934 to 3-13 1934I last saw h. e. alive on 3-13 1934. Death is said to have occurred on the date stated above, 10:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Hemiplegia

Date of onset

1 day
3-12
-34

Other contributory causes of importance:

Name of operation Physic Date of MDWhat test confirmed diagnosis? Physic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Physic Date of Injury 19Where did injury occur? Physic (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Geo. J. Asquith(Address) 507 Asquith St

M. D.

STATE CAUSE OF DEATH IN plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1934

M. D. B. **E 99413**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99413

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 E. Preston St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Fannie Miller(a) Residence: No. 2203 E. Preston St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Miller6. DATE OF BIRTH (month, day, year) Dec. Jan. 15, 18827. AGE Years 52 Months 2 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none - at home10. Date deceased last worked at this occupation (month and year) Jan. 15, 1933 11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town) Poland (State or country) Poland13. NAME Samuel Schuchman14. BIRTHPLACE (city or town) Tingh (State or country) Poland15. MAIDEN NAME Mollie16. BIRTHPLACE (city or town) Poland (State or country) Poland17. INFORMANT David Miller (Address) 2203 E. Preston18. BURIAL, CREMATION, OR REMOVAL Place Levy Run Date 3/16/34 1919. UNDERTAKER First Lewis Co (Address) 1439 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1933 to March 15, 1934I last saw her alive on March 15, 1934 Death is said to have occurred on the date stated above, at 6:45 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pleura of right lung Date of onset about Jan. 15, 1933

Other contributory causes of importance:

MalnutritionName of operation Thoracentesis & X-rays Date ofWhat test confirmed diagnosis? Thoracentesis & X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. Karl Grossman M. D.(Address) 2203 E. Preston

SEE CAUSE OF DEATH IN PART 1, SEE INSTRUCTIONS ON BACK OF CERTIFICATE. OCCUPATION IS VERY IMPORTANT.

MAR 16 1934

E 99414 HEALTH DEPARTMENT—CITY OF BALTIMORE 99414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

187

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

November 3, 1898

7. AGE

36

Years

Months

Days

If LESS than
1 day, *11* hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Norfolk Va*

FATHER

13. NAME

*Edward Burke*14. BIRTHPLACE (city or town)
(State or country)*Roanoke Va*

MOTHER

15. MAIDEN NAME

*Mary Sheppard*16. BIRTHPLACE (city or town)
(State or country)*Norfolk Va*

17. INFORMANT

(Address)

Hands Back City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place *McAuliffe Ave* Date *March 16 1934*

19. UNDERTAKER

(Address)

Dandy Egan 916 12 Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 14, 1934*22. HEREBY CERTIFY, That I attended deceased from *Feb. 9, 1934* to *March 17, 1934*I last saw him alive on *March 14, 1934*. Death is said to have occurred on the date stated above, at *6:00* p.m.

The principal cause of death and related causes of importance were as follows:

Septic, acute & arterio insufficiency Myocardial Insufficiency & Congestive failure

Other contributory causes of importance:

Date of onset

*5 mo?**4 mo*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *T. P. Hargis*

M. D.

(Address) *Back City Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 16 1934

M. D. E. 99415

Chas. H. Woods

E 99415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 N. Bond St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1500 N. Bond

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Catherine A. Cooney (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1870

7. AGE Years 63 63 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gunner

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Cambridge Mass. (State or country)

13. NAME Patrick Woods

14. BIRTHPLACE (city or town) Canada (State or country)

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) Canada (State or country)

17. INFORMANT Mrs. Woods

(Address) 1500 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 3/18/34

19. UNDERTAKER John J. Kennedy

(Address) 221 E. Greene St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934 to March 13, 1934

I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset April 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John J. Kennedy

1603 G Broadway

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate.

3

APR 18 1934

E 99416

E 99416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 at Paul

17-01 WARD)

2. FULL NAME

Benjamin P. Cox

(a) RESIDENCE NO.

2635 St Paul

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds.

How long in U. S. if of foreign birth?

yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (Write the word)

M W Married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lucie C. Cox

6 DATE OF BIRTH (month, day, and year)

Feb 8 - 1854

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

80

1

7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Royal Oak, Mich.

10 NAME OF FATHER

Tristan Cox

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

August Kirby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant
(Address)

2133 St Paul St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar 5 5/1934

17

I HEREBY CERTIFY, That I attended deceased from

Feb 2, 1934, to March 15, 1934

that I last saw him alive on March 15, 1934

and that death occurred, on the date stated above, at 6:50 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Myocarditis
Chronic Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Physical Examination

(Signed)

John S. Bishop

M. D.

19

(Address) 1325 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Euston Talbot Corp 1734
Leitman 3/17 2224 N. Morris

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

AR 10-1834

282 812 99417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99417

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. _____ St. 9-01 Ward 1)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Jas. A. Porter(a) Residence: No. 1100 E 20th St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Lucie6. DATE OF BIRTH (month, day, year) 3/19/807. AGE _____ Years 53 Months 11 Days 23 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Emp. by Am. Ex. Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Ind
(State or country)13. NAME unknown14. BIRTHPLACE (city or town) Ind
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Ind
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Freeland, Balto Co. Date March 16, 193419. UNDERTAKER E. Leroy Stupples, Inc.
(Address) 126 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 193422. I HEREBY CERTIFY, That I attended deceased from March 8, 1934 to March 14, 1934I last saw him alive on March 14, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure
Coronary OcclusionDate of onset
2 yrs.
5 mos.

Other contributory causes of importance:

Arteriosclerosis
Myocardial Insufficiency

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Michael T. Tighman M. D.(Address) Johns Hopkins Hospital

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 16 1934

M. D. B. E 99418

E 99418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Preston St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lillie Smith(a) Residence: No. 504 N. Preston

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12 - 18857. AGE Years 48 Months 7 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing - at home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Samuel Smith14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Ann Rebecca Lewis16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Robert Smith(Address) 504 N. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

At home Date 3/17 1934

19. UNDERTAKER

(Address) Samuel J. Henry
578 N. Middle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 - 193422. I HEREBY CERTIFY. That I attended deceased from Dec 12 - 1933 to Mar 14 - 1934I last saw her alive on March 12 1934 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

Gastric ulcer
Secondary anemia

Date of onset

about
4 mo.

Other contributory causes of importance:

Gastritisabout
4 mo.Name of operation none

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed)

Chas. J. Keller M. D.(Address) 222 N. Monument

FILED

MAR 18 1934

E 99419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Colvin St., St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Frazier.(C)

(a) Residence: No. 108 Colvin St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. O.D. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 19

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cold and exposure.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto A. Reinhardt M. D. Coroner 1017 E. Charles St.

See instructions on back of certificate. OCCUPATION is very important.

R 16 1934

0208

THE MORGUE

99420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99420

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump.St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Browne. (C)(a) Residence: No. Westport Dump.

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know.5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 35 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co. Va.13. NAME Do not know.14. BIRTHPLACE (city or town) (State or country) Do not know.15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) (State or country) Do not know.17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Michaels Date Mar 16 193419. UNDERTAKER Commissioner Health
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cold and Exposure.

Other contributory causes of importance:

Name of operation None. Date of _____What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) _____

Wm M. Reinhardt
2/14/34 (Address) 1017 E. Charles St.

Coroner

M. D.

State cause of death in plain terms, so that any physician can understand. See instructions on back of certificate.

AR 16 1934

THE MORGUE

E 99421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 W. Lombard St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 861 W. Lombard St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 72 Months Days If LESS than 1 day, hrs. or mo.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ind

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date March 18, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio-sclerosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

R 16 1934

Huntington Williams, M.D.

E

99422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 1801 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 503 Bruce St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------------	------------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) April 8, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or min.
	<u>30</u>	<u>11</u>	<u>7</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation <u>0 30</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) _____
(State or country) Ind.

FATHER	13. NAME <u>William Gray</u>
	14. BIRTHPLACE (city or town) <u>Baltimore</u> (State or country) <u>Ind.</u>

MOTHER	15. MAIDEN NAME <u>Nancy Gray</u>
	16. BIRTHPLACE (city or town) <u>Baltimore</u> (State or country) <u>Ind.</u>

17. INFORMANT Nancy Gray
(Address) 513 Bruce St18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 19, 193419. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 15, 1934I last saw him alive on March 15, 1934. Death is said to have occurred on the date stated above, at 3:00 A. M.

The principal cause of death and related causes of importance were as follows:

Acute NephritisDate of onset 2 wks

Other contributory causes of importance:

Non-specific
bacterial abscess
= urinary obstructionName of operation Removal of abscess Date of 3/8/34What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) J. B. Williams(Address) Crossed out

M. D.

MAR 16 1934

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99423

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 C. Randall St. 24-01 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. 308 C. Randall St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of Budget G. Palmer (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 031

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Undyanan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. John Kelly

(Address) 1308 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934, to Mar 15, 1934.

I last saw him alive on Mar 15, 1934, Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 1/30/34

Date of onset

Other contributory causes of importance:

Chronic nephritis & hypertension

Name of operation

Date of

What test confirmed diagnosis? phys

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

MAR 15 1934

Registrar

M. D. B. 1934
E 99424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Ave. St. 27-21 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Lucy Firle

(a) Residence: No. 5712 Roland Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1848

7. AGE 85 Years 84 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cumberland, Md. (State or country)

13. NAME Henry Firle

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mother Paulina Fitzgerald (Address) 5712 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 3/17/34 19

19. UNDERTAKER

(Address) 305 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19 to 1934.

I last saw h. alive on Mar 15, 1934 Death is said to have occurred on the date stated above, at 11:15 pm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized Atherosclerosis
Coronary Thrombosis

Other contributory causes of importance:

Senility Chronic Arteriosclerosis
Hypostatic Pneumonia

Name of operation h. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles W. Wynn Jr. M. D.

(Address) 121 Read St.

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 16 1934

E 99425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Mace St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Carrie Mitchell(a) Residence: No. 2208 Mace St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced Widowed
(or) WIFE of William Mitchell6. DATE OF BIRTH (month, day, year) 1869 May 77. AGE Years 64 Months 10 Days 0 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) 070
11. Total time (years) spent in this occupation 070

12. BIRTHPLACE (city or town) (State or country)

13. NAME Sloy Green14. BIRTHPLACE (city or town) (State or country) Howard Co Md15. MAIDEN NAME Carrie Sloy16. BIRTHPLACE (city or town) (State or country) Howard Co Md17. INFORMANT Mrs Carrie Parker
(Address) 203 W 24 St18. BURIAL, CREMATION, OR REMOVAL
Place St. Ambrose Date 3/17/3419. UNDERTAKER Robert J. Williams
(Address) 1515 Maryland StArthur E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1934I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1883 to Nov. 14, 1934I last saw her alive on Nov. 14, 1934 Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Paralysis
Other contributory causes of importance:
Cerebral HemorrhageName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) R. E. Williams M.D.(Address) 1120 E. 25th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99426

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb) 701

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Mamie Stewart

(a) Residence: No. 1734 Ashland ave.

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of James Stewart (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1900

7. AGE Years 33 Months 8 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Columbia (State or country) South Carolina

13. NAME John Frazier

14. BIRTHPLACE (city or town) South Carolina (State or country)

15. MAIDEN NAME Lizzie Craig

16. BIRTHPLACE (city or town) South Carolina (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Art Labry

Date 8/17/34

19. UNDERTAKER J. P. Williams

(Address) 1571 15th E. Cherry St.

Huntington Village, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1934

22. I HEREBY CERTIFY. That I attended deceased from February 12, 1934, to March 13, 1934

I last saw her alive on March 13, 1934 Death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

June

1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis 0111. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed)

Christopher C. Shaw, M. D.
Baltimore City Hospitals

(Address)

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AR 161934

E 99427 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Ranger + Deland St., 70-81* Ward)Length of residence in city or town where death occurred *69* yrs. *6* mos. *6* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Mary E. Garrett

(a) Residence: No. *2205* *Wilkins Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John H. Garrett*6. DATE OF BIRTH (month, day, year) *Aug 27 1864*7. AGE Years *69* Months *6* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*13. NAME *John Gallagher*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Ann O'Connor*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *John H. Garrett* (Address) *2205 Wilkins Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Mar 20, 1934*19. UNDERTAKER *John H. Deany* (Address) *715 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 15, 1934*22. HEREBY CERTIFY, That I attended deceased from *Mar 12, 1934* to *Mar 15, 1934*I last saw him alive on *Mar 15, 1934*. Death is said to have occurred on the date stated above, at *1:10 p. m.*

The principal cause of death and related causes of importance were as follows:

1. *Hypertensive Heart Disease*
2. *Mucous Colitis*
3. *Broncho pneumonia*

Date of onset

Other contributory causes of importance:

Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Leon Ashman*

M. D.

(Address) *West Baltimore Gen Hosp.*

MAR 16 1934

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

9428

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99428

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital - 0138* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *27* yrs. *8* mos. *27* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1108 Carroll St.* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Halter J. H. Reed*6. DATE OF BIRTH (month, day, year) *June 15 1906*7. AGE Years *27* Months *8* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *637*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*13. NAME *Henry Enrick*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*15. MAIDEN NAME *Louisa Daley*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*17. INFORMANT *Halter J. H. Reed* (Address) *1108 Carroll St*18. BURIAL, CREMATION, OR REMOVAL Place *Green Hill* Date *Mar 17 1934*19. UNDERTAKEN *John F. Denny* (Address) *715 Light St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 14 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*Jan. 17 1934 to Mar. 14 1934*I last saw her alive on *Mar. 14 1934* Death is said to have occurred on the date stated above, at *6:29* m.

The principal cause of death and related causes of importance were as follows:

acute Hemorrhagic hepatitis Date of onset *Dec, 1933*

Other contributory causes of importance:

Hemorrhage from diseased hemorrhoids *Mar 1934*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Nathan Racusin* M. D.(Address) *Franklin Square Hospital*

Information should be carefully supplied. State cause of death in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

AR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. _____ St., 26 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Lucy A. Smith(a) Residence: No. 4421 Karon Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of Richard Smith
(or) WIFE of6. DATE OF BIRTH (month, day, year) 5-17-18817. AGE Years 72 Months 9 Days 26 If LESS than 1 day, 28 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 077

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)13. NAME James Taylor14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Levina Stout16. BIRTHPLACE (city or town) Va
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Mar 17, 193419. UNDERTAKER John P. Henry(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 193422. I HEREBY CERTIFY, That I attended deceased from March 13, 1934 to March 15, 1934I last saw her alive on March 15, 1934 Death is said to have occurred on the date stated above, at 12²⁵ A m.

The principal cause of death and related causes of importance were as follows:

Meningitis, Pneumococcus
Septicemia
Bacterial Endocarditis

Date of onset

Mar 10

Other contributory causes of importance:

Diabetes mellitus
Hypertension + Arteriosclerosis
Abscess of right hand, healing

1928

2 subs

Name of operation _____

Date of _____

What test confirmed diagnosis? Funeral Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Prof. J. Bergner(Address) Johns Hopkins Hospital

M. D.

MAR 16 1934

99430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 8 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Gertrude Wiley(a) Residence: No. 2202 E. Biddle St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Joseph Wiley
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr 14/18977. AGE Years 36 Months 11 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME William Lutts14. BIRTHPLACE (city or town) N.C.
(State or country)15. MAIDEN NAME Sedonia Cook16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar 19, 193419. UNDERTAKER Frank Crockett
(Address) 800 E. Howard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15/34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Streptococcic Septicemia

Date of onset

Other contributory causes of importance:

Self induced abortionFeb 27Name of operation Blood Culture Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Strangulation Feb 27/34
Accident, suicide, or homicide? Strangulation InjuryWhere did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ???Manner of injury Ante-mortem statement-
Nature of injury Passed a bougie Feb 27/34

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [Signature] M. D.
(Address) 508 E. North

OCCUPATION is very important. See instructions on back of certificate.

R 161934

99431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital, 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 yrs.* mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Edward C. Bufford

(a) Residence: No.

1802 2. Hillman

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma Bufford

6. DATE OF BIRTH (month, day, year)

Sept. 2, 1877

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*56**6**12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Brumby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Salisbury Md

13. NAME

Edw C Bufford

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Alfretta Moore

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

Riend

(Address)

Bald City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

National Cemetery Date *3-17-34*

19. UNDER

Wardell E Humphreys

(Address)

*1504 N. Broadway**Huntington, Delaware*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *March 17, 1934*I last saw him alive on *March 17, 1934* Death is said to have occurred on the date stated above, at *4:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic Hepatitis
Hypertension
Cerebral Vascular accident
right, thrombosis, left*

Other contributory causes of importance:

Date of onset

2 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Phonell

M. D.

(Address)

Bald City Hosp

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificate. OCCUPATION is very important.

APR 16 1934

E 99432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2562 Robb.* St. *9-11* Ward)Length of residence in city or town where death occurred *42* yrs. *6* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2562 Robb.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Laura Heile*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 12 1891*7. AGE Years *42* Months *6* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pressman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Henry Heile*14. BIRTHPLACE (city or town) (State or country) *Pennsylvania*15. MAIDEN NAME *Groesmania Madz*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Laura Heile*
(Address) *2562 Robb St.*18. BURIAL, CREMATION, OR REMOVAL *London Park*
Date *3/17/34*19. UNDERTAKER *Mrs. Chas A. G. Rohde*
(Address) *3327 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15 1934*

22. I HEREBY CERTIFY. That I attended deceased from

April 25 1933 to *March 15 1934*I last saw him alive on *March 15 1934* Death is saidto have occurred on the date stated above, at *6:20 A* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of tongue and throat

Date of onset

12 mos

Other contributory causes of importance:

*Cachexia & Metastases**1 year*

Name of operation

Date of

What test confirmed diagnosis? *Physical examination*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Albert Rosenber

M. D.

(Address)

2020 E North Ave

Information should be carefully supplied. See instructions on back of certificate.

R 16 1934

99433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Salmon Sanitarium* St. *70-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3300 Strickland* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *Widowed*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Margaret Yoe*6. DATE OF BIRTH (month, day, year) *Mar 26 1857*7. AGE Year *76* Months *11* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Charles Yoe*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Elizabeth Steinacker*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Miss Geo. G. Harley* (Address) *1800 W. Fayette*18. BURIAL, CREMATION OR REMOVAL *Cathedral Cemetery* Place *3/17/34*19. UNDERTAKER *George A. Harley* (Address) *Fulton Ave + Fayette St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-14-34*22. I HEREBY CERTIFY, That I attended deceased from *Mar 15* 19*31* to *Mar 17* 19*31*I last saw him alive on *Mar 13* 19*34* Death is said to have occurred on the date stated above, at *12¹⁰* P. M.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

early

Other contributory causes of importance:

cerebral hemorrhage *3 mos*Name of operation *✓*Date of *✓*What test confirmed diagnosis? *el* Was there an autopsy? *✓*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *19*Where did injury occur? *✓*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. T. Kyles* M. D.(Address) *3321 Fulton Ave*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 10 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99434

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C. Caruthers

(a) Residence: No. Irwin, Pa.
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Aug. 18, 1921

7. AGE Years 12 Months 6 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Carroll Caruthers

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Adele J. Rince

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Mrs. Josephine Polk
(Address) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL

Place Irwin, Pa. Date Mar. 16, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16/34

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said

to have occurred on the date stated above, at 11.55 A.M.

The principal cause of death and related causes of importance were as follows:

Recurrent Brain Tumor
(3rd ventricle)Date of onset
???

Other contributory causes of importance:

Name of operation Exterpation

Date of Mar 16

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. O. Mitchell

(Address) 1900 Eutaw Place

Coroner

M. V.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 16 1934

99435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Baker St. 16-01 Ward)Registered No. 89-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 502 Baker St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-19337. AGE Years 8 Months 2 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Michael Payne14. BIRTHPLACE (city or town) (State or country) N. C.15. MAIDEN NAME Maggie Todd16. BIRTHPLACE (city or town) (State or country) Maggie Todd17. INFORMANT 302 Baker

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place My aulen Date March 17 193419. UNDERTAKER Dennis

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stis Media3 weeks

Date of onset

Other contributory causes of importance:

Name of operation Regular Date ofWhat test confirmed diagnosis? Regular Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Registrar.

State cause of death in plain terms, so that it may be properly translated. See instructions on back of certificate.

s.e.

MAR 16 1934

99436

HEALTH DEPARTMENT—CITY OF BALTIMORE

99436

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 S. Charles St. St. 23-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ottie C. Wroten

(a) Residence: No. 1704 S. Charles St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXXXXX~~ Lydia E. J. Wroten

6. DATE OF BIRTH (month, day, year) January 18, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	26 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland. (State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know. (State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know. (State or country)

17. INFORMANT Carrie Sing. 1133 William St. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date March 17, 1934

19. UNDERTAKER A. Howard Burns 25 E. Pratt St. (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

2nd and 3rd degree burns of the face suffocation by smoke in burning house.

Occidental death

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accidents Date of injury 2/14/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Burning house

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased?

Otto M. Reinhardt (Signature) M. D. Coroner 3/14/34 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AR 16 1934

99437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Daniel Wooten(a) Residence: No. 1307 Webster

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Alma Wooten

6. DATE OF BIRTH (month, day, year)

February 16, 1884

7. AGE

Years

Months

Days

If LESS than

1 day, 0 hrs.or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Restaurant owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

William Wooten

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME

Mary L. Rush

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. INFORMANT

Alma E. Wooten

(Address)

1307 Webster St.

18. BURIAL, CREMATION, OR REMOVAL

Place bed in bedDate March 19, 1934

19. UNDERTAKER

(Address)

C. Howard Evans38 E. FayetteWashington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 14, 1934 to March 16, 1934I last saw him alive on March 16, 1934 Death is saidto have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

1. Appendicitis
2. Peritonitis

Other contributory causes of importance:

Name of operation Appendectomy Date of 2-14-34What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) St. Joseph's Hospital M. D.(Address) BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 7 6 1934

E 99438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 27th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Gertrude Kelly (Gertrude Beulah Hill)

(a) Residence: No.

514 Beaumont Ave

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3-1875

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

58

11

13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

John Hill

14. BIRTHPLACE (city or town) (State or country)

Martinsburg W. Virginia

15. MAIDEN NAME

Mary M. Stewart

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT Miss Emma J. Hill

(Address) 514 Beaumont Ave, Johns

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date March 19 1934

19. UNDERTAKER

Joseph B. Cook

(Address)

11003 W. Baltimore St. Mounting Ridge, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-15-1934, to 3-16-1934.

I last saw her alive on 3-16-1934. Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease.

Date of onset

Other contributory causes of importance:

Uremia 3-15-34
Se. Cardiac dilatation 3-15-34

Name of operation Date of

What test confirmed diagnosis CLINICAL Was there an autopsy? X

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

M.D. Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16 1934

99440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99440

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 W. Franklin St., 93-003 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Orpha E. Kidwell

(a) Residence: No. 2528 W. Franklin

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
 HUSBAND of John H. Kidwell
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sykesville
 (State or country) Howard County, Md.

13. NAME Benjamin Shipley

14. BIRTHPLACE (city or town) Howard County
 (State or country) Maryland

15. MAIDEN NAME Mary Carroll

14. BIRTHPLACE (city or town) Howard County
 (State or country) Maryland

17. INFORMANT Mr. John H. Kidwell
 (Address) 2528 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 17, 1934

19. UNDERTAKER
 (Address) 1006 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1934

22. HEREBY CERTIFY, That I attended deceased from

July 18, 1933, 19 to March 15, 1934

I last saw him alive on March 14, 1934. Death is said to have occurred on the date stated above, at 6.55 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
 Hypertension
 Myocarditis

July 18, 33

Date of onset
 about
 1928
 1928

Other contributory causes of importance:

Arterio-sclerosis

1928

Name of operation

none

Date of

What test confirmed diagnosis? Physical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Hattie Stubbs

M. D.

(Address) 2220 Garrison Blvd.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 15 1934

19

Registrar

99441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Woodlawn Road 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Newel Thomas Childs

(a) Residence: No.

404 Woodlawn Road

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 16, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

5 4 280

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

John A. Childs

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Isabel E. Helch

16. BIRTHPLACE (city or town) (State or country)

Wash. D. C.

17. INFORMANT

Isabel E. Childs

(Address)

404 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 17, 1934

19. UNDERTAKER

Mr. Mrs. John W. Gumpel, Son

(Address)

801 W. Fayette St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 20, 1933, to Feb. 17, 1934.

I last saw him alive on Feb. 17, 1934. Death is said

to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Status Thymolymphaticus

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. Perry Burger

M. D.

(Address)

104 W. Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 16 1934

E 99442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH United States Marine Hospital,
Remington Ave. and Wyman Park Drive, Baltimore, Md.
CITY OF BALTIMORE: (No. 17-01 St. 17-01 Ward 17-01)

Registered No. _____

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. 4 mos. 4 ds.

2. FULL NAME Harry H. McCotter(a) Residence: No. 204 Aurora St., Cambridge, Md. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) January 19, 1880

7. AGE Years 54 Months 1 Days 23 If LESS than
1 day, _____ hrs. _____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Seaman
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Merchant Marine
10. Date deceased last worked at
this occupation (month and
year) October 11, 1933 11. Total time (years)
spent in this occupation lifetime

12. BIRTHPLACE (city or town) Madison, Dorchester
(State or country) County, Maryland.

13. NAME Spencer McCotter

14. BIRTHPLACE (city or town) Madison, Dorch. Co.,
(State or country) Maryland.

15. MAIDEN NAME Elizabeth Calander

16. BIRTHPLACE (city or town) Madison, Dorch. Co.,
(State or country) Maryland.

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address) 1214 St. Paul St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from
January 29, 1934, to March 14th, 1934

I last saw him alive on March 14th, 1934 Death is said
to have occurred on the date stated above, at 2:02 a. m.

The principal cause of death and related causes of
importance were as follows:

Valvular heart disease, aortic
insufficiency with decompensation
and chronic passive congestion.

Date of onset
prior
to
10-30-
33

Other contributory causes of importance:

Pneumonia, lobar, right lower and
middle lobe.

3-13-
34

Name of operation _____

Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify _____

(Signed) G. A. Abbott

M. D.
G. A. Abbott, P/A Surgeon
(Address) U.S. Marine Hospital, Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

R 18 1934

E 99443

99443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 2701 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

Miss Helen Child

(a) Residence: No.

6004 Sycamore St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 24, 1871

7. AGE

Years

Months

Days

5

If LESS than 1 day, hrs. or min.

63

1

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER MOTHER

13. NAME

Samuel Child

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Mary Jane Henderson

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs. J. H. Brandt Jr.

(Address)

6013 Sycamore Road

18. BURIAL, CREMATION, OR REMOVAL

Place

Green Mount Cemetery 3/19/34

19. UNDERTAKER

(Address)

Wm. H. Meade & Son

200 N. Calver St.

Huntington Avenue, Etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-16-

1934

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1934 to 3-16-1934

I last saw her alive on 3-16-1934. Death is said to have occurred on the date stated above, at 4:32 A.M.

The principal cause of death and related causes of importance were as follows:

Acute cholecystitis
Broncho-pneumonia
Cardio-vascular renal
Disease

Date of onset

3-10-34

3-12-34

?

Other contributory causes of importance:

Acute Cardiac Dilatation
Anemia

3-16-34

3-14-34

Name of operation

None

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. H. Brandt Jr.
Md. Gen. Hospital

M. D.

PHYSICIANS should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AR 1 7 1934

99444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ E 99444

X 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3731 St. Paul 12-01 WARD)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 2 mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 Single, Married, Widowed or Divorced, (write the word)

Widowed

6a If married, widowed, or divorced, HUSBAND or (or) WIFE of

John S. Lusk

6 DATE OF BIRTH (month, day, and year)

June 17, 1846

7 AGE

(87) 87

Years

Months

Days

If LESS than 1 day, hrs. or min.

8

29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Hastonsville, Ky.

10 NAME OF FATHER

John S. Lusk

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Marshall

12 MAIDEN NAME OF MOTHER

Mary Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Kentucky

14 Informant (Address)

Mar. L. Lusk, Jr. 3731 St. Paul St.

15

Huntington Williams, Jr. ARH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 16, 1934

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 16, 1934, that I last saw him alive on March 15, 1934.

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH was as follows:

Scurvy, (Broncho pneumonia) arteriosclerotic heart disease

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Broncho pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Hastonsville, Ky.

20 UNDERTAKER

H. W. Mearns & Son 805 N. Calvert St.

DATE OF BURIAL

3/17/1934

ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificates.

R 17 1934

ice to 30 P. R. - E sent Mrs. J. W. Freeman

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 99445

99445

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Illchester Ave. 12-01 Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 312 Illchester Ave. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of David J.
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Feb. 19, 18487. AGE Years Months Days If LESS than 1 day... hrs. or... min.
86 27 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oot
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME George Naugle14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Anna Wooden16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Harry A. Duntz
(Address) 312 Illchester Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Mar. 19, 193419. UNDERTAKER Albert W. Peregoy
(Address) 448 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 193422. I HEREBY CERTIFY, That I attended deceased from April, 1932, to March 16, 1934I last saw her alive on March 15, 1934 death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio-sclerosis

Date of onset

Other contributory causes of importance:

SenilityName of operation none Date of _____What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Betha Takman Shamer, M. D.(Address) 3300 West North Avenue

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1934

E 99446

E 99446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 N. Patterson Park St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. / mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Menchen Herpich

(a) Residence: No. 911 N. Patterson Park Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Henry C. Herpich (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 29 1852

7. AGE Years 82 Months 1 Days 16 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Lewis Burkhardt Menchen

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) not known (State or country)

17. INFORMANT Edith A. Gabel (Address) 911 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Mch. 19 1934

19. UNDERTAKER George W. Zirkler, (Address) 1737 E. Eager St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY That I attended deceased from 3-6-34 to 3-16-34

I last saw him alive on 3-16-34 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation
Chronic
Chronic
Chronic

Date of onset

about
March
6

Other contributory causes of importance:

acute Cardiac Degeneration

16

Name of operation V. M. G. Date of

What test confirmed diagnosis? X-ray

23. If death was due to external causes (accident, suicide, or homicide) fill in also the following: Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. M. D.

(Address) 1737 E. Eager St

N. E. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 17 1934

99447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No.

Middletown & Catonsville

St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~5~~ yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theophia Kelloff

(a) Residence: No.

Halthorpe, Md.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Peter Kelloff

6. DATE OF BIRTH (month, day, year)

Jan 28 1878

7. AGE

56

Years

Months

Days

17 15

If LESS than 1 day. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER MOTHER

13. NAME

August Dobrman

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Peter - Belloff
Halthorpe Md

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Violatorville Date 3/18/34

19. UNDERTAKER (Address)

Mrs Chas A G Rohde
2327 Edmonson ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

February 1, 1934 to March 15, 1934

I last saw him alive on March 15, 1934. Death is said

to have occurred on the date stated above, at 2:25 PM.

The principal cause of death and related causes of importance were as follows:

Acute hemorrhagic pericarditis, Jan 30 34

Chronic cholecystitis ? 22 yrs.

Pulmonary edema 5-14-34

Other contributory causes of importance:

Name of operation Prostatectomy Date of 3-6-34

What test confirmed diagnosis? Prostatectomy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No so, specify

(Signed)

Carl G Merkel M. D.

(Address) St. Agnes Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 17 1934

99448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 51 E 99448

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins & Canton* St. *25-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. *6* mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. George Keen*

(a) Residence: No. *1001 Heights Park Ave* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced, HUSBAND of *Mrs. Emma Wade*

6. DATE OF BIRTH (month, day, year) *Sept 9, 1886*

7. AGE Years *47* Months *6* Days *7* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Md. Baltimore Md.*

13. NAME *Jessie Keen*

14. BIRTHPLACE (city or town) (State or country) *Md.*

15. MAIDEN NAME *M. Brooks*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT *Mrs. Emma Keen*
 (Address) *Liberty Rd. Woodlawn*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *March 19, 1934*

19. UNDERTAKER *Martin J. J. Jones*
 (Address) *1627 W. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *September 23, 1933, to March 16, 1934*

I last saw him alive on *March 16, 1934* Death is said to have occurred on the date stated above, at *1:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Papillary Carcinoma of Bladder
 Secondary Anemia
 Uremia*

Date of onset
*Nov '31
 July '33
 Feb '34*

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *Cystoscopy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____
 Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Carl G. Deibel*

(Address) *St. Agnes*

M. D.

MAR 17 1934

Huntington Hillman, M.D.

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

E 99450

E 99450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5248 Linden Hts. Ave. St. 27-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Trehearn

(a) Residence: No. 5248 Linden Hts. Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Mary Smith Trehearn
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME John Trehearn

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Mary E. Cantwell

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Calvin Trehearn
(Address) 2339 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Del Date: March 18, 1934

19. UNDERTAKER Harry H. Hake
(Address) 1101 Chardon Ave

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 16, 1934

I last saw him alive on March 16, 1934. Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Left Lobar Pneumonia

Date of onset
Feb. 12
1934

Other contributory causes of importance:

Name of operation: None

Date of

What test confirmed diagnosis: Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so specify

E. E. Nichols, M. D.

(Address) Pikesville, Md.

MAR 17 1934

N. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-30 M. & T. 250 Bks. Carmella Brigandi

E 99451

HEALTH DEPARTMENT—CITY OF BALTIMORE, E 99451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Exeter

ST. 3-01 WARD)

2-FULL NAME

Carmella Brigandi

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

312 S. Exeter

ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of or) WIFE of

Carman Brigandi

6 DATE OF BIRTH (month, day, and year)

July 16, 1873

7 AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

60

7

29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Italy

10 NAME OF FATHER

Anthony Vita

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Italy

12 MAIDEN NAME OF MOTHER

Teresa

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Italy

14

Informant

Husband Carman Brigandi

(Address)

312 S. Exeter st

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 15, 1934

17

I HEREBY CERTIFY, That I attended deceased from

Sep. 1, 1933 to March 15, 1934

that I last saw her alive on March 15, 1934

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urine

(Signed)

Eugene L. Bessone, M. D.

3/16/1934 (Address)

514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Holy Redeemer

March 19, 1934

20 UNDERTAKER

Frank V. Pipitone

ADDRESS

2818 E. Balto st

MAR 17 1934

99452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99452

CERTIFICATE OF DEATH

82-001

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 M^c Cullough St. 13th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 04. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2548 M^c Cullough St., 13th Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

Registrar.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AR 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____)

St. *3-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Thomas Davis*(a) Residence: No. *425 S Bond St*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>black</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <i>unknown</i>		
6. DATE OF BIRTH (month, day, year) <i>May 15, 1878</i>		
7. AGE Years <i>55</i> Months <i>9</i> Days <i>26</i>	If LESS than 1 day, hrs. _____ or min. _____	
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <i>none</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Isaac Davis*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Susan Edmond*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT (Address) *Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *Mar 17, 1934*19. UNDERTAKER (Address) *St. Mary's*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar 5, 1934* to *Mar 11, 1934*I last saw him alive on *Mar 11, 1934* Death is said to have occurred on the date stated above, at *12:02 P.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension
Myocardial infarct
Coronary occlusion

Date of onset

11:43
2/1/34

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *John J. Bergmeyer* M. D.(Address) *Johns Hopkins Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 17 1934

0214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 W. Astend St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 4 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 410 W. Astend St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Oct 12-1933

7. AGE Years Months Days If LESS than 1 day. hrs. or min.

5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Hughlett Henry14. BIRTHPLACE (city or town) Talbot Co. (State or country) Maryland15. MAIDEN NAME Altha Thompson16. BIRTHPLACE (city or town) Talbot Co. (State or country) Maryland17. INFORMANT Hughlett Henry (Address) 410 W. Astend St.18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date 3/16 193419. UNDERTAKER Walter B. Sprigg (Address) 139 W. Hamlet St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Inquiry to 19 Death is saidto have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Mar151934

Other contributory causes of importance:

NoneName of operation Inquiry Date of 19What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. L. Schuchman M. D.(Address) 10 Broadway

Coroner

(over)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *96* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1200* - *Valley* St., *96* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *82* Years Months Days If LESS than 1 day, *1* hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *John Mrs. Langhlin*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Bridget Birmingham*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Sister Stanislaus, S.D.*
(Address) *1200 Valley St. Balt. Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Mar 17, 1934*19. UNDERTAKER *Rita Niedfeldt*
(Address) *914 Greenbank Ave*
Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *16 March*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

Jan 12, 19*34*, to *Mar 16*, 19*34*I last saw *her* alive on *Mar 16*, 19*34*. Death is saidto have occurred on the date stated above, at *6:25* p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset *Mar 16*

Other contributory causes of importance:

Coronary Thrombosis By *Dr.*Name of operation *Phys* Date of *no*What test confirmed diagnosis? Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. Williams* M. D.(Address) *1200 Valley St. Balt. Md.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1934

99456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sevier Hospital* St. *Q-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph P. Maguire(a) Residence: No. *Broadway* *Shames St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1917*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *55*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *unknown*17. INFORMANT *Wm*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's College*Date *Mar 17*

1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-17* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 17 19*34*, to *March 17* 19*34*I last saw him alive on *March 17* 19*34*. Death is saidto have occurred on the date stated above, at *4 PM*.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas & Metastases

Date of onset

1934?

Other contributory causes of importance:

Name of operation *Laparotomy* Date of *3-13-34*What test confirmed diagnosis? *Exam. Sp.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harry A. Mahoney*

M. D.

(Address) *Sevier Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 17 1934

0213

99457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99457

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home Inf. St., 27-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence

John Cummings Bayly
6007 Sycamore Road

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 14-1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*8**2*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Martin J. Bayly

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

MOTHER

15. MAIDEN NAME

Annette Fisher

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

(Address)

Martin J. Bayly
6007 Sycamore Road

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cem.* Date *Mar. 17, 1934*

19. UNDERTAKER

(Address)

Wm. J. Tickert
1414 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw *Injury* alive on , 19. Death is saidto have occurred on the date stated above, at *11:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Mar. 15, 1934

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis *Injury* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

John L. Volante

Coroner

M. D.

(Address)

16 S. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions on back of certificate. Exact statement state CAUSE OF DEATH in plain terms, so that it may be properly classified.

AR 17 1934

M. D. B. 12-**E 99458****E 99458**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Paca St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Louise K Armstrong(a) Residence: No. 810 S. Paca St., 21-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Richard Armstrong (or) WIFE of6. DATE OF BIRTH (month, day, year) June 10^{*} 18747. AGE Years 59 Months 9 Days 5 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) York Pa (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)17. INFORMANT J. Sidney Plumer (Address) 1021 Broadway Ave18. BURIAL, CREMATION, OR REMOVAL Place Not Chart Date Mar 17^{*} 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED Mar 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15^{*} 193422. I HEREBY CERTIFY, That I attended deceased from Mar 7^{*} 1934 to Mar 15^{*} 1934I last saw him alive on Mar 13^{*} 1934 Death is said to have occurred on the date stated above, at 3¹⁴ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

3/5/34

Other contributory causes of importance:

Mitral Stenosis1933Name of operation 0 Date of 0What test confirmed diagnosis? 0 Was there an autopsy? 023. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Monley Hoag M. D.(Address) 1217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. B 17 E 99459

E 99459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 W. University Parkway 13-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia E. Burke

(a) Residence: No. 819 W. University Parkway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of Dr. Alonzo J. Burke
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 25, 1843

7. AGE Years 90 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME George L. Kroh

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Adelia J. Cooper

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. R. Baldwin Homer (Address) 819 W. University Pky.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem'ty. Mar. 19, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc. (Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1916 to March 16, 1934

I last saw her alive on March 16, 1934. Death is said to have occurred on the date stated above, at 8:24 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Symptoms of senility began about 6 months ago.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Galtrey M. D.

(Address) Ruston, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. R. 1265-2

E 99460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99460

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 N. Charles St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Weed

(a) Residence: No. 3908 N. Charles

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) widowed
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6a. If married, widowed, or divorced
HUSBAND of Charles H. Weed
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	20 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

13. NAME Edward Lewis

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Harriet Hill

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Dr. Lewis H. Weed
(Address) 3908 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland, Ohio (Date) Mar. 18, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Mar 16, 1934

I last saw her alive on Mar 16, 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

arterio-sclerous. Hypertension. Angina pectoris.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Paul W. Delough

M. D.

(Address)

24 E Eager St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99461

E 99461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp.* St. *20-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Baldwin*(a) Residence: No. *Baldwin Rd.*

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) *3-16-34*7. AGE Years _____ Months _____ Days *1* If LESS than 1 day, _____ hrs. or min. *20*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baldwin, Md.* (State or country)13. NAME *Walter J. Jenkins*14. BIRTHPLACE (city or town) *Brown Co. Md.* (State or country)15. MAIDEN NAME *Maudie L. Ennor*16. BIRTHPLACE (city or town) *Balto Co Md* (State or country)17. INFORMANT *Walter J. Jenkins* (Address) *Baldwin Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Long Green Md* Date *Mar 18- 1934*19. UNDERTAKER *Bertram W. Gore* (Address) *2224 N Charles St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-17-34*, 1922. I HEREBY CERTIFY. That I attended deceased from *3-16-34*, 19, to *3-17-34*, 19.I last saw him alive on *3-17-34*, 19. Death is said to have occurred on the date stated above, at *80* m.

The principal cause of death and related causes of importance were as follows:

Pneumonia - persistent - pulmonary - infection

Date of onset

Other contributory causes of importance:

Name of operation *None* Date of _____What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Robert W. Quinn* M. D.(Address) *Bon Secours Hospital*

MAR 18 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1200 E 99462

E 99462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. _____ St. 9-01 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary Kohlhauser(a) Residence: No. Fulton St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Henry Kohlhauser
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 8th 18647. AGE Years 69 Months 6 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington
(State or country) Delaware13. NAME Adam Sparr14. BIRTHPLACE (city or town) Unknown
(State or country) Switzerland15. MAIDEN NAME Magdalene Wieman16. BIRTHPLACE (city or town) Berlin
(State or country) Germany17. INFORMANT Henry J. Kohlhauser
(Address) Fulton Ind.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redemptor Date March 19, 193419. UNDERTAKER Edith L. L. L. L.
(Address) 2401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 193422. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to March 15, 1934I last saw her alive on March 15, 1934 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

1. Diabetes mellitus
2. Gangrenous foot
3. Emphysema

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of March 15, 1934What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) St. Joseph's Hospital M. D.(Address) ST. JOSEPH'S HOSPITALBALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. B. 1-1-0 99463

HEALTH DEPARTMENT—CITY OF BALTIMORE

99463

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4015 Chesley Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Linden

(a) Residence: No. 4015 Chesley Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Frank Linden (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27th 1880

7. AGE Years 53 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME August Brummett

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Dora Reppohn

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Anna Hatch (Address) 4015 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern (Cdn.) Date Mar. 19 1934

19. UNDERTAKER Frederick Lussan T. Rose (Address) 7401 Belair Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934, to March 16, 1934

I last saw her alive on March 15, 1934. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify (Signed) J. J. Frank M. D. (Address) 112 St. Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAR 18 1934

Huntington Williams, M.D.

Registrar

E 99464

E 99464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Penndale*

CITY OF BALTIMORE: (No.)

St. *27* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *43* yrs. mos. ds. How long in U. S. If of foreign birth? *43* yrs. mos. ds.2. FULL NAME *Isaac Friedman*(a) Residence: No. *Belvedere Kensington*

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Bessie*

6. DATE OF BIRTH (month, day, year)

7. AGE *75* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Taylor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Isaac Friedman*(Address) *Belvedere Kensington*18. BURIAL, CREMATION, OR REMOVAL *Bethlehem*

Place

Date *3-18-34*19. UNDERTAKER *Jack Lewis*(Address) *1439 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-16-34*22. I HEREBY CERTIFY, That I attended deceased from *3-2-34* to *3-16-34*I last saw him alive on *3-16-34* Death is said to have occurred on the date stated above, at *3:45* m.

The principal cause of death and related causes of importance were as follows:

*Arterio-sclerosis
Hypertension*

Date of onset

Other contributory causes of importance:

*Chronic Bronchitis
Emphysema
Asthma*

Name of operation Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edmund Lewis*(Address) *Levinville*

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. E 99465

E 99465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St., *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 1/2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1821 N. Bentalon St.* St., *15-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Janet Leidenman Finkelstein* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *31* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Druggist*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Benjamin Finkelstein*
14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Carrie*
16. BIRTHPLACE (city or town) *Poland* (State or country)17. INFORMANT *Janet Finkelstein* (Address) *1821 N. Bentalon St.*18. BURIAL, CREMATION, OR REMOVAL Place *Beth Shalom* Date *3/18/34* 19.19. UNDERTAKER *Jack Lewis Inc.* (Address) *1439 E. Bentalon St.*20. *Huntington Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *9:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Probably Coronary Thrombosis

Date of onset

3/15/34

Other contributory causes of importance:

Name of operation *inquiry* Date of *inquiry*
What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public placeManner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Jack Lewis* M. D.
(Address) *508 E. Bentalon St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 14-01* St., *14-01* Ward)Length of residence in city or town where death occurred *14-01* yrs. *14-01* mos. *14-01* ds. How long in U. S. If of foreign birth? *14-01* yrs. *14-01* mos. *14-01* ds.

2. FULL NAME

(a) Residence: No. *623 W. Mulberry* St., *14-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Robert Shelton* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar. 28-1899*7. AGE Years *34* Months *11* Days *18* If LESS than 1 day, hrs. *12* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *21*12. BIRTHPLACE (city or town) (State or country) *P.C.*13. NAME *Mary Shelton*14. BIRTHPLACE (city or town) (State or country) *P.C.*15. MAIDEN NAME *Ann Mary Henry*16. BIRTHPLACE (city or town) (State or country) *P.C.*17. INFORMANT *Wm. H. Harrison*(Address) *623 W. Mulberry St.*18. BURIAL, CREMATION, OR REMOVAL *NE**Winston Salem* *3/18/34*19. UNDERTAKER *Bernard P. Aversley*(Address) *818 Drury St. Wm.**Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 16-1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

(Rate of onset)

Shelton had due to gunshot wound of intestine

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) All in also the following:

Accident, suicide, or homicide? *Homicide* Date of injury *3-15-1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *in home*Manner of injury *Gunshot wound*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Huntington Williams*

M. D.

(Address) *2207 East Ave.*

Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. 1934 99467

E 99467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5336 Cordelia Ave., St. 27-21 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Blair

(a) Residence: No. 5336 Cordelia Ave.,
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of William W. Blair (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1868

7. AGE Years 65 Months 9 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME James C. Powell

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Rachel Needles

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Harry R. Rector (Address) 5336 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Myrna West Date April 1934

19. UNDERTAKER (Address) 2234

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY. That I attended deceased from Feb. 26, 1934 to Mar. 16, 1934

I last saw her alive on March 16, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset Sullivan

Other contributory causes of importance:

Acute Rheumatic Fever

17 day

Name of operation None

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, self

(Signed)

(Address)

Pikesville, Md.

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

Antington Williams, M.D.

Spec.—2-29-28 **E 99468**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99468

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 da. How long in U. S. If foreign birth? 0 yrs. 0 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced

(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)18 Where was disease contracted
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Phys. & Lab.

(Signed)

3/17, 1934 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

MAR 18 1934

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 99469

E 99469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1330 E. Fort Ave.*; St., *24* Ward)Length of residence in city or town where death occurred *67* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1330 E. Fort Ave.*, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mrs Margaret Moller*6. DATE OF BIRTH (month, day, year) *July 1, 1866*7. AGE Years *67* Months *8* Days *14* If LESS than 1 day, ____ hra. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fireman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balti City Fire Dept*
10. Date deceased last worked at this occupation (month and year) *30 yrs*12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *August Moller.*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Anna Hister Kutter.*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *William Moller* (Address) *1330 E Fort Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Cem* Date *March 19, 1934*19. UNDERTAKER *Margaret J. Flynn* (Address) *1422 Light St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Nov 25, 1933* to *March 14, 1934*I last saw him alive on *March 14, 1934*. Death is said to have occurred on the date stated above, at *10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic and Hypertensive
Cardiovascular Disease
Cardiac Decompensation
Cerebral Hemorrhage*

Date of onset

*11/25/33**3/8/34*

Other contributory causes of importance:

*Broncho Pneumonia**3/13/34*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *N. R. Petere* M. D.(Address) *1905 W Lexington St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99470

E 99470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1242 Hull* St. *24-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Ann Donnelly(a) Residence: No. *1242 Hull*

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
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6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Thomas Donnelly</i>
--

6. DATE OF BIRTH (month, day, year) *April 10 1874*

7. AGE	Years <i>64</i>	Months <i>11</i>	Days <i>24</i>	If LESS than 1 day. hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Homework</i>
------------	--

OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Homework</i>
------------	---

OCCUPATION	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) (State or country) *England*13. NAME *Patrick Welsh*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Bridget Welsh*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Thomas Tuma Mammors*(Address) *1242 Hull St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *March 20, 1934*19. UNDERTAKER *Charles P. Stevens*(Address) *1581 E. Fort Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *February 15, 1934* to *March 16, 1934*I last saw her alive on *March 16, 1934*. Death is saidto have occurred on the date stated above, at *4:42 P.* m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia *3.14.34*

Other contributory causes of importance:

Cerebral Hemorrhage *2.15.34**Acute Bronchitis* *3.1.34*Name of operation *Physical Examination* Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no(Signed) *J. Howard Norris*(Address) *107 East West St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 17 1934

E 99471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99471

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home Infirmary* Ward)Length of residence in city or town where death occurred *Life* yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *928 S. Paca* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar 19th 1877*7. AGE *57* Years Months *11* Days *28* If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe Cutter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Factory of Clement & Bull*
10. Date deceased last worked at this occupation (month and year) *Feb 1934* 11. Total time (years) spent in this occupation *35*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Wm T. Wagner*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mary Lehr*16. BIRTHPLACE (city or town) *Balto* (State or country) *md*17. INFORMANT *Lillian Benson* (Address) *915 S. Paca St*18. BURIAL, CREMATION, OR REMOVAL Place *Western* Date *Mar 20th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul st*20. FILED *Mar 18 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 16, 1934* to *March 17, 1934*I last saw *him* alive on *March 17, 1934* Death is said to have occurred on the date stated above, at *6 A. m.*

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease (acute)
Arteriosclerosis, general. Date of onset

Other contributory causes of importance:

Myocarditis, acute with
Emphysema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *David H. Andrew* M. D.(Address) *Church Home Infirmary*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99472

E 99472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Ronald Shileb(a) Residence: No. 2104 Boyd St. Balt. Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14 19337. AGE Years Months Days If LESS than 1 day, hrs. or min. 9 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Ronald Shileb14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Margaret Sommers16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mother (Address) 2104 Boyd St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 19 193419. UNDERTAKER Tom Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-34, 1922. I HEREBY CERTIFY, That I attended deceased from 5-5-34, 19, to 3-17-34, 19.I last saw him alive on 3-16-34, 19. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

meningitis - influenzal
(B. influenzae)Data at onset
2-5-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard France M. D.(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Hollis Ferry Road Ward)Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2500 Hollis Ferry Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Schmincke6. DATE OF BIRTH (month, day, year) September 15-18597. AGE Years 74 Months 4 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard
10. Date deceased last worked this occupation (month and year) 1924 11. Total time (years) spent in this occupation 5-012. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Katie Vogel
(Address) 2500 Hollis Ferry Road18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 19th 193419. UNDERTAKER Tom Cook
(Address) 1217 St Paul St20. FILED Mar 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, 6038 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
March 16-34

Other contributory causes of importance:

Arterio-Sclerosis 3Name of operation Angiogram Date March 17-34What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Joseph H. Valentin M. D.
(Address) 16 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99474

Winnar 30 S. Broadway 401/7 E 99474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 E. Lombard St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth 120 10 10 ds.

2. FULL NAME

Pauline Grill

(a) Residence: No. 1631 E. Lombard St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married , widowed, or divorced HUSBAND or (or) WIFE of Henry Grill		
6. DATE OF BIRTH (month, day, year) Apr 28 th 1870		
7. AGE 63	Years 10	Months 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self		
10. Date deceased last worked at this occupation (month and year) X		
11. Total time (years) spent in this occupation X		

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Volume Wiegard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Klingelhoefer
(Address) 1625 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/20/34

19. UNDERTAKER

(Address) 1214 St. Paul St
Huntington Avenue, N.Y.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 193422. I HEREBY CERTIFY, That I attended deceased from March 11th 1934 to March 17th 1934I last saw him alive on March 17th 1934. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Asthma

Other contributory causes of importance:

Valvular Heart Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. L. Winnar M. D.

(Address) 30 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

MD. B. 99475

E 99475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. Bethel St., 10-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Airy Della Johnson

(a) Residence: No. 619 N. Bethel St., 10-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879 June?

7. AGE Years 54 Months 9 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethesda Md.

13. NAME John Smothers

14. BIRTHPLACE (city or town) (State or country) Bethesda Md

15. MAIDEN NAME Martha Gale

16. BIRTHPLACE (city or town) (State or country) Bethesda Md

17. INFORMANT Viola Johnson
(Address) 619 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Christy Ave Date 3/18 1934

19. UNDERTAKER Robert E. Williams
(Address) 1515 E. Enderby St

20. FILED Thurston Williams
(Address) 1424 E. Enderby St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from Sept, 1933, to March 15, 1934

I last saw h. alive on March 14, 1934. Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Metrol Ragnusitation

Date of onset

Sept 1933

Other contributory causes of importance:

Paraneoplastic Nephritis
Generalized Anasarca
Enlarged liver

Sept 1933

Name of operation none Date of

What test confirmed diagnosis? Physical Was this an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Enderby St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9 99476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99476

CERTIFICATE OF DEATH

Registered No. 124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3307 Ferch drive, Huntin Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Mrs. Lora Lamley (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 23, 18837. AGE Years 50 Months 3 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co.10. Date deceased last worked at this occupation (month and year) Mar. 1, 1934 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Baltimore, Md (State or country)13. NAME Jacob Lamley14. BIRTHPLACE (city or town) Md (State or country)15. MAIDEN NAME Lorah Culver16. BIRTHPLACE (city or town) Md (State or country)17. INFORMANT Mrs. Lora Lamley (Address)

18. BURIAL, CREMATION, OR REMOVAL

Buried in cemetery Date 3/19 193419. UNDERTAKER Leonard J. [unclear] (Address) 5305 [unclear]20. FILED Huntington Williams, Jr. Registrar, 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 16, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 27 1934 to Mar 16 1934I last saw him alive on Mar 16 1934. Death is said to have occurred on the date stated above, at 12:45 AM

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis of heart Date of onset 24 yrs

Other contributory causes of importance:

Chronic hypoadrenalitis 5 yrs

Name of operation Date of

What test confirmed diagnosis? Hutchinson Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Walter P. Robinson M. D.(Address) Mercy Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. B. 1368-2

E 99477

✓ E 99477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *University Hosp.*

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Richard P. McNicholas*(a) Residence: No. *Rockeysville, Md.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Soretha McNicholas*6. DATE OF BIRTH (month, day, year) *Aug 30, 1889*7. AGE Years *44* Months *6* Days *18* If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *State Road Insp.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *056*10. Date deceased last worked at this occupation (month and year) *March, 1934* 11. Total time (years) spent in this occupation *056*12. BIRTHPLACE (city or town) *Ashland* (State or country) *Maryland*13. NAME *Thomas McNicholas*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Ellen Mammion*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Mrs. R. P. McNicholas* (Address) *Ireland*18. BURIAL, CREMATION, OR REMOVAL Place *Texas, Md.* Date *Mar 22, 1934*19. UNDERTAKER *Wm. C. Brooks & Son* (Address) *Sparks, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/18/34* 1922. I HEREBY CERTIFY, That I attended deceased from *3/16/34* 19 to *3/18/34* 19.I last saw him alive on *3/18/34* 19. Death is said to have occurred on the date stated above, *5:45* A.M.

The principal cause of death and related causes of importance were as follows:

Bacterial Disease
Esophageal Varices

Other contributory causes of importance:

Gastric Hemorrhage *3/16*Name of operation: *None* Date of: *3/16*What test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. P. Langeluthe* M. D.(Address) *Unit. Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

M. D. B. 1934

E 99478

✓ E 99478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813-W. Mulberry Street, 20-01 Ward)

Length of residence in city or town where death occurred life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

Elizabeth V. Baxter

(a) Residence: No. 2813-W. Mulberry Street, Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of William Baxter (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/22/1873

7. AGE Years 61 Months - Days 24 If LESS than 1 day ~~XX~~ or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Michael Schriefer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Susenna (Unknown)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Margaret S. Mathews (Address) 2813-W. Mulberry Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/19/34

19. UNDERTAKER

(Address) 6725

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934 to March 14, 1934

I last saw him alive on 3/14, 1934. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Atelectasis

Other contributory causes of importance:

Atelectasis

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) A. O. Hearin M. D.

(Address) 3901 Garrison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

Huntington Williams, M.D.

M. D. E 99479

✓ E 99479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Race St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1614 Race St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6, 1932

7. AGE Years 1 Months 4 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Jesse M Appy

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Irene Lanchart

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Irene Lanchart (Address) 1614 Race St.

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Pl. Date March 18, 1934

19. UNDERTAKER (Address) A. Howard Evans 328 E. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1934, to March 16, 1934.

I last saw him alive on March 15, 1934. Death is said to have occurred on the date stated above, at 1:40 p. m.

The principal cause of death and related causes of importance were as follows:

acute broncho pneumonia

Date of onset 3/9/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harry Deibel M. D.

(Address) 1224 1226 Hammond St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99480

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3713 Park Heights* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No.

3713 Park Heights

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*M. Emma Rinn*6. DATE OF BIRTH (month, day, year) *May 1, 1868*7. AGE Years *65* Months *10* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Restaurant

10. Date deceased last worked at this occupation (month and year)

*1934*11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Patrick Rinn

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Scanlon

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mrs M. Emma Rinn

(Address)

3713 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *3/19*

1934

19. UNDERTAKER

Edmundson

(Address)

4611 Park Heights

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 16*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Mar 11*, 19*34*, to *Mar 16*, 19*34*.I last saw him alive on *Mar 16*, 19*34*. Death is said to have occurred on the date stated above, at *2 15* p.m.

The principal cause of death and related causes of importance were as follows:

uremia

Other contributory causes of importance

Chronic interstitial nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. J. Jeffers

(Address)

3613 Edmundson Ave

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 18 1934

E 99481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1651 W. North Ave. 15-01 St., Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Summit Point N. Va. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7- 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos. E. Clevenger.

6. DATE OF BIRTH (month, day, year) June 13, 1846

7. AGE 87 Years 9 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Stephenson Virginia

13. NAME Walter B. Smith

14. BIRTHPLACE (city or town, State or country) Stephenson Virginia

15. MAIDEN NAME Mary Stephens

16. BIRTHPLACE (city or town, State or country) Stephenson Virginia

17. INFORMANT Mrs. Markie E. Anderson (Address) 1651 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Charles Town Va Date Mar 19, 1934

19. UNDERTAKER J. J. Lickner + Sons (Address) R. 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from July 25, 1934 to Mar. 18, 1934

I last saw him alive on Mar. 18, 1934 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Ch. Valvular Heart Disease

Date of onset

1930

Other contributory causes of importance:

Ch. Pulmonary Hypertension 1930
Arterio Sclerosis 1930

Name of operation Physic. Examination Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

James Brown 1663 W. North Ave.

M. D.

(Address)

MAR 19 1934

J. J. Lickner + Sons

M. D. B. 12

E 99483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99483

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. *mos.* *ds.* How long in U. S. if of foreign birth? *6* yrs. *mos.* *ds.*2. FULL NAME *Francis S. Smith*(a) Residence: No. *6401 Frederick Rd.* St. *Baltimore*

(Usual place of abode)

Ward. *County, Md.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *4/21/05*6. DATE OF BIRTH (month, day, year) *Sept. 21, 1905*7. AGE *28* Years *5* Months *24* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Alaska*13. NAME *Colonel Allen Smith*14. BIRTHPLACE (city or town) (State or country) *Fort Rensselaer, N. Dakota*15. MAIDEN NAME *Antoinette Krusk*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Col. Allen Smith*
(Address) *6401 Frederick Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *Arlington Natl. Cem.* Date *Mar 20, 34*19. UNDERTAKER *Wm. J. Tichenor*
(Address) *North & Pa. Ave.*20. FILED *3-10-34* *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/15, 1934* to *3/17, 1934*I last saw him alive on *3/17, 1934* Death is said to have occurred on the date stated above, at *1:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Encephalomalacia with cerebral arteriosclerosis
*Circulatory failure*Date of onset *1928**5 days**24 hrs*Name of operation *Cranio* Date of *3/16/34*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France* M. D.(Address) *Union Memorial Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

E 99484

E 99484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Sieling Sanitarium

Registered No.

CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Johanna D. Hupp

(a) Residence: No. 1807 N. Caroline St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced?
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Hupp

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME Hannah (Unknown)

16. BIRTHPLACE (city or town)
(State or country)

Holland

17. INFORMANT Mr. George E. Hupp
(Address) 1132 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date March 22, 1934

19. UNDERTAKER

(Address) 1005 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY. That I attended deceased (from March 12, 1934, to March 16, 1934)

I last saw her alive on March 16, 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

5/12/34

Other contributory causes of importance:

Myocarditis
Chronic Interstitial Nephritis

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

With more for -

M. D.

(Address)

20 E. Preston St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

Washington Williams, M.D.

M. D. E 99485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99485

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Denison St., 70-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Jean Elizabeth White

(a) Residence: No. 410 Denison

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 12, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	6	8	4	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Baltimore
Maryland13. NAME Edward White14. BIRTHPLACE (city or town)
(State or country) Somerset County
Maryland15. MAIDEN NAME Ethel Maud Pierce16. BIRTHPLACE (city or town)
(State or country) Hillsdale, Baltimore
Maryland17. INFORMANT Mr. Edward White
(Address) 410 Denison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 19, 193419. UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

20. FILL IN

MAR 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 193422. I HEREBY CERTIFY, That I attended deceased from
Feb. 21, 1934, to March 16, 1934I last saw him alive on March 16, 1934. Death is said
to have occurred on the date stated above, at 11:25 P.M.The principal cause of death and related causes of
importance were as follows:Bronchitis
Diffuse bronchopneumoniaDate of onset
Feb. 21

Other contributory causes of importance:

Distorted heart
Mitral Insufficiency1930

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Harry D. McCarty
37 W. Preston St.

M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9

E 99486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99486

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wilfred Mayeski(a) Residence: No. 1738 E Lombard St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>5</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto md
(State or country)13. NAME Anthony Mayeski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Sophie Orzolek16. BIRTHPLACE (city or town) Balto, md
(State or country)17. INFORMANT Sophie Majewski
(Address) 1738 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date March 19, 193419. UNDERTAKER W. J. Majewski
(Address) 1930 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-34 1922. I HEREBY CERTIFY, That I attended deceased from 3-2-34 19 to 3-17-34 19I last saw him alive on 3-16-34 19. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Sobar, Left lower Date of onset 3-1-34

Other contributory causes of importance:

Otitis media, bilateral

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard France

M. D.

(Address) Union Memorial Hosp

MAR 19 1934

Huntington Williams, M.D.

MARGIN RESERVED FOR ENDORS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Scott St St. 21-01 Ward)Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1110 Scott St St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Thomas7. DATE OF BIRTH (month, day, year) July 31, 18678. AGE 72 Years Months 6 Days 15 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore, Md14. NAME John Reed15. BIRTHPLACE (city or town) (State or country) Baltimore16. MAIDEN NAME Margaret Personette17. BIRTHPLACE (city or town) (State or country) Baltimore, Md.18. INFORMANT James W. Thomas(Address) 1110 Scott St

19. BURIAL, CREMATION, OR REMOVAL

Place Randon Park Date Mar 19, 193420. UNDERTAKER John Vellert(Address) 1007 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16/3422. I HEREBY CERTIFY. That I attended deceased from August 27, 1933 to March 10, 1934I last saw her alive on 3/15/34, 1934. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - cervix & metastases to ext. genitalia, Peritoneum & Sigmoid.Date of death 3/16/34

Other contributory causes of importance:

CachexiaName of operation none (Bdym) Date of Physical ExamWhat test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Robert L. Mitchell, Jr. M. D.(Address) 607 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

Registered

M. D. B. 1268-9

E 99488

282710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99488

X 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marjorie Hurley

(a) Residence: No.

1817 Portship Rd St.,Ward. Annular

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —6. DATE OF BIRTH (month, day, year) 2-19-19307. AGE Years 4 Months — Days — If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) —11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) (State or country) Md13. NAME William Hurley14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Edith French16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL

Place C&A Lawn Care Date Mar 20, 193419. UNDERTAKER John Ullrich
(Address) 2005 Bell St20. FILED —MEDICAL CERTIFICATE OF DEATH X21. DATE OF DEATH (month, day, year) March 17, 193422. I HEREBY CERTIFY, That I attended deceased from March 5, 1934 to March 17, 1934I last saw her alive on March 17, 1934 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (right middle) 3/1/34
Cardiac Failure 3/4/34

Date of onset

Other contributory causes of importance:

Erysipela 3/1/34Name of operation Aspiration of chest Date of —What test confirmed diagnosis? A Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —(Signed) Arthur H. Neud M. D.(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

M. D. B. 1268-9 **E 99489****E 99489**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No.)

St. **7-01** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **Life** mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Robert Towles**(a) Residence: No. **1508 E. Monument** St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **black** 5. Single, Married, Widowed, or Divorced (write the word) **single**5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **—**6. DATE OF BIRTH (month, day, year) **Oct. 11 - 1885**7. AGE Years **48** Months **—** Days **—** 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **waiter**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **unknown**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Maryland**13. NAME **Roman Towles**14. BIRTHPLACE (city or town) (State or country) **unknown**15. MAIDEN NAME **Marie Lee**16. BIRTHPLACE (city or town) (State or country) **unknown**17. INFORMANT **Records**(Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL **3/20/34**Place **St. Mary's** Date **3/20/34**19. UNDERTAKER **St. Mary's**(Address) **818 Broadway, New York**20. FILLED **1234**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **3 - 14 - 1934**22. I HEREBY CERTIFY, That I attended deceased from **3 - 2 - 1934** to **3 - 14 - 1934**I last saw him alive on **3 - 14 - 1934** Death is saidto have occurred on the date stated above, at **2:20 P.M.**

The principal cause of death and related causes of importance were as follows:

Pneumonia**Benign prostatic hypertrophy****Urinary tract infection**

Other contributory causes of importance:

Name of operation **Suprapubic cystotomy** Date of **3-10-34**What test confirmed diagnosis? **X-ray** Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) **W. Allison** M. D.(Address) **Johns Hopkins**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

M. D. B. 126 **E 99490****E 99490**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Appleton St. Ward 15-01)Length of residence in city or town where death occurred 25 mos. ds. How long in U. S. If of foreign birth? 25 mos. ds.

2. FULL NAME

(a) Residence: No. 1711 N. Appleton St. Ward 15-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of 24 yrs
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18477. AGE Years 87 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Morris Cohen14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT David Zindler
(Address) 3701 Beechler Ave18. BURIAL, CREMATION, OR REMOVAL Funeral Home Date 3/19/3419. UNDERTAKER Joe H. Lewis
(Address) 1438 E. Baltimore St.20. FILED Huntington Williams

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/34 193422. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to March 18 1934I last saw h. alive on March 18 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease

Date of onset

2 yrs

Other contributory causes of importance:

Name of operation Meningeal Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Zindler M. D.(Address) 2128 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1934

M. D. R. E 99491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99491

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 16-01* Sta. *16-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1311 Biddle St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Liza Smith*6. DATE OF BIRTH (month, day, year) *1905*7. AGE Years *36* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labored*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) *Ind*13. NAME *Perry Smith*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Carolina Butler*16. BIRTHPLACE (city or town) (State or country) *Ind*17. INFORMANT *William Smith*(Address) *311 W. Hollman St*

18. BURIAL, CREMATION, OR REMOVAL

Place *National*Date *Mar 20 1934*19. UNDERTAKER *J. A. Brooks*(Address) *1463 N. Carey St*

MAR 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Pulmonary Edema

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *[Signature]* M. D.(Address) *[Address]* Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-2
E 99492

E 99492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Winchester St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town when death occurred: 5 yrs. mo. ds. How long in U. S. If of foreign birth? 5 yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 1203 Winchester St., 16-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 19 19167. AGE Years 7 Months 4 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School10. Date deceased last worked at this occupation (month and year) Oct 19 1916 Total time (years) 1 mo. ds.12. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME Win Jackson14. BIRTHPLACE (city or town) Baltimore (State or country) Md15. MAIDEN NAME Pearl Granger16. BIRTHPLACE (city or town) Baltimore (State or country) Md17. INFORMANT Pearl Jackson
(Address) 1203 Winchester18. BURIAL, CREMATION, OR REMOVAL
Place Int. Union Date Nov 9 193419. UNDERTAKER Dorothy Elms
(Address) 1000 Canadian Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1934

22. I HEREBY CERTIFY That I attended deceased from

19 1916 to 19 1934I last saw him alive on Dec 19 1933 Death is saidto have occurred on the date stated above, at 12 m.The principal cause of death and related causes of importance were as follows: 2nd degree burnDate of onset 12

Other causes of importance

Name of operation Regulation Date of 12What test confirmed diagnosis Regulation Was there an autopsy No23. If death was due to external causes (injury) fill in also the following: AccidentAccident, suicide, or homicide Accident Date of injury 19Where did injury occur? Home (Specify city or town, county and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury BurnNature of injury Burn24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) P. B. Hank M. D.(Address) Coroner

MAR 19 1934

E

99493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99493

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home Infirmary* St. *01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *127 S Ann* St., Ward. (Usual place of home) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Margaret Gorski*6. DATE OF BIRTH (month, day, year) *December 25/1901*7. AGE Years *32* Months *2* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)13. NAME *John Gorski*14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Katherine Dominick*16. BIRTHPLACE (city or town) *Baltimore Md* (State or country)17. INFORMANT *Mrs Margaret Gorski* (Address) *127 S Ann street*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaus Cem* Date *March 30 1934*19. UNDERTAKER *George A. Weber* (Address) *706 S Ann st*

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 15, 1934*22. I HEREBY CERTIFY That I attended deceased from *March 15, 1934* to *March 15, 1934*I last saw him alive on *March 15, 1934* Death is said to have occurred on the date stated above, at *5:15 p.m.*

The principal cause of death and related causes of importance were as follows

status medialis lateralis paralytic meningitis (type 1)

Date of onset

Other contributory causes of importance:

broncho-pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *David H. Andrews* M. D.(Address) *Church Home Infirmary*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

E 99494

E 99494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2424 Federal Street St. 8-03 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Rohrbaugh

(a) Residence: No. 2424 Federal Street

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Charles L. Rohrbaugh

6. DATE OF BIRTH (month, day, year) Dec. 18, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York Pa.
 (State or country)

13. NAME Jacob Fried

14. BIRTHPLACE (city or town) York Pa.
 (State or country)

15. MAIDEN NAME Sarah Zentzer

16. BIRTHPLACE (city or town) York Pa.
 (State or country)

17. INFORMANT John Rohrbaugh
 (Address) 2424 Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Mar. 10, 1934

19. UNDERTAKER Harry W. Ellis
 (Address) 1944 N. North Ave.

20. FILED

Huntington Williams, Jr.
 (Address) 800 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Mar 6, 1934 to Mar 16, 1934

I last saw him alive on Mar 15, 1934

Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
 (Chronic)
 Date of onset 10 days before death

Other contributory causes of importance:

acute cardiac dilatation
 Date of onset 1 day before death

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

99495 HEALTH DEPARTMENT—CITY OF BALTIMORE 495

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *W. Baltimore St.* *8-01* Ward)Registered No. *94-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town *13* death occurred *13* yrs. *13* mos. *13* da. Now living in U. S. If of foreign birth *13* yrs. *13* mos. *13* da.

2. FULL NAME

(a) Residence: No. *1630 E. Church* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Phillips*6. DATE OF BIRTH (month, day, year) *1879*7. AGE Years *55* Months *11* Days *11* If LESS than 1 day, *11* hrs. or *11* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Honorary*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Russia* (State or country)13. NAME *Not known*
14. BIRTHPLACE (city or town) *Prussia* (State or country)15. MAIDEN NAME *Not known*
16. BIRTHPLACE (city or town) *Prussia* (State or country)17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL *Helen Perryman* Date *3/19/34* 1919. UNDERTAKER *John L. Perryman* (Address) *1431 E. Church St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 19 1934*

22. I HEREBY CERTIFY That I attended deceased from

19 *19* to 19 *19*I last saw him alive on *Aug 19* Death is saidto have occurred on the date stated above, at *19*

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *19*What test confirmed diagnosis? *Was an autopsy*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. L. Perryman* M. D.(Address) *Baltimore* Coroner

MAR 19 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12454
E 99496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99496

Registered No.

If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Patterson Park Ave. - 91 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ansell M. Hughes

(a) Residence: No. 527 N. Patterson Park Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race C	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jackson Hughes		
6. DATE OF BIRTH (month, day, year) 1871		
7. AGE 62	Years 63	Months Days If LESS than 1 day. hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Cambridge Md		
FATHER	13. NAME unknown	
	14. BIRTHPLACE (city or town) (State or country) unknown	
MOTHER	15. MAIDEN NAME Beekie	
	16. BIRTHPLACE (city or town) (State or country) Md.	
17. INFORMANT Mary Jackson Hughes (Address) 527 N. Patterson Park Ave		
18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 3-20th 1934		
19. UNDERTAKER Byron + Mamie H. Wright (Address) 1218 McElderry St.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-1934
22. I HEREBY CERTIFY That I attended deceased from
2/4 1934 to 4-11-1934
I last saw him alive on 3/15 1934 Death is said
to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of
importance were as follows:

paralysis

Date of onset

4/11/34

Other contributory causes of importance:

High Blood Pressure

Name of operation

Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? C

23. If death was due to external causes (violence) All in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury? 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. G. M. D.

(Address) 4701 E. E. Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

M. D. B. 12 E 99497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99497

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred, yrs. mo. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (last name of) Ethel Witty

6. DATE OF BIRTH (month, day, year) Oct 18 99

7. AGE 34 Years 31? Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. 3-10-1934 I HEREBY CERTIFY, That I attended deceased from 3-10-1934 to 3-16-1934

I last saw him alive on 3-16-1934 Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident
Acute Manic Excitement

Other contributory causes of importance:

Pulmonary Tbc

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAR 19 1934

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1368-5

E 99498

E 99498

HEALTH DEPARTMENT—CITY OF BALTIMORE

282769

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 3-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth 30 yrs. ____ mos. ____ ds.2. FULL NAME Tony Cincotta(a) Residence: No. 1532 Fleet St., ____ Ward. ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Katharine6. DATE OF BIRTH (month, day, year) Dec 9, 18927. AGE Years 42 Months 1 Days 7 If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy13. NAME Joseph Cincotta14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Angela Fonagaro16. BIRTHPLACE (city or town) (State or country) Italy17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 20, 193419. UNDERTAKER Martin H. E. Duppel(Address) 37 N. Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 16, 1934I last saw him alive on March 16, 1934. Death is said to have occurred on the date stated above, at 11¹⁵ p.m.

The principal cause of death and related causes of importance were as follows:

AtherosclerosisHypertensionCerebral Hemorrhage &right hemiplegia

Date of onset

??March 7,1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Michael T. Gilman

M. D.

(Address) Johns Hopkins Hospital

MAR 19 1934

Thurston Williams, Jr.MARGIN RESERVED FOR RECORDS
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99499

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Arlington Ave)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

15

WARD
(If non-resident give city or town and State)
How long in U. S., if foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY That I attended deceased (from
Feb. 8th 1934 Mar. 16th 1934
that I last saw her alive on Mar. 14th 1934

and that death occurred, on the date stated above, at 8:55 a. m.

The CAUSE OF DEATH was as follows:

Carcinoma of the Rectum
with hemorrhageCONTRIBUTORY
(Secondary)18 Where was disease contracted
if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical ex.

(Signed)

19

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Burial

20 UNDERTAKER

Mrs. Kate R. Williams

Registrar

MAR 19 1934

important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99500

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Cord & Shepherd Hospital
CITY OF BALTIMORE: (No. 512 Gilmore St., 18-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Jack Logan
(a) Residence: No. 937 W. Mulberry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mariet Logan

6. DATE OF BIRTH (month, day, year)

7. AGE Years 61 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna. Co. Pa.

13. NAME John Logan

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Logan

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT James Hailen

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 3/19/34

19. UNDERTAKER

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1934 to 3-17-1934

I last saw him alive on 3-7-1934 Death is said to have occurred on the date stated above, at 9:10 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? 7200 Was there an autopsy? 12

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 15

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

MAR 19 1934

E 99501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* yrs. *3* mos. *18* ds. How long in U. S. If of foreign birth *34* yrs. *3* mos. *18* ds.

2. FULL NAME

(a) Residence: No. *1423* *E. Federal* St., *901* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Mary J. Sanson* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 30, 1881*7. AGE Years *52* Months *8* Days *18* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Barber*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In Business Self*10. Date deceased last worked at this occupation (month and year) *Sept. 1933* 11. Total time (years) spent in this occupation. *35*12. BIRTHPLACE (city or town) *Italy* (State or country)13. NAME *Levit Sciabarrasio*14. BIRTHPLACE (city or town) *Italy* (State or country)15. MAIDEN NAME *Margaret Pizzo*16. BIRTHPLACE (city or town) *Italy* (State or country)17. INFORMANT *Mrs. Mary J. Sciabarrasio* (Address) *1423 E. Federal St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer Church* Date *Mar. 21, 1934*19. UNDERTAKER *Edmund W. Conklin* (Address) *524 E. Gay St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar. 16, 1934*, to *Mar. 18, 1934*I last saw him alive on *Mar. 18, 1934* Death is said to have occurred on the date stated above, at *7:36* am.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Heart Failure
Chronic Nephritis
Uremia

Date of onset

*1932**1932**Mar. 15, 1934*

Other contributory causes of importance:

Diabetes Mellitus
Cellulitis of knee

Date of onset

*Mar. 13, 1934*Name of operation *Climax* Date of *Mar. 13, 1934*What test confirmed diagnosis? *Climax* Was there an autopsy? *No*

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Nathan Rocsin* M. D.(Address) *Franklin Square Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. OCCUPATION is very important.

MAR 19 1934

99502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *45* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *705 N. Mount St* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced -
HUSBAND of *Louise Curtis*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 4, 1884*7. AGE Years Months Days If LESS than
49 *8* *12* 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *-*10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *St Mary Co*
(State or country) *md*13. NAME *James Curtis*14. BIRTHPLACE (city or town) *md*
(State or country)15. MAIDEN NAME *Mary Harper*16. BIRTHPLACE (city or town) *md*
(State or country)17. INFORMANT *Louise Curtis*
(Address) *705 N. Mount St*18. BURIAL, CREMATION, OR REMOVAL
Place *St Peter's cemetery* Date *3/20/34*19. UNDERTAKER *Thomas S. Nelson*
(Address) *1343 Chestnut St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 19*, 1934, to *March 16*, 1934.I last saw him alive on *March 16*, 1934. Death is said to have occurred on the date stated above, at *9:15* a.m.

The principal cause of death and related causes of importance were as follows:

*Acute Cardio-Vascular disease
Aortic Aneurysm
Pulmonary Hemorrhage
(from rupture of aneurysm into
bronchus.)*

Date of onset

March 4

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard Stackhouse Jr.* M. D.(Address) *University Hospital*

B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

99503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99503

CERTIFICATE OF DEATH

✓ 93-003

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1461 Washington Blvd* St. *21-01* Ward)Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1461 Washington Blvd* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed or divorced HUSBAND of *Rosalie B. Noto* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 7-1857*7. AGE Years *76* Months *9* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Italy*13. NAME *Sam Noto*14. BIRTHPLACE (city or town) (State or country) *Italy*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Italy*17. INFORMANT *Frank Noto* (Address) *644 Sumbarter Ave*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *March 20, 1934*19. UNDERTAKER *Frank V. Pipitone* (Address) *2818 E. Bolton St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19.... to 19....

I last saw him *Injury* alive on 19.... Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Mar 16 1934

Other contributory causes of importance:

Arteriosclerosis (about 5 yrs)

Name of operation Date of

What test confirmed diagnosis *Injury* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Joseph L. Volante* M. D.(Address) *644 Sumbarter Ave* Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

Frank V. Pipitone

E

99504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99504

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822-Aisquith Street St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME

Anthony Cortese

(a) Residence: No. 822-Aisquith Street St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Winnie (Barsotti) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27th, 1860

7. AGE Years 73 Months 2 Days 18 If LESS than 1 yr. or less than 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Pasquale Cortese

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Thressa (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Leo Cortese (Address) 819-N. Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/21/34 19

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1934

22. I HEREBY CERTIFY That I attended deceased from

March 11, 1934, to March 17, 1934.

I last saw him alive on March 17, 1934. Death is said

to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

3/17/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Samuel L. Quinn
733 Aisquith St.

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

H. E. W. Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99505

E 99505

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital, 8-01 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

John Rochford(a) Residence: No. 3157 Ravenwood Ave St., 0 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) single
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 12/1901

7. AGE	Years	Months	Days	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
	<u>32</u>	<u>10</u>	<u>4</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Frankfort Distillery9. Industry or business in which
work was done, as silk mill, Packing Dept.
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME George F. Rochford14. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.15. MAIDEN NAME Margaret Barry16. BIRTHPLACE (city or town)
(State or country) Ireland17. INFORMANT Miss Margaret Rochford
(Address) 5308 York Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date 2/20/34 1919. UNDERTAKER
(Address) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16/34, 1922. I HEREBY CERTIFY, That I attended deceased from
19 0 to 19 0I last saw h. 0 alive on 0, 19 0. Death is said
to have occurred on the date stated above, at 9 A.M.The principal cause of death and related causes of
importance were as follows:Intracranial Hemorrhage
Fractured Skull

Date of onset

Other contributory causes of importance:

Name of operation inquest Date of 0What test confirmed diagnosis? inquest Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide Homicide of injury Mch 9/34
Baltimore, Md.Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry in home, or in public
place Sidewalk-cor Wolfe & AliceannaManner of injury Head probably struck pave-
ment when ejected fromNature of injury tavern.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. O'Brien M. D.(Address) 505 E North Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

✓ 17.4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

10-1934 Huntington Williams

MAR 18 1934
0216

99507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 96-01* Ward)Length of residence in city or town where death occurred *11* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3 1890*7. AGE Years *43* Months *44* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Serbia*13. NAME *Peter Garbich*14. BIRTHPLACE (city or town) (State or country) *Serbia*15. MAIDEN NAME *Annie*16. BIRTHPLACE (city or town) (State or country) *Serbia*17. INFORMANT *Records* (Address) *Bald City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Paul College* Date *Mar 19, 1934*

19. UNDERTAKER

(Address)

20. TIME OF DEATH *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 4, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Nov 20, 1930* to *March 4, 1934*I last saw him live on *March 4, 1934* Death is said to have occurred on the date stated above, at *7:15 P.*

The principal cause of death and related causes of importance were as follows:

*Bronchial asthma (Chronic)
Emphysema
hypertrophied transverse
aortic curvature*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) *Bald City Hosp*

M. D.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

0217

E 99508

99508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 W. Fayette St. Ward 18-01)Length of residence in city or town where death occurred 30 minutes How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 913 W. Fayette St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Blk. 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 17, 19347. AGE Years Months Days If LESS than 1 day, 1/2 hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baeto - Md.

13. NAME

Charles Smith

14. BIRTHPLACE (city or town) (State or country)

Baeto - Md.

15. MAIDEN NAME

Catherine Lake

16. BIRTHPLACE (city or town) (State or country)

Baeto - Md.

17. INFORMANT

(Address)

Parents913 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Med College

Date

Mar 19

1934

19. UNDERTAKER

(Address)

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 193422. I HEREBY CERTIFY. That I attended deceased from March 17, 1934 to March 17, 1934I last saw him alive on March 17, 1934 Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. H. Donohue

M. D.

(Address)

University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 191934-0219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99509

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital No-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Home*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Margeline Maders (deceased)*6. DATE OF BIRTH (month, day, year) *Nov. 23, 1860*7. AGE Years *73* Months *3* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *John J. Maders*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Margaret Pollack*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT (Address) *Beard City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood Cem.* Date *Mar. 20, 1934*19. UNDERTAKER (Address) *George W. Ziskler**1725 E. Enoch Ave.**Thurgood Williams, M.D.**Thurgood Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 17, 1934*I HEREBY CERTIFY, That I attended deceased from *November 3, 1933* to *March 17, 1934*I last saw him alive on *March 17, 1934* Death is said to have occurred on the date stated above, at *3:20 A.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Lymphosarcoma (?)

Date of onset

6 mo

Other contributory causes of importance:

Serum

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *T. P. Mader*

M. D.

(Address) *Beard City Hosp*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

E 99510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *West Balt. St. Hosp.*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *48* yrs. *4* mos. *1* da. How long in U. S. If of foreign birth? *48* yrs. *4* mos. *1* da.

2. FULL NAME

(a) Residence: No. *426 S. Para St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND of *Unknown*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1904*7. AGE Years *60* Months Days If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Lafayette*
(State or country)

13. NAME

14. BIRTHPLACE (city or town) *Greenwood*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Greenwood*
(State or country)

17. INFORMANT

(Address)

18. BIRTHPLACE (city or town) *Greenwood*
(State or country)

Place

Date *3/21/34*

19.

19. UNDERTAKER *John G. Gubbecker*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-19-34*22. I HEREBY CERTIFY, That I attended deceased from *1-27-34*, 19 *34*, to *3-19-34*, 19 *34*I last saw him alive on *March 19, 1934* Death is said to have occurred on the date stated above, at *9:40* a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
*E. coli septicaemia*Date of onset *Oct. '33*

Other contributory cause of importance:

*Toxemia**3-12-34*

Name of operation

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Harry K. Lewis* M. D.(Address) *West Balt. St. Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR:1 9-1934 0222

99511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 44-01* WardLength of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1820 2. Hunt St.* St., *44-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married (sep)*6a. If married, widowed, or divorced HUSBAND of *Mazie Copper (sep)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. ? 1863 ?*7. AGE Years *50* Months *3* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *020* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *William Copper*14. BIRTHPLACE (city or town) *Falbot Co Md* (State or country)15. MAIDEN NAME *Henrietta Gibson*16. BIRTHPLACE (city or town) *Falbot Co Md* (State or country)17. INFORMANT *Records* (Address) *Bald. City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Laurel City* Date *3/20 1934*19. UNDERTAKER *Charles H. Burkett* (Address) *2 E. ... St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 16 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 11 1933* to *March 16 1934*I last saw him alive on *March 16 1934* Death is said to have occurred on the date stated above, *10:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypernephroma

Date of onset

1 yr ?

Other contributory causes of importance:

Name of operation Date of *Yes*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Pharrel* M. D.(Address) *Bald. City Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

99512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hosp

CITY OF BALTIMORE: (No. _____)

St. 21-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town _____ death occurred _____ yrs. 6 mo. 18 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME

John Melvin Harn

(a) Residence: No. 762 Carroll

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race White 5. ~~Married~~ Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of

Hilda Harn

6. DATE OF BIRTH (month, day, year)

Aug 31-1907

7. AGE 26 Years 6 Months 17 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Lemuel D. Harn

14. BIRTHPLACE (city or town) (State or country)

Salem N. J.

MOTHER

15. MAIDEN NAME

Florence Mowbray

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Hilda Harn
762 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place

Western 3/21/34

19. UNDERTAKER

(Address)

Geo. H. Leimbach
414 N. Lombard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/18/34

22. I HEREBY CERTIFY, That I attended deceased from

1/30/34 19 to 8/18/34 19

I last saw him alive on 8/18/34 19 Death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Lues

Cirrhosis of liver (Lues)

Other contributory causes of importance:

Chronic Nephritis

Anemia

Name of operation

Date of

What test confirmed diagnosis

Chronic Nephritis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

H. Langschultz M. D.

(Address)

Univ. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 191934

99513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 N Linwood Ave. St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Wiechert.(a) Residence: No. 150.N.Linwood Ave. St., 6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single.6. DATE OF BIRTH (month, day, year) Nov. 15. 18817. AGE Years 53 Months 4 Days 52 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales-lady.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. store, 067

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.13. NAME Henry Wiechert14. BIRTHPLACE (city or town) (State or country) Balto Md.15. MAIDEN NAME Gertrude Hahn.16. BIRTHPLACE (city or town) (State or country) Balto Md.17. INFORMANT Mrs. Edith Wiechert (Sister)
(Address) 150.N.Linwood Ave.18. BURIAL, CREMATION, OR REMOVAL Parkwood
Place Date March 19. 193419. UNDERTAKER Lilly & Zeiter, Inc.
(Address) 123 W. 1st St.20. FILED Huntington Williams, M.D.
AR 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 193422. I HEREBY CERTIFY That I attended deceased from Oct 17 1933 to March 15 1934I last saw him live on March 13 1934 Death is said to have occurred on the date stated above, at 5.45pm

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast Date of onset 1934

(Other contributory causes of importance:

MetastasisName of operation Removal of Breast Date of 1934What test confirmed diagnosis? — Was there an autopsy? 2d

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Cause of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Gormy M. D.(Address) 677 W. 1st St. An

✓ E 99514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

99514

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Jefferson St. 5-WARD)

2-FULL NAME Edna E. Lucks

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. No. 1302 Jefferson St., WARD.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1-1883

7 AGE Years 50 51 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Benjamin Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Abigail Bunch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14

Informant (Address) George Francis 915 N. Baltimore St

15

Huntington Williams, Jr. 17 N. E. St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1934

17 I HEREBY CERTIFY That I attended deceased from March 7, 1934, to March 16, 1934, that I last saw him live on March 15, 1934, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard Harris, M. D.

Date 3/17/34 (Address) 127 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Mt Calvary Cem 3-20-34

20 UNDERTAKER

ADDRESS

Jas. W. Skinner 1603 E. Madison St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AR 19 1934

99515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *513 E. 30th* St., *9-01* Ward)Length of residence in city or town where death occurred *45* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *513 E. 30th* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of husband or wife *Gertrude Van Horn*6. DATE OF BIRTH (month, day, year) *April 5th 1869*7. AGE Years *64* Months *11* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Asst Sup't*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Publico Race Track*10. Date deceased last worked at this occupation (month and year) *Sept 1933* 11. Total time (years) spent in this occupation *3*12. BIRTHPLACE (city or town) (State or country) *Upper Cross Roads Md.*13. NAME *Isaac Van Horn*14. BIRTHPLACE (city or town) (State or country) *Upper Cross Roads Md.*15. MAIDEN NAME *Mary Riley*16. BIRTHPLACE (city or town) (State or country) *Upper Cross Roads Md.*17. INFORMANT *Fuller L. Van Horn* (Address) *Gilman Apartments*18. BURIAL, CREMATION, OR REMOVAL Place *Lorraine* Date *Mar 20th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 18th 1934*22. I HEREBY CERTIFY, That I attended deceased from *1933* to *March 18* 1934I last saw him alive on *March 17* 1934 Death is said to have occurred on the date stated above, at *8:15 A* m.

The principal cause of death and related causes of importance were as follows:

Circumonia of Prostate Date of onset *1931*

Other contributory causes of importance:

Male Urinary Circumonia of Prostate & Uterus Date of onset *1933*Name of operation *Fulguration of prostate* Date of operation *1931*What test confirmed diagnosis? *Prostatectomy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *George M. Bette* M. D. (Address) *2420 14th Ave. Cal. Ave.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Peter J. Brennan

(a) Residence: No.

772 East 30th

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

August 26, 1854

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

79

6

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Detective
Balt Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

13. NAME

Peter Brennan

FATHER

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Elizabeth Cunningham

16. BIRTHPLACE (city or town) (State or country)

Baltimore
Md.

17. INFORMANT

Geo. J. Brennan

(Address)

1517 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Date Mar 21, 1934

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 10, 1934, to March 18, 1934.

I last saw him alive on March 18, 1934. Death is said

to have occurred on the date stated above, at 10⁴⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Arteriosclerosis
2. Chronic arteriosclerotic myocardial degeneration & hypertrophy & extra systoles
Other contributory causes of importance:1. Broncho pneumonia
(terminal)

Name of operation

Date of

What test confirmed diagnosis? clinical

there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. M. Maguire

M. D.

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 19 1934

99517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Georgia Virginia Sawkins(a) Residence: No. Church Home & Infirmary St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 17, 18567. AGE Years 77 Months 5 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME F.W. Sawkins14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Georgia Whittay16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Hospital Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Western 3/21 Date 3/21 193419. UNDERTAKER William Cook
(Address) 1217 St. Paul Street

20. FILED

AR 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 193422. I HEREBY CERTIFY, That I attended deceased from December 10, 1933, to March 18, 1934I last saw h.e.r. alive on March 18, 1934. Death is said to have occurred on the date stated above, at 6⁰⁵ p.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis, general
pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David H. Andrew M. D.(Address) Church Home & Inf.

99518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99518

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 E. McElderry St., 7-06 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Butler

(a) Residence: No. 2630 E. McElderry St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John C. Butler</u>		
6. DATE OF BIRTH (month, day, year) <u>Sept 21-1879</u>		
7. AGE	Years <u>54</u>	Months <u>5</u>
	Days <u>23</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>037</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Benjamin Steinmetz
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Marie Schammel
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT John C. Butler
(Address) 2630 E. McElderry St.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 20, 193419. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on Injury 19to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Inhalation of illuminating gas

Other contributory causes of importance:

SuicideName of operation Inquiry Date of noWhat test confirmed diagnosis? Inquiry as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Mar 16, 1934Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In her homeManner of injury Inhalation of gasNature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

no If specify(Signed) Joseph L. Valentini M.D.(Address) 16 N. Broadway Coroner

(over)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

99519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hosp. 17-61* Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

(a) Residence: No. *920 Shield* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Real* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 6 - 1937*

7. AGE Years *1* Months *8* Days *14* If LESS than 1 day,..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *John Martin*

14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME *Sarah W. Ray*

16. BIRTHPLACE (city or town) (State or country) *St. Marys*

17. INFORMANT *Sarah W. Ray*

(Address) *920 Shield*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Lion* Date *March 21, 1938*

19. UNDERTAKER *Joseph A. Lively*

(Address) *4099 Mount Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 17, 1938*

22. I HEREBY CERTIFY That I attended deceased from....., 19..... to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

Name of operation *Regular*

Date of *Mar 17, 1938*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Lively*

(Address)

Coroner

M. D.

PHYSICIANS should state EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 19 1938

99520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99520

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3527 Roland Ave., St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vallie E. Smith

(a) Residence: No. 3527 Roland Ave.

St. 13 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 6, 1873

7. AGE Years 61 Months 2 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sharpsburg, (State or country) Washington Co. Md.

13. NAME Joseph E. Smith

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Ann S. Gloss

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Miss. Minnie Smith (Address) 3527 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain View Cem. Sharpsburg, Md. Date March 21, 1934

19. UNDERTAKER Horace F. Burgee (Address) 3631 Falls Road.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1933, to March 18, 1934

I last saw her alive on March 17, 1934 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Anterior ectopic hyperthyroidism

Date of onset

192-3

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

✓ E 99521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 S. McChesnut Ave St., 12-01 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 407 S. McChesnut Ave St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, name of husband or wife Mary Ann Grose6. DATE OF BIRTH (month, day, year) Jan 18 18867. AGE Years 48 Months 21 Days 29 If LESS than 1 day, hrs or min.8. Trade, profession, or particular kind of work done, an aptitude, sawyer, bookkeeper, etc. Retired Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City official
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME David Grose14. BIRTHPLACE (city or town) P.A. (State or country)15. MAIDEN NAME Senah Sharp16. BIRTHPLACE (city or town) Cecil Co (State or country) Maryland17. INFORMANT Mrs. Mary Grose (Address) 407 S. McChesnut Ave18. BURIAL, CREMATION, OR REMOVAL. Place Home Date Mar 20, 193419. UNDERTAKER Engel & Sons Inc20. FILED 1934

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to Mar 17, 1934I last saw him alive on Mar 17, 1934 death is said to have occurred on the date stated above, at 255 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Coronary Artery Date of onset 3/17/34

Other contributory causes of importance:

Angina Pectoris 1/22/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) E. G. Hall M. D.(Address) 1631 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 19 1934

E 99522

E 99522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *525 Robert* St., *14-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *525 Robert* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Leol* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Miss Cook*6. DATE OF BIRTH (month, day, year) *Oct. 1875*7. AGE Years *58* Months *5* Days _____ If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) _____ in this occupation _____12. BIRTHPLACE (city or town) (State or country) *Baltimore*FATHER 13. NAME *Chas. F. Fuchs*14. BIRTHPLACE (city or town) (State or country) *Friedrich*MOTHER 15. MAIDEN NAME *Mary Galbraith*16. BIRTHPLACE (city or town) (State or country) *Friedrich*17. INFORMANT (Address) *525 Robert*18. BURIAL, CREMATION, OR REMOVAL Place *Fun* Date *3/20/34*19. UNDERTAKER (Address) *Mrs. Geo. H. Kollar 1631 Duval St.*

20. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 10 1934*

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance were as follows: *Chronic Myocarditis 3 months*

Other contributory causes of importance: _____

Name of operation *Regular* Date of _____What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Chas. F. Fuchs* M. D.(Address) *Coroner*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

MAR 20 1934

E 99523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99523

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W. Henrietta St. S. 23-01) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie West. (C) (Minor)

(a) Residence: No. 117 W. Henrietta St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow.

5a. If ~~XXXXX~~ widowed, ~~XXXXXX~~ ~~XXXXXX~~ Willian West. (C) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 61 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

13. NAME Matt Willians. (C)

14. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

15. MAIDEN NAME --- Wallace. (C)

16. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

17. INFORMANT Sadie Taylor. (C) niece. (Address) 530 N. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn cemetery Date 3/20 1933

19. UNDERTAKER Walter B. Spriggs (Address) 139 W. Hamlet St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 6 p.m. 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt M. D.

3/17/34 (Address) 1017 E. Charles St. Coroner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

E 99524

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99524

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1814 Rosedale St.* St. *15-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1814 Rosedale St.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>Dec 14th 1933</i>		
7. AGE	Years <i>3</i>	Months <i>5</i>
	Days <i>5</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>None</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>None</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Richard B. Klingman*14. BIRTHPLACE (city or town) (State or country) *H. C.*15. MAIDEN NAME *Mary E. Harman*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Mr. Richard B. Klingman*
(Address) *1814 Rosedale St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Agnes Hospital* Date *3/20/34* 193419. UNDERTAKER *John J. Harman*
(Address) *404 S. W. 1st St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/19/34* 193422. I HEREBY CERTIFY, That I attended deceased from *Mar 17th 1934* to *Mar 19th 1934*I last saw him alive on *Mar 19th 1934* Death is said to have occurred on the date stated above, at *6:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis *clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

MAR 20 1934

*Henry J. Williams, Jr.**304 S. W. 1st St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99525

E 99525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 109 W. West ST 23 WARD)

2-FULL NAME Annie Mary Barney

(a) RESIDENCE NO. 109 W. West ST. 23 WARD

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fe 4 COLOR OR RACE wh 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced

HUSBAND of Wm H Barney (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE Years 52 Months ? Days ? If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) unemployed

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Marnie C. Barney (Address) 727 Hanover St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1934

17

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933, to Mar 18, 1934, that I last saw her alive on Mar 18, 1934, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual signs

(Signed) Dr. H. Marshall M. D.

3/18/34 (Address) 112 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt Calvary Et

3/21, 1934

20 UNDERTAKER

ADDRESS

Huntington Williams, Craig L Brown & Son 101 W Montgomery

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 20 1934

E 99526

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99526

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. _____ St. 12-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. 1 da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME David J. Brown

(a) Residence: No. Coan, Virginia

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6a. If married, widowed, or divorced
 HUSBAND of Lillian Goffney Brown
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 31, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 021

10. Date deceased last worked at this occupation (month, day, year) 10-5-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Northumberland Co.
 (State or country) Virginia

13. NAME David Brown

14. BIRTHPLACE (city or town) Northumberland Co.
 (State or country) Virginia

15. MAIDEN NAME Matilda Rogers

16. BIRTHPLACE (city or town) Northumberland Co.
 (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
 (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place 20 Hasting Va Date Mar 20 1934

19. UNDERTAKER Thomas E. Kelson
 (Address) 1303 Presman St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1933, to March 18, 1934.

I last saw him alive on March 18, 1934. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Myocarditis, chronic

Gangrene, left leg

Date of onset undet.

"

2-18-34

Other contributory causes of importance:

Auricular fibrillation

Ulcer, varicose of legs

undet.

"

Name of operation Amputation, left leg Date of 3-12-34

What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) E. J. Townsend

M. D.

(Address) Marine Hospital, Balto. Md.

MAR 20 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99527

164-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 E. 33 St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

David S. Blondheim(a) Residence: No. 229 E. 33St., 12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEleanor H. Blondheim6. DATE OF BIRTH (month, day, year) Aug. 25, 18847. AGE Years 49 Months 6 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor of French
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years) spent in this occupation 6812. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Solomon Blondheim14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Pauline Helle16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.17. INFORMANT Mrs. H. S. Blondheim
(Address) 229 E. 33 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Date Oct. 20, 193419. UNDERTAKER David Spackman & Son
(Address) 1902 Eastern Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19- 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gaz. Poison
Suicide

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

(Address)

MAR 20 1934

Huntington Williams, M.D.

J. H. Hoyer, M.D.
3612 Roland Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mittie Overton

HEALTH DEPARTMENT—CITY OF BALTIMORE

99528

CERTIFICATE OF DEATH

48 E 99528

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins & Caton Ave* St. *70-01* Ward)

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *5* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Mrs. Mittie Overton Overton*

(a) Residence: No. *336 Franklinton Rd.* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed,
 or Divorced (write the word) *married*

5a. If married, widowed, or divorced *Overton*
 (or) WIFE of *Lester Overton*

6. DATE OF BIRTH (month, day, year) *Sept 1884*

7. AGE Years *49* Months *6* Days _____ if LESS than
 1 day, _____ hrs. _____ or _____ min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. *House keeper*

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) _____
 (State or country) *Ta.*

13. NAME *Unknown*

14. BIRTHPLACE (city or town) _____
 (State or country) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) _____
 (State or country) *Unknown*

17. INFORMANT *St. Agnes Hospital*
 (Address) *Wilkins & Caton Ave*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Redville Va* Date *March 22, 1934*

19. UNDERTAKER *Martin Fisher & Sons*
 (Address) *1827 W. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 19, 1934*

22. I HEREBY CERTIFY, That I attended deceased from
March 15, 1934 to March 19, 1934

I last saw her alive on *March 19, 1934* Death is said
 to have occurred on the date stated above, at *5⁰⁰ a.m.*

The principal cause of death and related causes of
 importance were as follows:

*Carcinoma of cervix
 generalized peritonitis*

Day of onset

3-15-34

Other contributory causes of importance:

Toxic myocarditis

3-17-34

Name of operation *Bipay of cervix* 3-17-34 Date of *3-17-34*

What test confirmed diagnosis? *Autopsy* as there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. D. Dumen* J. M. D.

(Address) *St Agnes Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
 OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

99529 HEALTH DEPARTMENT—CITY OF BALTIMORE 99529

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Dryden Drive 28-21 Ward)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 707 Dryden Drive St. _____ Ward _____
(Usual place of abode) (If non resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Susan T. Vintler

6. DATE OF BIRTH (month, day, year) Jan. 8, 1859

7. AGE Years 75 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monuments tomb-stones - Shop
10. Date deceased last worked at this occupation (month and year) about 1920 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William W. Wilkinson

14. BIRTHPLACE (city or town) _____ (State or country)

15. MAIDEN NAME Mary Ross

16. BIRTHPLACE (city or town) Queen Anne Co., Md. (State or country)

17. INFORMANT George W. Wilkinson, Jr. (Address) 707 Dryden Drive

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/21, 1934

19. UNDERTAKER H. C. Zimmerman, Son (Address) 1111 Poplar Green Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to March 18, 1934

I last saw him alive on March 17, 1934. death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Aneurysm (arterial arch)

Other contributory causes of importance:

Arteriosclerosis

Date of onset

3/4/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Ernest P. Pesta M. D.

(Address) 514 Dryden Drive

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

Huntington Williams, M.D.
Registrar

E 99530 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99530

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Wesley Ave. St. 28-21 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Sanders

(a) Residence: No. 5301 Wesley Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
 HUSBAND of Clara C. Sanders
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Business
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Pittsburgh Pa.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Clara C. Sanders
(Address) 5301 Wesley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Mar 22, 1934

19. UNDERTAKER Harry M. Mace & Son
(Address) 4204 Ridgewood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from August 15, 1933, to March 19, 1934

I last saw him alive on March 19, 1934. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema

Other contributory causes of importance:

Corrosion of the Lungs

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

Huntington Williams

(Signed) John A. Schmitt
 (Address) 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99531

99531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Wilkins Ave Ward 131)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Sarah E. McGowan(a) Residence: No. 2102 Wilkins Ave Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of Bernard M. McGowan (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 1st 18617. AGE Years 72 Months 4 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME Charles McGowan14. BIRTHPLACE (city or town) Baltimore (State or country) Md15. MAIDEN NAME Caroline Shot16. BIRTHPLACE (city or town) Baltimore (State or country) Md17. INFORMANT Miss Celeste McGowan (Address) 2102 Wilkins Ave18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3-21-34 19.19. UNDERTAKER Bernard C. Harla (Address) 1000 S. Paca St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th 193422. I HEREBY CERTIFY That I attended deceased from 12:30 to March 18th 1934I last saw her alive on March 17, 1934 Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows

Coronary Artery Disease
Chronic Interstitial Nephritis
Senility

Other contributory causes of importance:

Pulmonary EdemaName of operation Amputation Date ofWhat test confirmed diagnosis? Amputation there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Walter H. Ketchum M. D.(Address) 2151 Wilkins Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

99532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

FRANKLIN SQUARE HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 14-84 (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mr. Charles C. Myers

(a) Residence: No. _____

327 N. Calhoun St.,

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of

(or) ~~Widowed~~ Margaret

6. DATE OF BIRTH (month, day, year)

May 9, 1867

7. AGE

Years

Months

Days

If LESS than

66

10

10

1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Union Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Charles F. Myers

14. BIRTHPLACE (city or town) (State or country)

Ky

MOTHER

15. MAIDEN NAME

Augusta

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Miss Doris Myers
327 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Fondont Park Date Mar 24, 1938

19. UNDERTAKER

(Address)

F. Vernon Keckner
1332 Holliday St.Huntington Wm. Co., Inc.
ALH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 7, 1938 to Mar. 19, 1938

I last saw him alive on Mar. 19, 1938. Death is said

to have occurred on the date stated above, at 10³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset
3/9/38

Other contributory causes of importance:

Bronchial Asthma

1904

Chronic Fibroid Tuberculosis

1900

Name of operation

None

Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Nathan Raussen

M. D.

(Address) Franklin Square Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 201934

HEALTH DEPARTMENT—CITY OF BALTIMORE

My E 99533

E 99533

CERTIFICATE OF DEATH

✓ 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Carroll T. Cunningham

(a) Residence: No. *3306 Gibbons Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*

6. DATE OF BIRTH (month, day, year) *Jan. 3, 1908*

7. AGE Years *26* Months *2* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *off*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md* (State or country)

13. NAME *John M. Cunningham*

14. BIRTHPLACE (city or town) *Balto Md* (State or country)

15. MAIDEN NAME *Mary Mack*

16. BIRTHPLACE (city or town) *New York* (State or country)

17. INFORMANT *John M. Cunningham* (Address) *3306 Gibbons Ave*

18. BURIAL, CREMATION, OR REMOVAL *Queen Cathed* Date *3/21, 1934*

19. UNDERTAKER *Leonard O'Brick* (Address) *5305 Madison Rd*

20. FILED *Thurston Phillips*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 18, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *injury* 19. to 19.

I last saw him alive on *injury* 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull

Other contributory causes of importance:

Automobile Accident

Name of operation *none* Date of *✓*

What test confirmed diagnosis *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *3/18, 1934*

Where did injury occur? *Phila Rd. vs. Chelico Ave* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *street Accident*

Manner of injury *Auto he was driving*

Nature of injury *collided with another car on*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Joseph P. Kearney* M. D.

(Address) *2102 E. Madison St* Coroner

CAUSE OF DEATH IN plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R207884

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99534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 E. Pratt St., 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. (of street and number.)

2. FULL NAME URSULA MARGARITHA HERTEL

(a) Residence: No. 3018 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME George Hertel

14. BIRTHPLACE (city or town) Baltimore
(State or country)

13. MAIDEN NAME Mathilda Piffer

16. BIRTHPLACE (city or town) Westminister
(State or country) Maryland

17. INFORMANT	Mrs. Roberta Niles
(Address)	3016 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Mar. 21. 1934

HENRY SANDER & SONS. INC.
19. UNDERTAKER
(Address) Baltimore & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Jan 1, 1898, to Mar 18, 1898.
I saw him alive on Mar 18, 1898. Death is said
to have occurred on the date stated above, at 9.55p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Henas in
Route J. nubium

Other contributory causes of importance

Name of operation	Date of
1. 2000	
2. 2000	
3. 2000	
4. 2000	
5. 2000	
6. 2000	
7. 2000	
8. 2000	
9. 2000	
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94. 2000	
95. 2000	
96. 2000	
97. 2000	
98. 2000	
99. 2000	
100. 2000	

What test confirmed diagnosis? Chemo Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place ..

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____
(Signed) J. H. Insley M. D.
(Address) 2426 S. 5th

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1934

E 99535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2439 Jefferson

St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. if of foreign birth? yrs. mon. da.

2. FULL NAME George W. L. White

(a) Residence: No. 2439 Jefferson

St.

Ward.

(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Emma M. White (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1882

7. AGE Years 57 Months 9 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Die Setter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gun Shop 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 14 years

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Wilbur Clay White

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Hunt

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mrs Emma M. White (Address) 2439 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Mar 21, 1934

HENRY SANDER & SONS, INC.

19. UNDERTAKER (Address) Baltimore & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1934

22. I HEREBY CERTIFY That I attended deceased from March 15, 1934, to March 17, 1934

I last saw him on March 17, 1934. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

2 days

Other contributory causes of importance:

Emphysema

3 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

99536

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Jefferson St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Baumbach

(a) Residence: No. 2208 Jefferson

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 27, 1864

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

70

1

19

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

13. NAME

Andrew Baumbach

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Elizabeth Stein

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

Mr. Annie E. Baumbach

(Address)

6207 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery

Date Mar. 21, 1934

HENRY SANDER & SONS, INC.

19. UNDERTAKER

(Address)

Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 18, 1934

22. I HEREBY CERTIFY That I attended deceased from
Feb. 15 1934 to March 18 1934

I last saw him alive on

Feb. 18, 1934

Death is said

to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of
importance were as follows:

Cerebral Hemorrhage

Date of onset

2/27/34

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

None

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Chas. J. Neer

M. D.

(Address) 4138 Spad Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20 1934

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E 99537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 E. 33rd

St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME ELIZABETH CHRISTINA NICKLAS

(a) Residence: No. 103 E. 33rd

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of George A. Nicklas (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26. 1886

7. AGE Years 67 Months 2 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Anton Textor

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Annie C. Smith

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Wm. A. Smith (Address) 113 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Mar. 21. 1934

HENRY SANDER & SONS, INC.

19. UNDERTAKER (Address) Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 12 1934 to March 18 1934.

I last saw her alive on March 18 1934. Death is said to have occurred on the date stated above, at 11.50a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction.

Date of onset

Other contributory causes of importance:

Lung embolism

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

M. D.

(Address)

Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

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HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99538

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____)

St. *76-01* Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *George Whittington*(a) Residence: No. *3526 E Balto*

St. _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mary</i>		
6. DATE OF BIRTH (month, day, year) <i>Nov. 8, 1871</i>		
7. AGE	Years <i>62</i>	Months <i>4</i>
	Days <i>10</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) *Md*13. NAME *James ?*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Mary ?*16. BIRTHPLACE (city or town) (State or country) *unknown*17. INFORMANT *Records*(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

*Mt. Carmel Cem.*Date *March 22, 1934*

HENRY BANDER & SONS, INC.

M. UNDERTAKERS

(Address) *Baltimore & Broadway.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 2, 1934* to *March 18, 1934*.I last saw him alive on *March 18, 1934*. Death is said to have occurred on the date stated above, at *8:17* p. m.

The principal cause of death and related causes of importance were as follows:

<i>Pneumonia, acute</i>	Date of onset <i>3-12</i>
<i>Lobular pneumonia</i>	<i>3-17</i>
<i>Arterial vascular accident</i>	<i>3-18(?)</i>

Other contributory causes of importance:

<i>Benign prostatic hypertrophy</i>	Date of onset <i>3-16</i>
<i>Hypertension</i>	
<i>Atherosclerosis, cardiac hypertrophy</i>	

Name of operation *Suprapubic cystotomy* of *3-16*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *John J. J. J.*(Address) *John J. J. J.*

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 20 1934

E 99539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99539

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *930 L Pine* St. *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *930 L Pine* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or race *Cool* 5. Single, Married, Widowed, or Divorced *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1881*7. AGE Years *52* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (city or town) (State or country) *Md.*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *E. Pine Wolford*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT (Address) *930 L Pine*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *Mar 20* 19

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 17* 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on *Aug 19* 19 Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Name of operation *Regular* Date of *Mar*What test confirmed diagnosis? *None* Were an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *F. J. Stuck* M. D. Coroner

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

M. D. E 12012

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Luke Novak

(a) Residence: No. _____

Unknown

St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Unknown</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Unknown

7. AGE <u>24</u>	Years <u>24</u>	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Unknown

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's CollegeDate Mar 20, 1934

19. UNDERTAKER

(Address)

St. Vincent Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Hergog m.d.

M. D.

(Address) 1305 7th Avenue

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAR 20 1934

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0227

M. D. E 99541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99541

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Female Infant Howard

(a) Residence: No. 11 Redwoodville md. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13, 1934

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ST. JOSEPH'S HOSPITAL (State or country) BALTIMORE, MD.

13. NAME Carl Benjamin Howard

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Frances Dykes

16. BIRTHPLACE (city or town) Woodfordville Md. (State or country)

17. INFORMANT Mother (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Church Date Mar 20, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1934 to March 17, 1934

I last saw her alive on March 17, 1934 Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

1. Prematurity
2. Twin delivery

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 42

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

M. D. E 99542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 7-91 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1811 Thames St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 19347. AGE Years Months Days If LESS than 1 day, 5 hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME Frank Wajnowski14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Laura Rajile16. BIRTHPLACE (city or town) (State or country) Baltimore Md.17. INFORMANT Laura Rajile(Address) 1811 Thames St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 3-20- 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 193422. I HEREBY CERTIFY That I attended deceased from March 18, 1934 to March 18, 1934I last saw him alive on March 18, 1934. Death is said to have occurred on the date stated above, at 12:52 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter K. Campbell(Address) Sinai Hospital

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

E

99543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99543

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary St. St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 512 D Street Spawport St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/077. AGE Years 26 Months 54 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Isis manufg Co9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship wire Rope Co

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.13. NAME Russel Worthington14. BIRTHPLACE (city or town) (State or country) Penn.15. MAIDEN NAME Josephine Hargis16. BIRTHPLACE (city or town) (State or country) Penn.17. INFORMANT Mrs. Worthington, Mother (Address) 512 D St Spawport

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent's Bur Date 3/20 193419. UNDERTAKER (Address) Good & Ballou

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18, 193422. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1934, to Mar. 18, 1934I last saw him alive on Mar. 18, 1934. Death is said to have occurred on the date stated above, at 7:22 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonic Cordis Vascular disease
mitral stenosis
Cardiac decompensation

Date of onset

yr
yr
10ks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James Robinson M. D.(Address) Mary St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 20 1934

99544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92V-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 E. Preston St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Beatrice M. Tennyson

(a) Residence: No. 2231 E. Preston St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 9. 1918

7. AGE Years 16 Months 0 Days 9.10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John E. Tennyson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elsie M. Habermicht

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John E. Tennyson (Address) 2231 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 22. 1934

19. UNDERTAKER Mrs. & Mrs. John R. Grief & Son (Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 - 13. 1934. to 3 - 19. 1934.

I last saw her alive on 3 - 19. 1934. Death is said to have occurred on the date stated above, at 4.00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

2-12-34

Other contributory causes of importance:

Chronic Endocarditis

1931

Name of operation

Date of

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herman J. Dwyer M. D.

(Address) 3103 Garrison Blvd.

Registrar.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 20 1934

E 99545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cherry Hill Woods, nr. Hanover 2-2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Edw. Robbins.(a) Residence: No. 614 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) January 1, 18767. AGE Years 58 Months 2 Days 11 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Richard J. Robbins.14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Margaret E. Hall.16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT William J. Robbins. (brother)
(Address) 614 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 21, 193419. UNDERTAKER Fred A. Clause & Son
(Address) 723 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Missing since March 12, 1934
Found hanging March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

suicide by hanging.

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis Inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: suicide ?

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In woods.Manner of injury Hanging.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Signature Otto M. Reinhardt M. D.
(Address) 1017 N. Charles St.

Information shown on this certificate is for statistical purposes only. It is not to be used for legal purposes. See instructions on back of certificate.

AR 201934

E 99546

99546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 1/2 Wilford Ave ST. 12-01 WARD)2. FULL NAME William Francis Bartlett(a) RESIDENCE NO. 3039 1/2 Wilford Ave ST. _____ WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

Now long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced, (write the word) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bartlett6 DATE OF BIRTH (month, day, and year) June 23, 1865

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.10 NAME OF FATHER William S. Bartlett11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.12 MAIDEN NAME OF MOTHER Arlothe Francis13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14

Informant (Address) Mrs. Richard Miller
3039 1/2 Wilford Ave
Huntington Williams, N.Y.
Regist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1934

17

I HEREBY CERTIFY, That I attended deceased from Feb 27th, 1934, to March 20th, 1934, that I last saw him alive on March 19th, 1934, and that death occurred, on the date stated above, at 3:05 A.M.

The CAUSE OF DEATH* was as follows:

Terminal Atherosclerosis
Hypertension. Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Examination + spinal fluid
(Signed) Levin P. Gendry, M. D.3-20, 1934 (Address) 3039 1/2 Wilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Green Mount Cemetery

20 UNDERTAKER

Henry Lutz

DATE OF BURIAL

March 22, 1934
ADDRESS 203N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificates.

20 1934

É 99547

99547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-01* St., *12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Glen White W. Va* St., *12-01* Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced (or) WIFE of *John W. Menitt*6. DATE OF BIRTH (month, day, year) *August 15, 1871*7. AGE Years *62* Months *7* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Pennsylvania*13. NAME *George James*14. BIRTHPLACE (city or town) (State or country) *Connecticut*15. MAIDEN NAME *Frances Leach*16. BIRTHPLACE (city or town) (State or country) *Pennsylvania*17. INFORMANT *Edith Menitt*
(Address) *Glen White W. Va.*18. BURIAL, CREMATION, OR REMOVAL
Place *Horton W. Va* Date *3/20 1934*19. UNDERTAKER *William Cook*
(Address) *1247 5th Street*
*Huntington, W. Va.*20. FILED *20 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 20 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1934* to *March 20 1934*I last saw her alive on *March 20 1934*. Death is said to have occurred on the date stated above, at *6:20 A. M.*

The principal cause of death and related causes of importance were as follows:

Pastor's active peritonitis

Date of onset

3/18/34

Other contributory causes of importance:

*Carcinoma of the sigmoid**1933*Name of operation *Colostomy* Date of *3/19/34*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Henry M. Hansen* M. D.
(Address) *Union Memorial Hosp.*

99549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99549

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Harbrough Apts 14-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Harbrough Apts* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6a. If married, widowed, or divorced HUSBAND of <i>Sam Brown</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>March 3/1846</i>		
7. AGE <i>87</i>	Years <i>23</i>	Months <i>19</i>
Days <i>16</i>		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>037</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *First Frederick*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Julia Springer*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mr Oscar Brown*
(Address) *Harbrough Apts-84*18. BURIAL, CREMATION, OR REMOVAL
Place *Buried Hebrew* Date *March 31/34*19. UNDERTAKER *J. J. K. K. K.*
(Address) *333 K. K. K.*20. FILED *Thurston Village, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 17 1934*22. I HEREBY CERTIFY That I attended deceased from *March 17 1934* to *March 19 1934*I last saw him alive on *March 19 1934* Death is said to have occurred on the date stated above, at *9.15 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Other contributory causes of importance:

*Semilethal
art. sclerosis & cerebral
changes.*Name of operation *None* Date ofWhat test confirmed diagnosis? *Chemical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify(Signed) *Bernard Cohen* M. D.
(Address) *Harbrough Apts.
Eutaw Place.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 201934

M. D. B. 1934-99550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*CITY OF BALTIMORE: (No. *12-01* St., *12-01* Ward)Length of residence in city or town where death occurred *26* yrs. *12* mos. *26* ds. How long in U. S. If of foreign birth? *26* yrs. *12* mos. *26* ds.2. FULL NAME *Miss Beatrice Assheton*(a) Residence: No. *Dehrator, Md.* St., *12-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. *93-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH *Mar 20, 1893*7. AGE *41* Years Months Days If LESS than 1 day, *9* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *26*12. BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *William Assheton*14. BIRTHPLACE (city or town) *England* (State or country)15. MAIDEN NAME *Lucia Armstrong*16. BIRTHPLACE (city or town) *Kentucky* (State or country)17. INFORMANT *ref.* (Address)

18. BURIAL, CREMATION OR REMOVAL

Place *St. John's Cey* Date *Mar. 22, 1934*19. UNDERTAKER *Easton Sons* (Address) *Ellis City*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 20*, 193422. I HEREBY CERTIFY, That I attended deceased from *Feb. 22*, 1934, to *Mar 20*, 1934.I last saw him alive on *Mar 20*, 1934. Death is said to have occurred on the date stated above, at *9:25 p.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease
Hypertension

Date of onset

1930

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France*

M. D.

(Address) *Union Memorial Hosp.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 201934

E 99551

E 99551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Ellwood Ave St., 7-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Robinson

(a) Residence: No. 528 N. Ellwood Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Stocks

6. DATE OF BIRTH (month, day, year) Jan'y 11/1850

7. AGE Years 84 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George Robinson

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Clifford Robinson (son) (Address) 528 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place March 23/34

19. UNDERTAKER (Address) 1501 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, A.M. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

General Arteriosclerosis (Senility)

Date of onset

Name of operation Date of

What test confirmed diagnosis? inquiry no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Baker M. D.

(Address) 508 E. Pratt St. Coroner

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1934

E 99552

Frankiewicz

E 99552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)Registered No. *75*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *23* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1206 S. Clinton* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
5a. If married, widowed, or divorced HUSBAND of <i>Frances Frankiewicz</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>July 15, 1883</i>		
7. AGE <i>50</i>	Years <i>8</i>	Months <i>4</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Storekeeper</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>045</i>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Theodore Frankiewicz*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Helen*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Records*
(Address) *Bald City Hosp.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary* Date *March 22, 1934*19. UNDERTAKER *for 2 weeks*
(Address) *1930 Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 11, 1934* to *March 19, 1934*I last saw him alive on *March 19, 1934* Death is said to have occurred on the date stated above, at *8:35* Am.

The principal cause of death and related causes of importance were as follows:

Intoxication? alcoholic? Cerebral accident??

Date of onset

9 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *T. Phoyel* M. D.(Address) *Bald City Hosp*

Information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1934

E 99553 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99553

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edmund Tybulski

(a) Residence: No.

3216 O'Donnell

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 31/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>8</u>	<u>7</u>	<u>20</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Frank Tybulski14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Martha Wadalo16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Stanislaus Dec. 22, 193419. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20/3422. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....I last saw h. alive on 19..... Death is said
to have occurred on the date stated above, at P.M.The principal cause of death and related causes of
importance were as follows:2nd degree burns over back & buttocks Mar 14/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident of injury 3/14/34Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell backwards into bucket ofManner of injury hot water in kitchen of home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

V-8

MAR 21 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99554

CERTIFICATE OF DEATH

E 99554

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. Sex *Male* 4. Color *Black* 5. Single, Married, Widowed or Divorced *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lucy Preston*6. DATE OF BIRTH (month, day, year) *1885*7. AGE Years *49* Months *38* Days *04* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Thomas Preston*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Wagner*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT (Address) *Lucy Preston 1325 E. Howard*

18. BURIAL, CREMATION, OR REMOVAL

Place *National* Date *3-21* 193419. UNDERTAKER (Address) *James A. Hayes 142 W. Hill St.*21. DATE OF DEATH (month, day, year) *Mar 17 1934*

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on *Mar 17* 1934 Death is saidto have occurred on the date stated above, at *10:30* m.

The principal cause of death and related causes of importance were as follows:

Suicide
Gunshot wound of Brain

Other contributory causes of importance:

Name of operation *Regular*Date of *no*

What test confirmed death? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) *T. H. Smith*

(Address)

M. D.

Coroner

FILED

MAR 21 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99555

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)Length of residence in city or town where death occurred 12 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? 12 yrs. 7 mos. 12 ds.

2. FULL NAME

(a) Residence: No. 1322 Penna Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of Marshall Brown
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-1-18967. AGE 37 Years 7 Months 18 Days If LESS than 1 day, 18 hrs. or 18 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newbern N.C.
(State or country)13. NAME Chas Williams14. BIRTHPLACE (city or town) Newbern N.C.
(State or country)15. MAIDEN NAME Helenitta Jackson16. BIRTHPLACE (city or town) Newbern N.C.
(State or country)17. INFORMANT Baltimore City Hospital
(Address) Records18. BURIAL, CREMATION, OR REMOVAL 3-23-34
Place St. Calvary Date19. UNDERTAKER Mrs Ida Snodden
(Address) 1129 N. Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 193422. I HEREBY CERTIFY, That I attended deceased from 3-1, 1934 to 3-19, 1934I last saw her alive on 3-19, 1934 Death is saidto have occurred on the date stated above, at 5:10 pm

The principal cause of death and related causes of importance were as follows:

Chronic CholecystitisPeritonitis

Other contributory causes of importance:

PneumoniaLeft baseHypertensionHeart DiseaseCholelithiasis3-12-34What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) list in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. R. Brown M. D.(Address) Baltimore City Hospital

MAR 21 1934

99556

HEALTH DEPARTMENT—CITY OF BALTIMORE 99556

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 25-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *25* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *3122* *Tate St* *Harford* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Turner Pugh*6. DATE OF BIRTH (month, day, year) *March 1, 1895*7. AGE Years *39* Months *12* Days *12* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *North Carolina*13. NAME *George Doe*14. BIRTHPLACE (city or town) (State or country) *D. C.*15. MAIDEN NAME *Honey Barber*16. BIRTHPLACE (city or town) (State or country) *D. C.*17. INFORMANT *Records* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *mt Calvary* Date *3-22* 19*34*19. UNDERTAKER *James A. Hayes* (Address) *1142 W. Hill St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 18*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March 1*, 19*34* to *March 18*, 19*34*I last saw him alive on *March 18*, 19*34* Death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Atherosclerosis
nephritis arteriosclerotic
hypertension*

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *P. Howell* M. D.(Address) *Balt City Hosp*

MAR 21 1934

M. D. E 99557

✓ E 99557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 E. Randall St., 8-01 Ward)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1503 E. Lafayette St., Cor Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Mar 20th 19347. AGE Years _____ Months _____ Days _____ If LESS than 1 day, 2 hrs. or 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) Md.13. NAME Pierre B. Miller14. BIRTHPLACE (city or town) Mountville (State or country) West Va15. MAIDEN NAME Eva R. Anderson16. BIRTHPLACE (city or town) Chicago (State or country) Ill17. INFORMANT Mrs Eva R. Miller (Address) 1503 E. Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Mar 24th 193419. UNDERTAKER Way Co (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Immaturity

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Walter Kohn M. D.(Address) 107 E. Fat Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

MAR 27 1934

M. D. 1934
E 99558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99558

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *107 N. Carey* St., *16-01* Ward)

Length of residence in city or town where death occurred: _____ yrs. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *107 N. Carey* St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Helen Waters*6. DATE OF BIRTH (month, day, year) *Nov 30 - 1891*7. AGE Years *42* Months *3* Days *18* If LESS than 1 day, _____ hr. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chaffer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *23*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Carroll County*
(State or country) *Md*13. NAME *Wm H Waters*14. BIRTHPLACE (city or town) *Carroll County*
(State or country) *Md*15. MAIDEN NAME *May E. Felling*16. BIRTHPLACE (city or town) *Carroll County*
(State or country) *Md*17. INFORMANT *Helen Waters*
(Address) *107 N. Carey*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Zion Cemetery* Date *Mar 21, 1934*19. UNDERTAKER *Thomas E. Nelson*
(Address) *303 Presstman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 18, 1934*

22. I HEREBY CERTIFY. That I attended deceased from _____ to _____ 19____

I last saw him alive on *Friday*, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
4 days

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *18*

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *H. E. Nelson* M. D.(Address) *303 Presstman St*

OCCUPATION is very important. See instructions on back of certificate.

FILED

AR 21 1934

E 99559 HEALTH DEPARTMENT—CITY OF BALTIMORE 99559

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Hare St. 6-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 128 N. Hare St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color and Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Effie Glass (or) WIFE of		
6. DATE OF BIRTH (month, day, year) June 28-1878		
7. AGE 35	Years 8	Months 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.B.A. R.R.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Wm Glass

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Stockman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Effie Glass
(Address) 128 N. Hare St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Mar. 22 193419. UNDERTAKER Philip Herwig Sons
(Address) 2016 Calverton St
Thurston20. FILLED
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 11.15 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

History of Angina Pectoris

Date of onset

???

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. H. M. D.
(Address) 508 E. North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1934

MD. 99560

E 99560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Decker Avenue St. 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine James

(a) Residence: No. 615 S. Decker Avenue St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1934

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Henry James

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Theresa Creamer

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Henry James (Address) 615 S. Decker Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar. 21, 1934

HENRY SANDER & SON, INC.

19. UNDERTAKER (Address) Broadway & Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1934, to Mar. 20, 1934.

I last saw her alive on Mar. 20, 1934. Death is said to have occurred on the date stated above, at 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia

Date of onset Mar. 19

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Joseph J. J. M. D.

(Address) 4412 E. E. Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAR 21 1934

Registrar.

M. D. B. 1268-1

E 99561

✓ E 99561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital
 CITY OF BALTIMORE: (No. 12-01 St., 12-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mo. 2 da. How long in U. S. If of foreign birth? 2 yrs. 2 mo. 2 da.

2. FULL NAME William B. Lucas

(a) Residence: No.

Ruxton Md

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed,
 or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRebecca Nicholson Lucas

6. DATE OF BIRTH (month, day, year)

July 17, 1889

7. AGE

Years

Months

Days

If LESS than

1 day, 2 hrs.or 2 min.

OCCUPATION

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.Book-keeper9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.Insurance House10. Date deceased last worked at
 this occupation (month and
 year) 12/20/3311. Total time (years)
 spent in this
 occupation12. BIRTHPLACE (city or town)
 (State or country)West Virginia

FATHER

13. NAME

George Lucas14. BIRTHPLACE (city or town)
 (State or country)West Virginia

MOTHER

15. MAIDEN NAME

Mary Read16. BIRTHPLACE (city or town)
 (State or country)Virginia

17. INFORMANT

Mrs. Sullivan (sister)(Address) Englewood Rd, Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb. 21, 1934

19. UNDERTAKER

John C. Mitchell Sons Inc(Address) 1000 E. Baltimore Ave

20. DATE

February 21, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

12/20/33, 1933, to 3/19/34, 1934I last saw him alive on Mar. 19, 1934. Death is saidto have occurred on the date stated above, at 7:55 P. M.The principal cause of death and related causes of
 importance were as follows:Pericarditis with Corruptive EndocarditisHypertensionAtherosclerotic Heart DiseaseNov. 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? - Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
 lowing:Accident, suicide, or homicide? - Date of injury -, 19-

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
 OCCUPATION is very important. See instructions on back of certificate.

21 1934

E 99562 HEALTH DEPARTMENT—CITY OF BALTIMORE 99562

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7100 Nord 612th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No.

7100 Nord 612th

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. F. 4. Color or Race R. 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Lee

6. DATE OF BIRTH (month, day, year) 1860

7. AGE 74 63. Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670 10. Date deceased last worked at this occupation (month, day, year) 94th 11. Total time (years) spent in this occupation 670

12. BIRTHPLACE (city or town, State or country) Balt., City

13. NAME Anderson

14. BIRTHPLACE (city or town, State or country) Anderson

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town, State or country) Balt., City

17. INFORMANT Anna Nord (Address) 7100 Nord 612th

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Mar 21 1934

19. UNDERTAKER T. G. Brooks (Address) 146 37th. Carey St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-34

22. HEREBY CERTIFY, That I attended deceased from 3/17/34 to 3/18/34

I last saw him alive on 3/18/34 Death is said to have occurred on the date stated above at 8:40 PM

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset 3/17/34

Other contributory causes of importance: Angina pectoris

Name of operation Pharynx Date of 3/18/34

What test confirmed this? Pharynx Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Ellis M. D.

(Address) 714 Nord 612th

MAR 21 1934

Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99563

E 99563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 W Lenville St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1327 W Lenville St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 4. Color or Race: Col 5. Single, Married, Widowed, or Divorced: Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Philip Hayes

6. DATE OF BIRTH (month, day, year): Sept 5 - 1907

7. AGE: 26 Years 6 Months 134 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation: 03

12. BIRTHPLACE (city or town, State or country): Danville Va

13. NAME: Sol Logan

14. BIRTHPLACE (city or town, State or country): unknown

15. MAIDEN NAME: 2a

16. BIRTHPLACE (city or town, State or country): Philip Hayes

17. INFORMANT: 1327 W Lenville

18. BURIAL, CREMATION, OR REMOVAL: Danville Va Date 3/21/34 19

19. UNDERTAKER: 210 (ME) 210 (ME) 210 (ME)

20. FILED: 210 (ME) 210 (ME) 210 (ME)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mental Stress

Sudden

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed this? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AR 21 1934

E 99564 HEALTH DEPARTMENT—CITY OF BALTIMORE 99564

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 N Charles St. 12-01 Ward)Length of residence in city or town where death occurred life mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Marguerite J. Coggins(a) Residence: No. 2117 N Charles St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>F. Heath Coggins</u>			
6. DATE OF BIRTH (month, day, year) <u>April 3, 1890</u>			
7. AGE	Years <u>43</u>	Months <u>11</u>	Days <u>15</u>
	If LESS than 1 day <u>hrs.</u> or <u>min.</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>037</u>		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.13. NAME John R. Schaefer14. BIRTHPLACE (city or town) Baltimore
(State or country) md.15. MAIDEN NAME Anna M. Thomas16. BIRTHPLACE (city or town) Baltimore
(State or country) md.17. INFORMANT F. Heath Coggins
(Address) 2117 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount March 21, 193419. UNDERTAKER Harry T. Wicks
(Address) 4101 Channing Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 193422. I HEREBY CERTIFY, That I attended deceased from 1929 to March 19, 1934I last saw her alive on March 18, 1934 death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Coronary vascular renal disease

Date of onset

1929

Other contributory causes of importance:

Cerebral hemorrhageJan 1934Name of operation Ureter + BladderWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

George W. Parker M. D.
(Address) 2430 W. 17th Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1934

M. D. B. 1268-9

E 99565

E 99565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1631 Abbott St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race black	5. Single, Married, Widowed, or Divorced (write the word) separated
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) 2/28/1900		
7. AGE 34	Years 34	Months 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 8, 1934 to March 17, 1934

I last saw him alive on March 17, 1934 Death is said

to have occurred on the date stated above, at 7² m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset Dec 15, 33

Other contributory causes of importance:

Cerebral hemorrhage - hypertensive

Name of operation

Date of

What test confirmed diagnosis? I saw it. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. J. Bergmeyer M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAR 21 1934

M. E. R. 99566

F. 99566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William A. Siebert

(a) Residence: No. German Aged Home St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Fredericka Siebert (or) WIFE of		
6. DATE OF BIRTH (month, day, year) April 12, 1853		
7. AGE 80	Years 11	Months 8
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Southern Hotel		
10. Date deceased last worked at this occupation (month and year) 1916		
11. Total time (years) spent in this occupation 50 yrs		

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Reinhold Siebert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Bill

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home (Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date March 22, 1934

19. UNDERTAKER (Address) 1203 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/17/34 to 3/20/34

I last saw him alive on 3/19/34 Death is said to have occurred on the date stated above, at 5 Am

The principal cause of death and related causes of importance were as follows:

Date of onset

Central Nervous System 3/17/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Keller Henning M. D. (Address) 2000 Hollins St.

OCCUPATION is very important. See instructions on back of certificate.

MAR 21 1934

Registrar

M. D. B. 1934
E 99567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99567

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Winchester St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Kingsbury

(a) Residence: No. 2918 Winchester St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
3a. If married, widowed, or divorced HUSBAND of Arthur W. Kingsbury (or) WIFE of		

6. DATE OF BIRTH (month, day, year) November 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME William O. Shaffer

14. BIRTHPLACE (city or town) (State or country) Mercersburg Pennsylvania

15. MAIDEN NAME Barbara Reitsel

16. BIRTHPLACE (city or town) (State or country) Mercersburg Pennsylvania

17. INFORMANT Mr. Russel L. Kingsbury
(Address) 5121 7 St., N.W., Washington, D.C.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date March 22, 193419. UNDERTAKER
(Address) 1005 W. Baltimore St.20. FILED 1934
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to 3-19-34

I last saw him alive on 3-19-34. Death is said to have occurred on the date stated above, at 10.45Pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 1-1-34

Other contributory causes of importance: Congestion Lung

2 Days

Name of operation None Date of Phys Examination

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury no, 19.

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) J. A. Lettich M. D.

(Address) 3400 Walbrook Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (X) *St Hope Retreat* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. *Washington, D. C.* St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John J. Deane*6. DATE OF BIRTH (month, day, year) *July 28-1889*7. AGE Years *44* Months *7* Days *23* If LESS than 1 day, ____ hrs. or ____ min. *24*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Albany* (State or country) *Vermont*13. NAME *Timothy Hughes*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Esther B. Clark*16. BIRTHPLACE (city or town) *Burlington* (State or country) *Vermont*17. INFORMANT *Hosp Records* (Address) *St Hope Retreat*18. BURIAL, CREMATION, OR REMOVAL Place *Burlington* *3/23*19. UNDERTAKER *Edward K. Tabler* (Address) *928 - M St. N. W. Wash D.C.*20. FILED *Timothy Hughes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 23* 1934 to *Mar. 21* 1934I last saw her alive on *Mar. 21* 1934 Death is said to have occurred on the date stated above, at *5:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Involuntional Melancholia Sept 1933
Mitral Stenosis
*Paroxysmal tachycardia*Other contributory causes of importance: *Acute cardiac dilatation 1 day*Name of operation *None* Date of ____What test confirmed diagnosis *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) *Edmund P. ...* D.(Address) *33 ...*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 21 1934

M. E. 99569

E 99569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

511

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 W. Linn St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 18 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2423 W. Linn St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Feldmann

6. DATE OF BIRTH (month, day, year) Feb 28-1866

7. AGE 68 Years Months Days 1800 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, or former sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Daniel Feldmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Feldmann (Address) 2423 W. Linn St.

18. BURIAL, CREMATION, OR REMOVAL Place Date May 21 1934

19. UNDERTAKER P. B. Sheppard & Son (Address) 1300 E. Canton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 33 to Mar 18 1934

I last saw him alive on Mar 18 1934 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

Aschoffia

Other contributory causes of importance: Cancer - prostate

Name of operation Prostatectomy Date of 5/33

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 3/20/34

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AR 211934

M. D. E 99570

E 99570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balt. Gen. Hosp.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *22* yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mrs. Hedwig Ranzer*(a) Residence: No. *1928 Penrose Ave.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced *HUSBAND of Robert Ranzer*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 13 - 1864*7. AGE *69* Years Months Days *4 6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Luis Lee Bernas*
14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Luis Lee Bernas*
16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Robert B. Ranzer*
(Address) *427 Cottman St. - Centurion*18. BURIAL, CREMATION, OR REMOVAL
Place *Trinity Church* Date *Dec. 22, 1934*19. UNDERTAKER *F. B. Sheppard & Son*
(Address) *300 East Ave. Place*20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 4, 1934* to *March 19, 1934*
I last saw her alive on *March 19, 1934* Death is said to have occurred on the date stated above, at *6:55 A.M.*

The principal cause of death and related causes of importance were as follows:

cholecystolithiasis
cholecystitis

Date of onset

?
*?**Broncho-pneumonia**3/12/34*

Other contributory causes of importance:

Name of operation *cholecystotomy* Date of *3/5/34*
*op - cholecyst*What test confirmed diagnosis? *op - cholecyst* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *D. M. L. Currie* M. D.(Address) *So. Balt. Gen. Hosp.*

E 99571 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99571

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Church Winchester + Carlton St., 16-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widowed*

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1897 June

7. AGE

36 9

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

070

12. BIRTHPLACE (city or town,
State or country)

Washington, D.C.

13. NAME

Mrs. I. Knowlton

14. BIRTHPLACE (city or town,
State or country)

Carroll Co., Md.

15. MAIDEN NAME

Knowlton

16. BIRTHPLACE (city or town,
State or country)

Carroll Co., Md.

17. INFORMANT
(Address)

227 N. Gilman

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Mar 21, 1934

19. UNDERTAKER
(Address)

Mrs. Katie R. Williams
322 N. Schroeder St.

20. FILED

Huntington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of
importance were as follows:

Mucal Stenosis
Sudden

Other contributory causes of importance:

Name of operation Regular Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

AR 21 1934

99572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp.* St. *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *8* mos. *20* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

927 W. Lombard St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

6/30/04

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*29**8**20*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Joseph E. Burtbaum

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Mary E. Smith

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

Mrs Mary E. Burtbaum

(Address)

927 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Peter's Church

Date

3/23/1934

1934

19. UNDERTAKER

(Address)

*John F. Gorman & Son**927 W. Lombard St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/20* 1934

22. I HEREBY CERTIFY, That I attended deceased from

3/17

1934, to

3/20

1934

I last saw him alive on *3/20* 1934 Death is saidto have occurred on the date stated above, at *7⁰⁰* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Acute Appendicitis, perforation
Local peritonitis
Lobular pneumonia*

Other contributory causes of importance:

Name of operation *Appendectomy*Date of *3/20/34*

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Robert H. Gorman* M. D.(Address) *Bon Secours Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 21 1934

99574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Hampden Ave. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 63 yrs 11 mos 12 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

William B. McClelland

(a) Residence: No. 4501 Hampden Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of Ella C. McClelland

6. DATE OF BIRTH (month, day, year) April 6, 1870

7. AGE Years 63 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookbinding Store

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Wm B. McClelland

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie McKins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ella C. McClelland

(Address) 4501 Hampden Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cemetery Date Mar 21, 1934

19. UNDERTAKER Wm. H. McKins

(Address) 4501 Hampden Ave.

R 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Other contributory causes of importance: History of Rheumatism

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. McKins

(Address) 508 E. ... Coroner M. D.

OCCUPATION is very important. See instructions on back of certificate.

99575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1638 Ellamout St.* *15-91* Ward)Length of residence in city or town where death occurred *24* yrs. *4* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1638 Ellamout* St., *15-91* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
6a. If married, widowed, or divorced HUSBAND of *John I. Sheppard* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 2, 1851*7. AGE Years *82* Months *10* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Cambridge* (State or country) *Mass.*13. NAME *Gottlieb How*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Andover* (State or country)17. INFORMANT *Mr. G. C. Shuster* (Address) *1638 Ellamout*18. BURIAL, CREMATION, OR REMOVAL *Buried* Place *Greenwood* Date *March 19, 1934*19. UNDERTAKER *Thos. J. Baker* (Address) *North Beach*20. DATE OF DEATH *March 19, 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 19, 1934*22. I HEREBY CERTIFY, That I attended deceased (from *Feb 17* to *Mar 19* 1934) I last saw her alive on *Mar 19, 1934* Death is said to have occurred on the date stated above, at *11:15 P.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus
Chronic old heart dis.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Ernest S. Kahan* M. D.(Address) *3000 W. York Ave.*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

99576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 14-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Cornel Stevenson

(a) Residence: No.

1418 Madison Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) married
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6. If married, widowed, or divorced

Widowed of

William Stevenson

6. DATE OF BIRTH (month, day, year)

1907

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Washington D. C.

FATHER

13. NAME

Willie King

14. BIRTHPLACE (city or town) (State or country)

Alexandria Va.

MOTHER

15. MAIDEN NAME

Clynes Harris

16. BIRTHPLACE (city or town) (State or country)

Alexandria Va.

17. INFORMANT

(Address)

William Stevenson
1418 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

(Address)

Samuel G. Hemmick
578 N. Broadway
Washington, D. C.

20. FILE

K 27-1834

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1934, to March 19, 1934

I last saw him alive on March 19, 1934 Death is said to have occurred on the date stated above, at 1:15 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Myomata uteri
2. Dubo ovarian abscess - bilateral
3. Peritonitis
4. Pyelitis

Other contributory causes of importance:

(1) Uræmia - (terminal)

Operations attempted - but condition of patient was too bad that Name of operation only skin was opened Date of 3-19-34

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. M. Macmillan
ST. JOSEPH'S HOSPITAL

M. D.

BALTIMORE, MD.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Franklin St., 4-01 Ward)Length of residence in city or town where death occurred 85 yrs. 7 mos. 8 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Fergus O'Connor(a) Residence: No. 7 E. Franklin St., 4-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of Anna Larigey
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 11, 18487. AGE Years 85 Months 7 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME John O'Connor14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Murray16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Jos. V. O'Connor
(Address) 1231 Greenmount Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 3/22 19 3419. UNDERTAKER Henry V. Mears
(Address) 2012 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 19 3422. I HEREBY CERTIFY, That I attended deceased from March 1st 19 34 to March 19th 19 34I last saw him alive on March 19th 19 34. Death is said to have occurred on the date stated above, at 7:51 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Chronic HypertensionDate of onset
March 1st 1934

Other contributory causes of importance:

Arteriosclerosis
HypertensionName of operation None Date of NoneWhat test confirmed diagnosis None Was there an autopsy Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes(Signed) H. O. Chabaud M. D.(Address) 1300 N. Calvert St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R21 1934

99578 HEALTH DEPARTMENT—CITY OF BALTIMORE

99578

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *107 E. Pratt* St., *Ward* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 27, 1857*

7. AGE Years *82* Months *5* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Francis Kelly*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mary Ann McHerrin*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT (Address) *Records Balt City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Christ Church* Date *3/21* *34*19. UNDERTAKER (Address) *J. J. Fahney & Son 11318 Dwight St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 20*, 193422. I HEREBY CERTIFY, That *no* attended deceased from *Oct 20*, 1930 to *March 20*, 1934I last saw him alive on *March 20*, 1934. Death is said to have occurred on the date stated above, at *9:30 P* m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

8 days

Other contributory causes of importance:

*Arteriosclerosis Myocardial Transfusing**3 years*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) *Phoguel* M. D.(Address) *Balt City Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 21 1934

th. taylor Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

99579

99579

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Eutaw Place St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. 9 mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Benjamin N. Sommer

(a) Residence: No. 1909 Eutaw Place St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah B. Sommer

6. DATE OF BIRTH (month, day, year) Feb. 13, 1880

7. AGE Years 54 Months 1 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman, 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture, 10

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William J. Sommer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rose Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William J. Sommer (Address) 1378 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Place Good Shepherd Ch. Date Mar. 24, 1934

19. UNDERTAKER Easton Sons (Address) 1111 North City

20. FILER 11-1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1934

22. I HEREBY CERTIFY That I attended deceased from February 29, 1933, to March 21, 1934.

I last saw him alive on March 21, 1934. Death is said to have occurred on the date stated above, at 1:55 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis (nephrotic type) 1931

Other contributory causes of importance:

Nephritic glycosuria 1931
Uremic coma March 20, 1934

Name of operation None Date of

What test confirmed diagnosis? Urine + blood exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) A. S. Chaffey M. D.

(Address) 6205 York Road.

E 99580

99580 HEALTH DEPARTMENT—CITY OF BALTIMORE

282008

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? 1 yrs. 6 mos. 6 ds.2. FULL NAME Leon Sewell(a) Residence: No. Hawthornville St. Georgia Ward. Georgia

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-12-167. AGE Years 17 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Ga (State or country)13. NAME George Dewe14. BIRTHPLACE (city or town) Ga (State or country)15. MAIDEN NAME Gregory16. BIRTHPLACE (city or town) Ga (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL 30 3/21/34 Place Hawthornville Date19. UNDERTAKER Joseph Abrams (Address) 2211 Broadway20. REGISTRAR John H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to March 18, 1934.I last saw him alive on March 18, 1934. Death is said to have occurred on the date stated above, at 5:20 A. M.

The principal cause of death and related causes of importance were as follows:

Uremia
and
myocardial infarctionDate of onset 3/13/34Life
Life

Other contributory causes of importance:

Name of operation Blood Chemistry Date of 3/13/34What test confirmed diagnosis Rubbery Was there an autopsy? yes23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Arthur H. Hurd M. D.(Address) Johns Hopkins Hospital

E 99581 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99581

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3 years* How long in U. S. If of foreign birth *61 yrs. 5 mos. 17 ds.*

2. FULL NAME

(a) Residence: No.

New York City St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct. 30-1846*7. AGE Years *87* Months *4* Days *21* If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *New York City* (State or country)13. NAME *Michael Quinlan*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Mary Baker*16. BIRTHPLACE (city or town) *New York* (State or country)17. INFORMANT *W. H. Reynolds* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *New York NY* Date *3/21/34*19. UNDERTAKER *Chas. W. Morris* (Address) *100 West Ave.*20. *Huntington Williams, M.D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April* 19*28* to *March 21, 1934*I last saw him alive on *March 21, 1934* Death is said to have occurred on the date stated above, at *1:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Arterio Sclerosis
Parspica
Rt. thickened pleura*

Other contributory causes of importance:

Coronary thrombosis 3 days

Name of operation _____ Date of _____

What test confirmed diagnosis *findings* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) *Samuel P. Alajala* M. D.

(Address) _____

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21 1934

99582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Selda Anita Bingham

(a) Residence: No.

*Reisterstown Rd.**Baltimore Co.*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 1, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*0**11**20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pikeville, Ind.

13. NAME

Ralph W. Bingham

14. BIRTHPLACE (city or town) (State or country)

Tennessee

15. MAIDEN NAME

Margaret Benjman

16. BIRTHPLACE (city or town) (State or country)

Ind.

17. INFORMANT

Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Charles

Date

Mar. 23, 1934

19. UNDERTAKER

(Address)

*Mr. Perryman & Sons
Reisterstown Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 18, 1934* to *March 21, 1934*I last saw him alive on *March 21, 1934* Death is said to have occurred on the date stated above, at *4:45 P.m.*

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia - bilateral

Date of onset

*3-15-34**(No measles)*

Other contributory causes of importance:

Name of operation

0

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 21 1934

9958347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Glorioso

(a) Residence: No.

209 S Clinton St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Salvatorio

6. DATE OF BIRTH (month, day, year)

12-16-1886

7. AGE

Years 47

Months 3

Days 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

FATHER

13. NAME

Vittorio Remo

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Antonia Remo

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date: March 24, 1934

19. UNDERTAKER

(Address)

Wendell J. Goppel 300 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to March 20, 1934.

I last saw her alive on March 20, 1934. Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis following perforation of sigmoid diverticula

Date of onset

March 8, 1934

Other contributory causes of importance:

Pulmonary edema

Date of onset

March 19, 1934

Name of operation Exploratory laparotomy Date of March 24, 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

E. H. Humphreys

(Address)

Johns Hopkins Hospital

M. D.

221 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99584

✓ 93-001

99584

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Gaugh St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1213 Gaugh St. 3-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Madeline Torino
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 29 18777. AGE 57 Years 57 Months 20 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Italy
(State or country)13. NAME Nicholas Torino14. BIRTHPLACE (city or town) Italy
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Nick Badams
(Address) 321 S Eden St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Roderica Date March 22, 193419. UNDERTAKER Manuel J. Shippey
(Address) 300 S. Calumet St.
Frank E. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw h. 0 alive on 19 Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of 76What test confirmed diagnosis? Heart Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Dr. Henry M. D. M. D.
(Address) 1307 Patterson Park

R211934

ME 99585

HEALTH DEPARTMENT—CITY OF BALTIMORE

99585

CERTIFICATE OF DEATH

✓ 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sinai Hospital, 16-01 Ward

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma A. Foley

(a) Residence: No.

2927 Baker St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f	4. Color or Race w	5. Single, Married, Widowed, or Divorced (write the word) married
-------------	-----------------------	--

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

James A. Foley

6. DATE OF BIRTH (month, day, year)

Feb. 15, 1886

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48

1

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

Andrew Spittle

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Louisa Posey

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

James A. Foley
2927 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Ph.

Date 3/23

1934

19. UNDERTAKER

(Address)

Geo. W. Little
2200 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

inguy, 19, to 19

I last saw h. alive on inguy 19. Death is said

to have occurred on the date stated above, 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Broncho Pneumonia

Date of onset

2/25/34

3/16/34

Other contributory causes of importance:

Automobile accident

Name of operation

none

Date of

✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? Lafayette Ave. & Howard St.

Specify whether injury occurred in industry, in home, or in public place

Street Accident

Manner of injury Auto she was riding by

Nature of injury has struck by another auto

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Pokorny

(Address) 200 E Madison St.

M. D.

R 21 1934

E 99586

E 99586 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Somerset Road St. 15-01 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. Martha Garthe St., Windsor Court Apt 45 Ward. 15-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 28-18597. AGE Years 74 Months 3 Days 20 If LESS than 1 day, ... hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Public School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME August Garthe14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Christine Piller16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Emma Garthe, Reg. (Address) 3427 13th St Washington D.C.18. BURIAL, CREMATION, OR REMOVAL Place Woods Hill Cem. Date March 22, 193419. UNDERTAKER Woods Hill Cem.20. FILED 21 1934 Heatington Williams, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 193422. I HEREBY CERTIFY, That I attended deceased from March 10/34, 1934, to March 20, 1934I last saw her alive on March 19, 1934 death is said to have occurred on the date stated above, at 12⁴⁵ P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage and paralysis

Date of onset

March 10/34

Other contributory causes of importance:

arterio sclerosis
Hypertensionabout 1928Name of operation none Date ofWhat test confirmed diagnosis? physical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Walter D. Hubert, M. D.(Address) 2220 Garrison

OCCUPATION is very important. See instructions on back of certificate.

E 99587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99587

CERTIFICATE OF DEATH.

✓ 92-001

1-PLACE OF DEATH

CITY OF BALTIMORE (NO

2-FULL NAME

(Residence in Baltimore No.

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St.: yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male	4-COLOR OR RACE White	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married
6-DATE OF BIRTH 1/27/1879 (Month) (Day) (Year)		
7-AGE 57 yrs. 1 mos. 24 ds.		IF LESS than 1 day, ...hrs. or...min.?
8-OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Laborer		
9-BIRTHPLACE (State or Country) Baltimore		
10-NAME OF FATHER August O'Brien		
11-BIRTHPLACE OF FATHER (State or Country) Baltimore		
12-MAIDEN NAME OF MOTHER Mary Ireland		
13-BIRTHPLACE OF MOTHER (State or Country) Md		

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

21-1934

Thurston Williams, M.D.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH
May 20, 1934
(Month) (Day) (Year)

17- I HEREBY CERTIFY, that I took charge of the remains described above, held an inquest, autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Fibrous Disease of Heart
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Signed) J. H. Morrison, M. D.
8/21/34 (Address) 3632 Polk St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death... yrs. mos. ds. State... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20-UNDERTAKER

ADDRESS

99588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Madison Street & Caroline Street Ward 8-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 Years mo. da. How long in U. S. If of foreign birth? yrs. mo. da.2. FULL NAME Gerhard C.E. Stalfort(a) Residence: No. 1637 N. Broadway
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Helen Dahnke Stalfort
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 16, 1850.7. AGE Years 83 Months 8 Days 3 If LESS than 1 year, specify in days or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Leather Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME John Stalfort14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Lucia (Unknown)16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mr Charles Stalfort
(Address) 1637 N. Broadway18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 24, 193419. UNDERTAKER George J. Roth, Inc.
(Address) 1637 N. Broadway

21 1934

Heington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21/34 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

General Arteriosclerosis (Senile)

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John H. Quinn(Address) 100 E North Ave

M. D.

42-93589

E 99589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Montford St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Earl Edward Bunce

(a) Residence: No. 822 N. Montford St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Jan 16/34		
7. AGE	Years 2	Months 5
		Days 5
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.		
FATHER	13. NAME Edward M. Bunce	
	14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.	
MOTHER	15. MAIDEN NAME Pearl Bleimberger	
	16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.	
17. INFORMANT Edward M. Bunce (Address) 822 N. Montford Ave		
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/22/34		
19. UNDERTAKER William Cook (Address) 4247 53rd Ave		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	Mar 21/34
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19	
I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 8 A.M.	
The principal cause of death and related causes of importance were as follows: Probably Congenital Atelectasis	
Other contributory causes of importance: Prematurity (8 mons Gestation)	

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the fol- lowing: Accident, suicide, or homicide? Date of injury 19	
Where did injury occur? (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
(Signed) J. H. B. J. H. B.	M. D.
(Address) 508 E. Mont	Coroner

MAR 22 1934

M. D. B. 1268-2

99590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

St., 8-00

How long in U. S. If of foreign birth?

Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on

to have occurred on the date stated above, at 9:00 A. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hypertension.

Other contributory causes of importance:

Cerebral hemorrhage with left-sided hemiplegia

Name of operation

What test confirmed diagnosis? C. INICA/ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address)

MAR 22 1934

M. D. E 99591

E 99591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1811 W. Lafayette St.* Ward *6-01*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles E. Wostham(a) Residence: No. *1811 W. Lafayette St.* Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Laura E. Wostham* (or WIFE of)6. DATE OF BIRTH (month, day, year) *Oct 8th 1868*7. AGE Years *65* Months *5* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *X*11. Total time (years) spent in this occupation. *X*12. BIRTHPLACE (city or town) *Wake* (State or country) *Va*13. NAME *William G. Wostham*14. BIRTHPLACE (city or town) *Wake* (State or country) *Va*15. MAIDEN NAME *Louise Garland*16. BIRTHPLACE (city or town) *Wake* (State or country) *Va*17. INFORMANT *Mrs Laura E. Wostham* (Address) *1811 W. Lafayette St. Va*

18. BURIAL, CREMATION, OR REMOVAL

Place *Eden Hill* Date *Mar 22nd 1934*19. UNDERTAKER *Van Hook* (Address) *1217 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 20th 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 18th 1934* to *Mar 20th 1934*I last saw him alive on *Mar 19th 1934* Death is said to have occurred on the date stated above, at *3 a. m.*

The principal cause of death and related causes of importance were as follows:

Latent Sclerosis 1918
Primary

Other contributory causes of importance:

*Pleurisy and Pulmonary Bedema*Name of operation *Emul* Date of *10*What test confirmed diagnosis? *Emul* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify _____(Signed) *W H Pearce* M. D.(Address) *2105 Charles St*

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

3

MAR 22 1934

M. D. B. 1934-1 99592

HEALTH DEPARTMENT—CITY OF BALTIMORE 99592

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3109 Orlando Ave 27-01 Ward)Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3109 Orlando Ave 27-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E. Hunter6. DATE OF BIRTH (month, day, year) Oct 19th 18627. AGE Years 71 Months 5 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. P. A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Feb 1934 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Andrew Hunter14. BIRTHPLACE (city or town) The Known (State or country)15. MAIDEN NAME Margaret Scott16. BIRTHPLACE (city or town) The Known (State or country)17. INFORMANT Cora E. Hunter (Address) 3109 Orlando Ave18. BURIAL, CREMATION, OR REMOVAL Place Quid Ridge Date Mar 22nd 193419. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 193422. I HEREBY CERTIFY, That I attended deceased from Mar. 6 - 1934 to Mar 20, 1934.I last saw him alive on Mar. 20, 1934. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach Date of onset 1912

Other contributory causes of importance:

Impaction Date of onset 2 wks.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) W. C. H. Jones M. D.(Address) 5600 York Rd.

STATE CAUSE OF DEATH IN DEATH CERTIFICATE IS VERY IMPORTANT. See instructions on back of certificate.

MAR 22 1934

Registrar.

M. D. B. 99593

Zant

E 99593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Warner St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1212 Warner St., (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Zant

6. DATE OF BIRTH (month, day, year) Feb 26 1855

7. AGE Years 79 Months 0 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knox Hat Co

10. Date deceased last worked this occupation (month and year) Jan 19 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Cunningham (Address) 1212 Warner St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross U C Co Date Mar 23 1934

19. UNDERTAKER Wm Cook (Address) 1207 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to March 20 1934

I last saw him alive on March 20 1934 Death is said to have occurred on the date stated above, at 12:50 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Generalized Arteriosclerosis

Other contributory causes of importance:

Senile Debility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Vincent M Messina M. D.

(Address) 122 W Calvert St

MAR 22 1934

M. D. R. 99594

✓ E 99594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Payson St., 16-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 717 N. Payson St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) widow6a. If married, widowed, or divorced
of _____
(or) WIFE of Wallace O6. DATE OF BIRTH (month, day, year) Mar 22 18647. AGE Years 69 Months 11 Days 29 If LESS than
1 day, hrs. 02 min. 008. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. at home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. ooo10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town).
(State or country) Balt13. NAME John W. Craft14. BIRTHPLACE (city or town).
(State or country) Balt15. MAIDEN NAME Elena R. Hollingshead16. BIRTHPLACE (city or town).
(State or country) Balt17. INFORMANT Wm J. Shentoy
(Address) 717 N. Payson

18. BURIAL, CREMATION, OR REMOVAL

Place Woodmont Date 3/24 193419. UNDERTAKER Wm. C. Cook
(Address) 1217 St. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/34 8:30

22. I HEREBY CERTIFY, That I attended deceased from

11 years to 19 to 19
I last saw him alive on Mar 20 1934 Death is saidto have occurred on the date stated above, at 8 A. m.The principal cause of death and related causes of
importance were as follows:Cerebral Hemorrhage

Date of onset

Mar 14 -
34

Other contributory causes of importance:

Arteriosclerosis1930Name of operation None Date of _____What test confirmed diagnosis? Micro Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Shantuck & Selem M. D.(Address) 1609 Linden Ave

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY TRANSMITTED. See instructions on back of certificate.

V.S. 3

M. D. B. E. 99595

E 99595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 McKean St., 16-01 Ward)Length of residence in city or town where death occurred 2 yrs. 4 mos. 16 ds. How long in U. S. If of foreign birth? 2 yrs. 4 mos. 16 ds.

2. FULL NAME

(a) Residence: No. 918 McKean St., 16-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced

HUSBAND of

Marie6. DATE OF BIRTH (month, day, year) Jan 14 18637. AGE Years 71 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt Md.
(State or country)13. NAME 2.14. BIRTHPLACE (city or town) 2.
(State or country)15. MAIDEN NAME 2.16. BIRTHPLACE (city or town) 2.
(State or country)17. INFORMANT Marie Godwin
(Address) 918 McKean

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 3/23, 193419. UNDERTAKER Wm Gork
(Address) 1214 St Paul St20. FILED 2-18-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1933, to Mar 20, 1934I last saw him alive on Mar 20, 1934 Death is saidto have occurred on the date stated above, at 9:01 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 3/15/34

Other contributory causes of importance:

arterio SclerosisName of operation None Date of 2/15/34What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Wheeler, M. D.(Address) 2129 St Paul Ave

State cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

699596

699596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. East Avenue St. 26-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan A. Burkins

(a) Residence: No. 811 S. East Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John S. Burkins (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1856

7. AGE Years 77 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Hugh Caseoll

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Elizabeth Setch

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Miss Goldie Burkins (Address) 811 S. East Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Mar. 22, 1934

HENRY SANDER & SON, INC.

19. UNDERTAKER Broadway & Baltimore St. (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1933, to March 19, 1934

I last saw her alive on March 19, 1934. Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

11/17/33

Other contributory causes of importance:

Diabetes mellitus Indefinite

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Henry B. Atter M. D.

(Address) 2864 S. P. St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. 1934 99597

E 99597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Good Shepherd General Hospital*CITY OF BALTIMORE: (No. *23-01* St. *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *16* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Mary Elizabeth Johnson*(a) Residence: No. *1104 Seadenhall* St., *23-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *A. A.* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Charles Johnson*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *4/8/1863*7. AGE Years *70* Months *11* Days *10* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *70*12. BIRTHPLACE (city or town) *Brooklyn*
(State or country) *Maryland*13. NAME *Henry Bias*14. BIRTHPLACE (city or town) *A. A. Co*
(State or country) *Maryland*15. MAIDEN NAME *Martha Snowden*16. BIRTHPLACE (city or town) *A. A. Co*
(State or country) *Maryland*17. INFORMANT *Minnie Carter (Daughter)*
(Address) *1104 Seadenhall St*18. BURIAL, CREMATION, OR REMOVAL
Place *Greenacres Beach* Date *3/22/34* 1919. UNDERTAKER *Walter B. Spring*
(Address) *39 W. Baltimore St*20. REGISTRAR *Walter B. Spring*
(Address) *39 W. Baltimore St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/18* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *2/21* 19*34* to *3/18* 19*34*I last saw her alive on *3/18* 19*34*. Death is said to have occurred on the date stated above, at *9 P* m.

The principal cause of death and related causes of importance were as follows:

Emia
Chr. Nephritis
Chr. Myocarditis
Altered renal
Gangrenous foot (Rt)

Date of onset

*3/18/34**unk**unk**unk*

Other contributory causes of importance:

Atherosclerosis
*Hypertension**unk**unk*Name of operation *none* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Cason C. Johnson* M. D.(Address) *632 Baker St*

OCCUPATION is very important. See instructions on back of certificate.

MAR 22 1934

Registrar.

M. D. B. 1934
E 99598

E 99598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 McElderry St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2202 McElderry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE 31 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Gibson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca ????

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rebecca Tubman (Address) 2202 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 3-23-1934

19. UNDERTAKER

(Address) 2202 McElderry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20/34

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h..... alive on 19 Death is said to have occurred on the date stated above, A.M. m.

The principal cause of death and related causes of importance were as follows: Probably Pulmonary Tuberculosis (Date of onset)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Brown Coroner M. D. (Address) 508 E. 10th St

R22 1934

M. D. E 99599

✓ E 99599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME *Baby Boy Stewart*

(a) Residence: No. *6020 Pinehurst Rd.* St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3-18-34*

7. AGE Years Months Days If LESS than 1 day, hrs. or 35 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *MD*

13. NAME *Ralph Howard Stewart*

14. BIRTHPLACE (city or town) *Centerville*
 (State or country) *MD*

15. MAIDEN NAME *Anna Florine Moore*

16. BIRTHPLACE (city or town) *Westminster*
 (State or country) *MD*

17. INFORMANT *Mrs. Anna Stewart*
 (Address) *6020 Pinehurst Rd.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Hospital Grounds* Date *March 21, 1934*

19. UNDERTAKER
 (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 18, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 18*, 1934 to..... 19.....

I last saw him alive on *Feb. 18*, 1934 Death is said to have occurred on the date stated above, at *3* *15* a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (5 mo.)

Date of onset

Other contributory causes of importance: —

Name of operation..... Date of.....

What test confirmed diagnosis? *Chromal* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Chas. C. Dunder
St. Agnes Hospital

M. D.

R 22 1934

Huntington Williams

See instructions on back of certificate. See instructions on back of certificate. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 1-01 Ward)Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Schaefer

(a) Residence: No.

3122 Foster Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 20/34

7. AGE Years Months Days If LESS than 1 day. 28a. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Melvin Schaefer14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)15. MAIDEN NAME Helen W. Hopner16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Melvin Schaefer
(Address) 3122 Foster Ave18. BURIAL, CREMATION, OR REMOVAL Holy Rosary Date Mar. 22 1934
Place19. UNDERTAKER William J. Williams
(Address) 403 S. W. 4th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 8 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
(7 mons Gestation)

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) John H. Bauer(Address) 508 E North Ave

Coroner M. D.

MAR 22 1934

E 99601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99601

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 E. Oliver St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine E. Hook

(a) Residence: No.

1516 E. Oliver

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
 HUSBAND of George W. Hook
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Veara

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME High

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Gertrude Laubert (Address) 1708 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3-22-34

19. UNDERTAKER Wendell E. Humphreys (Address) 1501 N Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

(History of Hypertension)

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

AR 22 1934

E 99602

E 99602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Carroll St. 21-01 Ward)Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1136 Carroll St., 21-01 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widow
 6a. If married, widowed, or divorced, HUSBAND of Albert Weinlich (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15 18497. AGE Years 84 Months 5 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Not known14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Louis Weinlich
(Address) 775 N. Cross St.18. BURIAL, CREMATION, OR REMOVAL 3/22/34
Holy Cross 446 Date19. UNDERTAKER Bernard J. Harbo
(Address) 1000 S. Race St.20. FILED Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 193422. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Mar 20 1934I last saw him alive on Mar 20 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho PneumoniaExtensive 14 degree burn

Other contributory causes of importance:

Septicemia 2/20/34
Cholera
Accident
Age
Weakness
Heart
Stroke
Diabetes
Hypertension
Arteriosclerosis
Obesity
Alcoholism
Tobacco
Smoking
Drugs
Medicine
Food
Water
Air
Light
Sound
Heat
Cold
Moisture
Dryness
Pressure
Vibration
Shock
Electricity
Magnetism
Radiation
Radioactivity
Chemicals
Toxins
Bacteria
Fungi
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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mattie Turner(a) Residence: No. 1019 N. Gilmar St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 5-25-817. AGE Years 52 Months 9 Days 24 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ind
(State or country)13. NAME Robert Dorsey14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Easter Mills16. BIRTHPLACE (city or town) Ind
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Zion Date March 22, 193419. UNDERTAKER Mrs. Katie B. Williams
(Address) 322 N. Schroeder St.

No. FILED _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 193422. I HEREBY CERTIFY. That I attended deceased from March 16, 1934 to March 19, 1934I last saw her alive on March 19, 1934. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Myomata uteri
Intestinal ObstructionDate of onset Unknown
4 days

Other contributory causes of importance:

Arteriosclerosis & HypertensionName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No. If yes specify _____

(Signed) Jos. H. Brown(Address) Johns Hopkins Hospital

M. D.

99604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals 82-001

CITY OF BALTIMORE: (No.

Baltimore Md. 12-13-34 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Stott

(a) Residence: No.

Riviera Apartment St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

Husband of (or) WIFE of

Alfred Stott

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

50

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

13. NAME

Peter Savage

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Mary Hatney

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place

Mount Lion

Date

March 24, 1934

19. UNDERTAKER

(Address)

Joseph A. Lytle 408 N. Mount Street
Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-24-1932 to 2-20-1934

I last saw him alive on 3-20-1934 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1 hr

Other contributory causes of importance:

Atherosclerosis & Hypertension

12/4/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAR 22 1934

E 99605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. *1118 Warner*

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 17, 1909*7. AGE Years *24* Months *9* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *South Carolina*13. NAME *Joseph Crockett*14. BIRTHPLACE (city or town) (State or country) *S. C.*15. MAIDEN NAME *Emily Mitchell*16. BIRTHPLACE (city or town) (State or country) *S. C.*17. INFORMANT *Ricardo* (Address) *Bald City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion* Date *March 25, 1934*19. UNDERTAKER (Address) *Joseph A. Lynch*

22-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 13, 1934* to *March 20, 1934*I last saw him alive on *March 20, 1934* Death is said to have occurred on the date stated above, at *10:35 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
to congestive failure
Hypertension
Atherosclerosis*

Date of onset

?

?

?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *T. Phayil*

M. D.

(Address) *Bald City Hosp.*

99606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 35

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Hawkins

(a) Residence: No. 1025 North Gilmore St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND (or) WIFE of Daniel Hawkins

6. DATE OF BIRTH (month, day, year) May 1897

7. AGE Years 36 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at home 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Sarah Barnum

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Daniel Hawkins (Address) 1025 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date Mar 24 1934

19. UNDERTAKER Thomas E. Nelson (Address) 1355 Presler St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to March 15, 1934

I last saw him alive on March 19, 1934 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

1. Myometrium uteri
2. Salpingitis - chronic
3. Tuber. granularis of
4. Intestinal obstruction

Other contributory causes of importance:

1. Toxemia

supra-ovarian cystectomy Name of operation: bilateral salpingectomy Date of 3-13-34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

22 1934

E 99607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Mayland Ten. Home

CITY OF BALTIMORE: (No.)

St. 15-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barry G. Dawson

(a) Residence: No. 2201 Elsinor Ave St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Mar 17 / 1934

7. AGE

Years

Months

Days

3

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

John Jackson Dawson

14. BIRTHPLACE (city or town)
(State or country)

8500 Parkman Ave

15. MAIDEN NAME

New Virginia DOWD

16. BIRTHPLACE (city or town)
(State or country)

Victoria, B.C.

17. INFORMANT

(Address)

Corp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place

W Med College

Date Mar 22, 1934

19. UNDERTAKER

(Address)

Baltimore City Health Dept

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3 / 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

3 / 18 / 1934, to 3 / 20, 1934

I last saw him alive on 3 / 20, 1934. Death is said

to have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of
importance were as follows:

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

22 1934

232

E 99608

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99608

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2736 Fredrick Ave

CITY OF BALTIMORE (No

ST. 20-01 WARD)

2. FULL NAME

Katherine A. Zimmerman

(a) RESIDENCE NO.

2736 Fredrick Ave

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 50 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Fe

4 COLOR OR RACE

w

5 Single, Married, Widowed,
or Divorced, (write the word)

m

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Conrad G. Zimmerman

6 DATE OF BIRTH (month, day, and year)

2/2/68

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

68

66

1

20

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Housework

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Home

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Germany

10 NAME OF FATHER

Frank Gerner

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Dorothy Gertz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14

Informant
(Address)Wm Zimmerman
2736 Fredrick Ave

15

R 22 1934

H. E. Taylor Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22-34

17

I HEREBY CERTIFY, That I attended deceased from

June 1931, to Mar 22, 1934

that I last saw him alive on Mar 21, 1934

and that death occurred, on the date stated above, at 12³⁰ a.m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

same

Did an operation precede death? ☒ Date ofWas there an autopsy? ☒

What test confirmed diagnosis?

El & Phy Exam

(Signed)

F. T. Hyper

M. D.

19

(Address)

3321 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

New Cathedral Cem.

DATE OF BURIAL

Mar 24th 1934

20 UNDERTAKER

Charles W. Dill

ADDRESS

3109 Fredrick Ave.

E 99609 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99609

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 Oswego Ave St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2513 Oswego Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Elin Bates Horgan
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 29, 18577. AGE Years 77 Months 0 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal & Feed
10. Date deceased last worked at this occupation (month and year) Jan. 1920 11. Total time (years) spent in this occupation 20 years12. BIRTHPLACE (city or town) (State or country) Baltimore, Md13. NAME Michael Horgan14. BIRTHPLACE (city or town) (State or country) Canada15. MAIDEN NAME Mary Christopher16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT Mrs. Mary Doyle
(Address) was Mary Doyle, 2513 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/23 193419. UNDERTAKER LeVernon Lemmon
(Address) 4011 Park Heights Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20, 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1934 to March 20, 1934I last saw him alive on Mar. 19, 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Uraemia (Coma) 3-10-34
Chronic nephritis (hyp)

Other contributory causes of importance:

General arteriosclerosis unknownName of operation Clinical Date ofWhat test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) James S. Alshurst M. D.(Address) 4012 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

22 1934

99611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99611

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hosp* St. *9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Sydenham Hosp* St. *Bldg. 6* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *S.*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jan. 10, 1928*7. AGE Years *6* Months *2* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. County Maryland*13. NAME *Frank E. Sellers*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*15. MAIDEN NAME *Therese Ellis*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Hosp Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. John's Cem.* Date *Mar. 24, 1934*19. UNDERTAKER *Easton Sons*(Address) *Easton City**Thurston Polina, etc.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 23, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1934* to *March 22, 1934*I last saw him alive on *March 22, 1934* Death is said to have occurred on the date stated above, at *5:07 A.M.*

The principal cause of death and related causes of importance were as follows:

Therese Bronchopneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Daniel E. Beppard* M. D.(Address) *Sydenham Hosp*

22-1934

See instructions on back of certificate.

E 99612

99612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 N. Calvert St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. - mos. - ds. How long in U. S. If of foreign birth 67 yrs. - mos. - ds.

2. FULL NAME THEODORE PETER WEIS

(a) Residence: No. 2700 N. Calvert St., 12th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of AMELIA D. LANGMANN DEC. 1888 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1859

7. AGE 75 Years 3 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. GROCERY

10. Date deceased last worked at this occupation (month and year) 1912 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) GLADENBACH (State or country) GERMANY

13. NAME LUDWIG WEIS

14. BIRTHPLACE (city or town) GERMANY (State or country)

15. MAIDEN NAME CAROLINE

16. BIRTHPLACE (city or town) GERMANY (State or country)

17. INFORMANT Carroll Tobman (Address) 2505 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date Mar 23, 1934

19. UNDERTAKER Henry H. Jenkins (Address) 101 Calvert St.

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1934, to Mar. 20, 1934.

I last saw him alive on Mar. 20, 1934. Death is said to have occurred on the date stated above, at 11:59 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 7.32
Chronic myocarditis 7.32

Other contributory causes of importance:

Bronchial pneumonia 1929

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank M. Golen M. D.
(Address) 2721 N. Calvert St.

99613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1910 W. Pratt St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Ella O. Mark,
(or) WIFE of6. DATE OF BIRTH (month, day, year) October 9, 18567. AGE Years 77 Months 5 Days 12 If LESS than 1 day, hr. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Miss Katherine O. Mark
(Address) 1910 W. Pratt St.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 24 193419. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 193422. I HEREBY CERTIFY, That I attended deceased from March 19, 1934 to March 21, 1934I last saw him alive on March 21, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture Dislocation of 4th dorsal Vertebra with severance of Spinal Cord

Other contributory causes of importance:

BronchopneumoniaName of operation Laminectomy Date of 3/20/34What test confirmed diagnosis? Operation Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury March 19, 1934Where did injury occur? Baltimore Maryland (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Fell starting to go up stepsNature of injury Fracture dislocation of 4th dorsal vertebra with severance of spinal cord24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signature) C. P. Thrope Jr. M. D.
(Address) Chesapeake Hosp.

MAR 22 1934

Huntington Williams, Jr.

OCCUPATION is very important. See instructions on back of certificate.

E 99614

99614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N. Augusta Ave. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles C. Hughes,

(a) Residence: No. 629 N. Augusta Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Jennie T. Hughes, (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 70 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles E. Hughes,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Hewell,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Jennie T. Hughes (Address) 629 N. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL MAR 24 1934 Place Lorraine Date 19

19. UNDERTAKER Geo. H. Little (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to March 21, 1934.

I last saw him alive on March 21, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis.

Hypertension

Cerebral Haemorrhage

Ischaemic.

Other contributory causes of importance:

Long heart & liver.

Increased bleeding with

brain haem.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. H. Little M. D.

(Address) 7-16-34

OCCUPATION is very important. See instructions on back of certificate.

R2271934

99615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hosp.

St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Schmidt

(a) Residence: No.

707 Greenmount St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of Miss Anne Schmidt
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19th 1851

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
74	4	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plate business

10. Date deceased last worked at this occupation (month and year) Mar 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME John Schmidt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Margaret Wachtel16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Annie Schmidt (Address) 707 Greenmount St.18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 24th 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-193422. I HEREBY CERTIFY, That I attended deceased from 3-21-1934 to 3-22-1934I last saw him alive on Mar 22nd 1934. Death is said to have occurred on the date stated above, at 6:40 A.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma
Diabetes

Date of onset

1-1-34

Other contributory causes of importance:

Generalized ArteriosclerosisName of operation B. S. A. Date of 3-22-34What test confirmed diagnosis? urine Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. Robinson

M. D.

(Address) Mercy Hosp

221934

Thos. H. Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

E 99616

39616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

LV54-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Anna Pagerski

(a) Residence: No. 516 Electric St., Scranton, Pa. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race whkte 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Benjamin Pagerski (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23/1907

7. AGE Years 26 Months 2 Days 27 1/4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

13. NAME Joseph Saterla

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rose Radekvich

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Scranton, Pa. Date 3/22/34

19. UNDERTAKER (Address)

Joseph Saterla
221 B Street
Scranton, Pa.
APR 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1.14 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebellar Tumor (Brain)
(Benign)

Date of onset

Other contributory causes of importance:

Name of operation Exenteration Date of 3/22/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Saterla M. D.

(Address) 508 6th Street

221834

M. D. E 99618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99618

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *14-01* Ward)Registered No. *99*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *430 Robert*

(Usual place of abode)

St., *Robert* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of Ella Ware
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *56* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butcher*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *056*12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Joe Ware*14. BIRTHPLACE (city or town) (State or country) *Cambridge, Va.*15. MAIDEN NAME *Julia Hamilton*16. BIRTHPLACE (city or town) (State or country) *Cambridge, Va.*17. INFORMANT *Ella Ware*(Address) *430 Robert St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Luke's Cemetery* Date *March 23 1934*19. UNDERTAKER *Frederick P. Ladd*(Address) *1101 N. Charles St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-19-34* 1922. I HEREBY CERTIFY. That I attended deceased from *3-4-34* 19 to *3-19-34* 19I last saw him alive on *3-19-34* 19. Death is said to have occurred on the date stated above, at *11:45 P. M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Sarcoma Osseum
Metastatic*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify,

(Signed) *William J. Ladd* M. D.(Address) *President Hospital*

OCCUPATION is very important. See instructions on back of certificate.

MAR 23 1934

E D 99819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

 E-99619
 93-004-313

Registered No.

 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)Length of residence in city or town where death occurred 5 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME

Roland R. Gill(a) Residence: No. 107 Scott St.

(Usual place of abode)

St., --- Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, X HUSBAND of Louise Gill.6. DATE OF BIRTH (month, day, year) April 25, 18947. AGE Years 39 Months 10 Days 27 If LESS than 1 day, --- hrs. or --- min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 040 Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)13. NAME Hamilton R. Gill.14. BIRTHPLACE (city or town) Maryland. (State or country)15. MAIDEN NAME Baily Kilbaugh.16. BIRTHPLACE (city or town) Maryland. (State or country)17. INFORMANT Pearl Shamer. (sister) (Address) 107 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Franklin Church Cemetery 3/25 1934

19. UNDERTAKER (Address)

Frank H. Newell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 193422. I HEREBY CERTIFY, That I attended deceased from --- 19 --- to --- 19 ---I last saw h. --- alive on 12.30 19 p.m. Death is said to have occurred on the date stated above, at --- m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None Date of ---What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? --- Date of injury --- 19 ---Where did injury occur? --- (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place ---

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

Otto Reinhardt

Coroner

M. D.

(Address) 1017 A. Charles St.

APR 23 1934

M. D. H. 12

E 99620

E 99620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3535 Buena Vista | 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3556 Poole St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ida Barnes

6. DATE OF BIRTH (month, day, year)

April 25, 1868

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

66

11

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Carroll Co. Md.

FATHER MOTHER

13. NAME

William Barnes

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Cordelia Becraft

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Ida Barnes 3556 Poole St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's, Hampden, Md. 23

19. UNDERTAKER

(Address)

Catherine & Son 3615-12 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Tabular Disease of Heart

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Morrison

Coroner

(Address) 3632 Roland

AR 23 1934

M. D. E 99622

E 99622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 11-01 Ward)Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 01 ds. How long in U. S. If of foreign birth? 2 yrs. 11 mos. 01 ds.2. FULL NAME Mary Foley(a) Residence: No. 1115

(Usual place of abode)

St. 11-01

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/907. AGE Years 43 Months 11 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md (State or country)13. NAME Frank Foley14. BIRTHPLACE (city or town) md (State or country)15. MAIDEN NAME Ellen Kelly16. BIRTHPLACE (city or town) md (State or country)17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral CemeteryDate 24/3419. UNDERTAKER Margaret G. Flynn(Address) 1423 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mich 21, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Mich 21, 1934I last saw her alive on Mich 21, 1934. Death is said to have occurred on the date stated above, at 6:53 p.m.

The principal cause of death and related causes of importance were as follows:

Pemphigus vulgaris
septicemic ulcers
Pneumonia terminal.

Date of onset

5-15-331-20-343-16-34

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1934Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Josef J. Bergmeyer(Address) Johns Hopkins Hospital

M. D.

OCCUPATION is very important. See instructions on back of certificate.

R 23 1934

M. D. B. 1268-9 **E 99623****E 99623****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

131

1. PLACE OF DEATHCITY OF BALTIMORE: (No. 1306 Hollins St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.**2. FULL NAME**(a) Residence: No. 1306 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Fraser6. DATE OF BIRTH (month, day, year) 18677. AGE Years 67 Months ? Days ? If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Wm. A. Dove14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Ann Linkertson16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Charles A. Fraser
(Address) 1306 Hollins St.18. BURIAL, CREMATION, OR REMOVAL
Place Trinidade Park Date Mar. 23, 193419. UNDERTAKER Geo. L. Beyer, Jr.
(Address) 1512 Hollins St.20. FILED 1934**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) March 21, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1934 to March 21, 1934I last saw her alive on March 20, 1934 Death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-renal disease

Date of onset

1930

Other contributory causes of importance:

Cerebral anoxemia

Date of onset

3/17/34

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. D. B. Beyer, Jr. M. D.(Address) 1324 W. Lombard St.

99624

HEALTH DEPARTMENT—CITY OF BALTIMORE

99624

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Harlem ave. St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1706 Harlem ave. St., Ward. (If non-resident give city or town and State)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hanks

6. DATE OF BIRTH (month, day, year) May 27th. 1891

7. AGE Years 42 Months 43 Days 9 If LESS than 1 day, hrs. 24 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James Dyson 14. BIRTHPLACE (city or town) St. Marys Co. Md. (State or country)

15. MAIDEN NAME Francis Cook 16. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

17. INFORMANT Daisy I. Brown (Sister) (Address) 210 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place 19. Undertaker Samuel T. Hemmley (Address) 578 W. Biddle St.

19. UNDERTAKER (Address) 578 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21st '34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1934 to March 21st 1934

I last saw him alive on March 21st death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows: Cardiac Decompensation

Date of onset 2-1-34

Other contributory causes of importance: Mitral Ins.

Ch. Inter. Nephritis

Name of operation None Date of Physical Exam. Urinalysis What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter J. Jackson M. D. (Address) 1631 W. Franklin St.

MAR 23 1934

M. D. B. E 99625

E 99625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Mabel Derrick* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1860*7. AGE Years *74* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *090* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Md.* (State or country)13. NAME *Wm. Derrick*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Rachael*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Mabel Derrick* (Address) *Bay View*18. BURIAL, CREMATION, OR REMOVAL Place *St. Luke's Cem.* Date *3/24/34*19. UNDERTAKER *Samuel G. Hemmick* (Address) *578 S. Biddle St.*20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 18, 1934* to *March 21, 1934*I last saw him alive on *March 21, 1934* Death is said to have occurred on the date stated above, at *7:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

2 Nov.

Other contributory causes of importance:

Name of operation *None* Date of *—*What test confirmed diagnosis? *X-ray, Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Bartholomew Higgins*(Address) *Provident Hospital*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Orchard St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 567 Orchard St., 17-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of George Parker
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 11 18997. AGE Years 34 Months 1 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Walter Spiggs14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Marie Devole16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Marie Plater
(Address) 567 Orchard St.18. BURIAL, CREMATION, OR REMOVAL
Place Wm. Auburnley Date 3/23/193419. UNDERTAKER Samuel T. Hempley
(Address) 578 W. Biddle St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 20, 193422. I HEREBY CERTIFY, That I attended deceased from 8:24 1934 to MAY 20, 1934I last saw him alive on MAY 20, 1934 Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery
Brain
Heart

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. E. Hempley M. D.(Address) 578 W. Biddle St.

E 99627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99627

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Aged. Men & Women's Home* ST. *Hopewell* WARD *16*)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Emma Brown*(a) RESIDENCE NO. *822 N. Carrollton St.* WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *30* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

*Female Colored Widowed*6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) *1855-*

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*79*8 OCCUPATION OF DECEASED *Inmate of*(a) Trade, profession or particular kind of work *Aged Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) *Va*10 NAME OF FATHER *Unknown*11 BIRTHPLACE OF FATHER (city or town)
(State or country) *Unknown*12 MAIDEN NAME OF MOTHER *Unknown*13 BIRTHPLACE OF MOTHER (city or town)
(State or country) *Unknown*

14

Informant
(Address) *Rosa Stewart*
822 Carrollton St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *3-20-1934*

17

I HEREBY CERTIFY, That I attended deceased from

*Jan 2, 1934, to March 20, 1934,*that I last saw him alive on *March 20, 1934,*and that death occurred, on the date stated above, at *4:58 p. m.*

The CAUSE OF DEATH* was as follows:

*Carcinoma at head of Pan-
creas, secondary in liver*

(duration) ? yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Edward J. Wheatley*, M. D.*3-22-1934* (Address) *1220 Sevid Hill Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL *Mt. Auburn*

DATE OF BURIAL

3-25-1934

20 UNDERTAKER

ADDRESS *142**W. H. H. &*

MAR 23 1934

M. 100 99629

E 99629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Elizabeth Tippet

(a) Residence: No.

Orville, Md

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 1878

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

55

8

?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

John Morgan

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Celia Quade

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Morganza Mt. Date 3/24 1934

19. UNDERTAKER

(Address)

Elmer A. Jordan
Mechanicville Mt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 22, 1934

I last saw her alive on March 22, 1934 Death is said to have occurred on the date stated above, at 1:25 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Glomerular Nephritis

7 mos.?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Bruno M. D.
Mercy Hospital

FILED

2231934

in the Baltimore, Md. Registrar

E 99630

M. D. B. 1934
E 99630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Alsea St. 27-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3020 Alsea St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 1 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of John Banice
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18977. AGE Years Months Days If LESS than 1 day, hrs. or min.
abt 358. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 5/27
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME Michael Byrne
14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Ben R. Brown
16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Mr. Chas. W. Banice
(Address) 3020 Alsea18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 3/24/34 19.19. UNDERTAKER J. J. Baker & Sons
(Address) 1208 Light St.20. REGISTERED Johnston Williams
(Address) 5103 Harbor Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/34 193422. I HEREBY CERTIFY, That ☒ attended, deceased from3/19 1934 to 3/21/34 1934I last saw her alive on 3/21/34 1934 Death is saidto have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Solar Prostration Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Where an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) H. W. Selby(Address) 5103 Harbor Rd

MAR 23 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 59631

99631

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 7-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *7* yrs. *0* mo. *0* da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Robert Bell* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

March 11, 1934, to March 19, 1934

I last saw him alive on March 19, 1934 Death is said

to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Sputum Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAR 23 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

9632

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced,

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)FATHER
MOTHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22.

I HEREBY CERTIFY, That I attended deceased from

March 12, 1934 to March 23, 1934

I last saw him alive on March 23, 1934 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Chronic Interstitial
Nephritis & Nephrosis

Other contributory causes of importance:

1. Diabetes Mellitus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

R 23 1934

Huntington Williams, Jr.
Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 15-01 St., 15-01 Ward)Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Lewis S. Rosenberg - (ROSENBURG)(a) Residence: No. 3911 Dorchester St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Sadie Rosenberg (or) WIFE of6. DATE OF BIRTH (month, day, year) 7-30-18867. AGE 47 Years 7 Months 22 Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanner
10. Date deceased last worked at this occupation (month and year) 08-06
11. Total time (years) spent in this occupation 08-0612. BIRTHPLACE (city or town) Md
(State or country)13. NAME Samuel Rosenberg14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Rosella Seldner16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Beth. Hebrew Cem. Date March 23, 193419. UNDERTAKER David Sanderson SonAddress 222 Entero Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 193422. I HEREBY CERTIFY, That I attended deceased from Feb - 21, 1934 to March 22, 1934
I last saw him alive on March 22, 1934 Death is said to have occurred on the date stated above, at 4 A.m.The principal cause of death and related causes of importance were as follows:
Subacute Bacterial Endocarditis myocardial insufficiency Date of onset Dec. 10
?Other contributory causes of importance:
Chronic Valvular disease ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Herbert Dickert M. D.(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AR 23 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 99634

99634

CERTIFICATE OF DEATH

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *5-01* Ward)Length of residence in city or town where death occurred *10* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1090* *Acquith St.* St. *5-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Jul 7 1913*7. AGE Years *21* Months *1* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Chesapeake*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Chesapeake*15. MAIDEN NAME *Bessie Chauncy*16. BIRTHPLACE (city or town) (State or country) *Chesapeake*17. INFORMANT *Bro Bridelis* (Address) *St Marys Sch. School*18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *Mar 24 1934*19. UNDERTAKER *Chas P. Grace & Son* (Address) *1800 N. Kroyal ave*20. FILED *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 21 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at *7:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis

Other contributory causes of importance:

Name of operation Date of *He*What test confirmed diagnosis *Clin* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: *No*

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. H. Hargrove M.D.* M. D.(Address) *1305 N. Patterson Park*

MAR 23 1934

M. D. B. 126 **E 99635****E 99635****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 3-01 St., 23 Ward)

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Moses Gibson

(a) Residence: No. 254 S. Dallas st. St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>1865 ?</u>		
7. AGE <u>69</u> Years <u>68</u>	Months	Days
If LESS than 1 day.....hrs. or.....min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Unknown
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME Thomas Gibson

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Mary's College Date March 25, 1934

19. UNDERTAKER
 (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1934
 22. I HEREBY CERTIFY, That I attended deceased from
March 10, 1934 to March 18, 1934
 I last saw him alive on March 18, 1934 Death is said
 to have occurred on the date stated above, at 5.15 a.m.

The principal cause of death and related causes of
 importance were as follows:

Pulmonary tuberculosis

Date of onset

Unknown

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the fol-
 lowing:
 Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) Christopher C. Shaw M. D.
 (Address) Baltimore City Hospitals

AR 23 1934

M. D. B. 99636

E 99636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 123 Winters St., 34 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Winters</u> (<u>Dead</u>)		

6. DATE OF BIRTH (month, day, year) Jan 13, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>61</u>		<u>2</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>	11. Total time (years) spent in this occupation <u>00</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) North Carolina13. NAME ?14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Records(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place 4477 Midway Date Mar 23, 193419. UNDERTAKER COMMUNITY BURIAL

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 19, 1934I last saw him alive on March 19, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

C. R. S. Syphilis
acute meningitis

Date of onset

?

?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) 1 Pharaoh M. D.(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

20. FILED

19

02353

E 99637

E 99637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 815 S Cluna St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) ?5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?6. DATE OF BIRTH (month, day, year) ?7. AGE 42 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) ?13. NAME ?14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date March 23, 1934

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 193422. I HEREBY CERTIFY, That, attended deceased from March 19, 1934 to March 20, 1934I last saw him alive on March 20, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Hepatitis

Date of onset

?

Other contributory causes of importance:

Name of operation Date of noWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Shoagel M. D.(Address) Bald City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Huntington Hall, R.D.
0234
Registrar.

M. D. 1934 99638

E 99638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital - 01* St., *10* Ward)Registered No. *97*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Catherine Harris*(a) Residence: No. *200* St., *10* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *?*7. AGE Years *52* Months *???* Days *???* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Brooklyn* (State or country) *N. Y.*13. NAME *Charles Harris*14. BIRTHPLACE (city or town) *Easton* (State or country) *Ind.*15. MAIDEN NAME *Catherine Johnson*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Green Valley* Date *Mar 23* 19*34*19. UNDERTAKER *JOHN J. HARRIS* (Address) *200 St. 10 Ward*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 25* 19*33* to *March 19* 19*34*I last saw him alive on *March 19, 1934* Death is said to have occurred on the date stated above, at *3:30 P. M.*

The principal cause of death and related causes of importance were as follows:

Intoxication by petroleum products

Date of onset

Other contributory causes of importance:

Name of operation Date of *NO*What test confirmed diagnosis? Was there an autopsy? *NO*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Pharmacol* M. D.(Address) *Balt. City Hosp.*

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS on back of certificate.

FILED

02338

E 99639

E 99639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Maryland
CITY OF BALTIMORE: (No. 10 St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul M. Krieger

(a) Residence: No. 1048 Harford Avenue

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 24, 1886

7. AGE Years 48 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Messman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-6-34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

13. NAME Matthew Krieger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Donowitz

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Church Date March 24, 1934

19. UNDERTAKER Henry Brock & Sons, Inc. (Address) 1301 E. Egan St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1934, to March 21, 1934.

I last saw him alive on March 21, 1934. Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

Abscess, pulmonary, right upper lobe

Date of onset

1-15-34

Other contributory causes of importance:

Embolism, cerebral

3-21-34

Name of operation Lung operation Date of 3-7-34 with resection of 3 ribs

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. M. Townsend M. D. U.S. Marine Hospital, Baltimore (Address)

AR 23-1934

E 99640

E 99640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Carralton ave. St. 18-01 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Webb

(a) Residence: No. 223 N. Carralton ave. St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4 Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced Elizabeth Webb
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1864

7. AGE Years 68 Months 4 Days ? If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, Sawyer, bookkeeper, etc. Porter 70
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bto. Life Ins.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

13. NAME Chas. Webb

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

15. MAIDEN NAME Mary Jane Johns.

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Annie Webb (Wife)
(Address) 223 N. Carralton ave.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 26, 193419. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. ... St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1933 to March 22nd, 1934

I last saw him alive on March 21st, 1934 death is said to have occurred on the date stated above, at 3.0 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation

Date of onset 11-1-1933

Other contributory causes of importance:
Ch. Inter NephritisName of operation Urinalysis Phys. Exam. Date of _____
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter J. Jackson, M. D.
(Address) 1631 W. Franklin St.

99641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Archer St St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 600 Archer St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, year)

Nov 22-1932

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

John Wood

14. BIRTHPLACE (city or town) (State or country)

Washington, D.C.

MOTHER

15. MAIDEN NAME

Josephine Page

16. BIRTHPLACE (city or town) (State or country)

York Pennsylvania

17. INFORMANT

(Address)

Josephine Wood
600 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place

St. CalvaryDate Mar 24 1934

19. UNDERTAKER

(Address)

Rayner Sanders
412 S. Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19 I last saw him alive on Inquiry 19 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Mar 21 1934

Other contributory causes of importance:

Whooping cough2

Name of operation

Date of

What test confirmed diagnosis?

Inquiryas there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Joseph L. Valentine
16 South Broadway

M. D. Coroner

23 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St., 10-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME

Ernest Wilkins (Poole)

(a) Residence: No. _____

907 N. Spring

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m.* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *-*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7-25-1931

7. AGE Years *2 1/2* Months *7* Days *26* If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Ernest Poole

14. BIRTHPLACE (city or town) (State or country)

N.C.

15. MAIDEN NAME

Carrie Smith

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Calvary

Date

3/24

19

19. UNDERTAKER

(Address)

*Raymond Sander**413 E. Preston St**Baltimore, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 12, 1934, to March 21, 1934.*I last saw him alive on *March 21, 1934.* Death is said to have occurred on the date stated above, at *8 p m.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary Tuberculosis
Tuberculous meningitis*

Date of onset

*2/19/33**March 1934*

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *h*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Arthur H. Hurd

M. D.

Johns Hopkins Hospital

23 1934

99643

E 99643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13234 Calvert St. Ward 11-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 13234 Calvert St. Ward 11-01

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND Mary Hoover
(or) WIFE6. DATE OF BIRTH (month, day, year) Jan 8 1856

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.786 148. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Shoe maker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 10 yrs12. BIRTHPLACE (city or town)
(State or country)Emmetsburg Md

FATHER

13. NAME

Unknown Hoover14. BIRTHPLACE (city or town)
(State or country)Unknown

MOTHER

15. MAIDEN NAME

Anna Kennaught16. BIRTHPLACE (city or town)
(State or country)Unknown

17. INFORMANT

(Address)

Anna E. Kennaught
13234 Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 3/24/34

19. UNDERTAKER

(Address)

John J. [illegible]
1314 St. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 193422. I HEREBY CERTIFY, That I attended deceased from
3/12 1934 to 3/23 1934I last saw him alive on 3/23 1934 Death is said
to have occurred on the date stated above, at 2 m.The principal cause of death and related causes of
importance were as follows:Chronic histological degeneration

Date of onset

2 yrs

Other contributory causes of importance:

Myocardial degeneration4 yrs

Name of operation

Date of

What test confirmed diagnosis? signs Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John J. [illegible]

M. D.

3/23 (Address) 1500 N. [illegible]

23 1934

99644

HEALTH DEPARTMENT—CITY OF BALTIMORE 9644

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital - 1st* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *9* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Harrisonville Road* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Anna Roberson*6. DATE OF BIRTH (month, day, year) *2/5/56*7. AGE Years *28* Months *1* Days *18* If LESS than 1 day, hrs. or min. *17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) (State or country) *Baltimore County*13. NAME *John E.*14. BIRTHPLACE (city or town) (State or country) *md*15. MAIDEN NAME *St. Pierre*16. BIRTHPLACE (city or town) (State or country) *md*17. INFORMANT *C. M. Righter* (Address) *1000 S. Holliston Rd*18. BURIAL, CREMATION, OR REMOVAL *Ground Ridge* Date *Mar. 26, 1934*19. UNDERTAKER *Heese & Son Inc.* (Address) *Byronville Md.*
Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/13* 1934, to *3/22* 1934I last saw him alive on *3/22* 1934. Death is said to have occurred on the date stated above, at *11:00* m.

The principal cause of death and related causes of importance were as follows:

*Prostate Hypertrophy
& retention*

Date of onset

?

Other contributory causes of importance:

*Lobar Pneumonia
of 3 lateral**3/20/34*Name of operation *None* Date of *---*What test confirmed diagnosis *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *---* Date of injury *---* 19 *---*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *---*Manner of injury *---*Nature of injury *---*

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify *---*(Signed) *W. J. Bonner* M. D.(Address) *University Hosp.*

3 1934

Samuel Butler

E 99645

99645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 N. Lincoln 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1602 N. Lincoln

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color Race 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Butler

6. DATE OF BIRTH (month, day, year) 1902-March 13

7. AGE (30) 0 30 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) not
11. Total time (years) spent in this occupation not

12. BIRTHPLACE (city or town) (State or country)

13. NAME Samuel Butler

14. BIRTHPLACE (city or town) (State or country) not

15. MAIDEN NAME not

16. BIRTHPLACE (city or town) (State or country) Virginia Butler

17. INFORMANT

(Address) 1602 N. Lincoln

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary

Date March 25 1934

19. UNDERTAKER

(Address) Joseph A. Smith
449 N. Mount St
Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

last saw h. at 10:00 a.m. Death occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Gangrene of intestines and adhesions.

Other contributory causes of importance:

Was shot Oct 28 1933

Name of operation Autopsy

Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

(Coroner)

M. D.

23 1934

99646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99646

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

648 Pitcher St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Albert Madden Jr.
648 Pitcher St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h. alive on Death said

have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia
4 Days

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis? there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.
Coroner

23 1934

Thurston Williams, M.D.
Registrar

E 99647

99647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W 36 St St., 13-01 Ward)Registered No. 47

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Amaci L. Barnes(a) Residence: No. 707 W 36 St

St.,

Ward.

(If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HIS HAND of Bertha R. Barnes (or WIFE of)6. DATE OF BIRTH (month, day, year) Jan. 8, 1895

7. AGE

Years 39Months 2Days 14

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0:412. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Moses Barnes14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Florence Gosnell16. BIRTHPLACE (city or town) (State or country) Carroll Co Md17. INFORMANT Mr. Bertha Barnes(Address) 707 W 36 St

18. BURIAL, CREMATION, AND REMOVAL

Buried in St. Mary's Cemetery Date May 25, 193419. UNDERTAKER A. J. Hershell(Address) 3839 E. Pratt St

23 1934

Thurston Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 193422. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1930 to Mar 27, 1934I last saw him alive on Mar 27, 1934 death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Symptoms - Symptoms of
Leucemia

Date of onset

June

Other contributory cause of importance:

MetastasisJuneName of operation —Date of —What test confirmed diagnosis? — Was there an autopsy? —23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation or deceased? — If so, specify —(Signed) W. S. Gray

M. D.

(Address) 600 W. 11th St

E 99648

99648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Auchterton St., 5-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles E. Seibert

(a) Residence: No. 2704 Auchterton St., 5-01

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annette E. Seibert

6. DATE OF BIRTH (month, day, year)

7. AGE Years 70 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Jacob E. Seibert
14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Auguste A. Apper
16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Annette E. Seibert
(Address) 2704 Auchterton St.18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 24, 193419. UNDERTAKER M. and John W. Gunkel & Son
(Address) 844 N. Broadway St.20. REGISTRAR
3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Falcular Disease of Heart
Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) John W. Gunkel & Son D.

(Address) 844 N. Broadway St.

✓ E 99649

99649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore

General Hospital

Registered No.

CITY OF BALTIMORE: (No.)

St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

William Vogle

(a) Residence: No.

521 E. 25th

St., City Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) *William Gallagher*6. DATE OF BIRTH (month, day, year) *1852*7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. *82*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New York City*13. NAME *Lewis Vogle*14. BIRTHPLACE (city or town) (State or country) *New York City*15. MAIDEN NAME *Katherine York*16. BIRTHPLACE (city or town) (State or country) *New York City*17. INFORMANT *Mr. J. J. Bolton*(Address) *313 E. 22nd St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood Cemetery*Date *Mar. 24* 193419. UNDERTAKER *May M. Wiedefeld*(Address) *304 E. 22nd St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21*, 193422. I HEREBY CERTIFY, That I attended deceased from *Jan. 21*, 1934, to *March 21*, 1934I last saw him alive on *March 21*, 1934 Death is said to have occurred on the date stated above, at *10:55 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic hepatitis
Chronic myocardial Disease
uremia

Other contributory causes of importance:

*Prostatic Hypertrophy*Name of operation *Hypophyseal Cystotomy* Date of *4/5/34*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. J. Bolton*(Address) *304 E. 22nd St.*

M. D.

23 1934

99650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Port St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1506 N. Port St. 8-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perfused Sticks6. DATE OF BIRTH (month, day, year) May 3/18597. AGE Years 74 Months 10 Days 20 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penna. (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Penna. (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) IL (State or country)17. INFORMANT Perfused Sticks (Address) 1506 N. Port St18. BURIAL, CREMATION, OR REMOVAL Place New Freedom Pa. Date March 25 193419. UNDERTAKER John C. Miller (Address) 414 E. Reeves St20. 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 193422. I HEREBY CERTIFY. That I attended deceased from 19 to 19I last saw him alive on 3 30 AM Death is said to have occurred on the date stated above, at 3 30 AM

The principal cause of death and related causes of importance were as follows:

Probably Lobar, Pneumonia

Date of onset

4 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John C. Miller (Address) 508 E. North Ave

M. D.

99651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 7-01 St., 7-01 Ward)Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 120 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1023 Lamont Ave. Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Jan. 12 18687. AGE Years 66 Months 2 Days 5 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co
(State or country) Md13. NAME John Link14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Anna Koenig16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Record
(Address) Bald City Hosp.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 24 193419. UNDERTAKER John C. Miller
(Address) 2435 C. Vesper St
Huntington Hills, Md.

20. FILED

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 193422. I HEREBY CERTIFY, That I attended deceased from Feb 18 1934 to March 22 1934I last saw him alive on March 22 1934 Death is said to have occurred on the date stated above, at 12:10 Am.

The principal cause of death and related causes of importance were as follows:

Diverticulum of bladder
Pyonephrosis

Date of onset

?
?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Yes, 19 _____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) T. K. Mangel M. D.(Address) Bald City Hosp.

99652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99652

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Providence Hosp* St. *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *1302 N. Bruce* St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1888*7. AGE Year *46* Months *45* Days *1888* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Joe Hall*14. BIRTHPLACE (city or town) (State or country) *Ind*15. MAIDEN NAME *Mary J. Johnson*16. BIRTHPLACE (city or town) (State or country) *Ind*17. INFORMANT (Address) *Arthur Hall, 600 N. Cambridge*18. BURIAL, CREMATION, OR REMOVAL Place *National* Mar 26 193419. UNDERTAKER (Address) *V.A. Brooks 1463 N. Carey St. Huntington Village, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 20 1934* 22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation *Regular* Date of *Mar 20 1934*What test confirmed diagnosis: *Regular* there an autopsy *no*23. If death was due to external causes (violence) fill in also the following: *accident, suicide, or homicide?* Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Arthur Hall* M. D.(Address) *Baltimore*

24 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99653

E 99653

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Ind. Gen'l Hospital* Registered No. *140*
 CITY OF BALTIMORE: (No. *Life* St. *27-01* Ward)
 Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Mr Jeanette Merriman*
 (a) Residence: No. *6088 Falls Road* Ward *Baltimore*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 6a. If married, widowed, or divorced *Richard*
 (or) WIFE of *John Thomas Merriman*

6. DATE OF BIRTH (month, day, year) *Aug 7, 1898*
 7. AGE Years *35* Months *7* Days *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *Henry Shoup*
 14. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

15. MAIDEN NAME *Louise Davis*
 16. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

17. INFORMANT *Mr John J. Merriman*
 (Address) *6088 Falls Rd*

18. BURIAL, CREMATION, OR REMOVAL *Mar 16, 1934*
 Place *Trinity Church* Date

19. UNDERTAKER *W. H. Marshall*
 (Address) *3539 Falls Road*

20. FILED *Thos. E. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 23, 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *Feb 25, 1934* to *March 23, 1934*
 I last saw *her* alive on *March 23, 1934* Death is said to have occurred on the date stated above, at *2:45 p.m.*
 The principal cause of death and related causes of importance were as follows:

Compensated abortion
 Other contributory causes of importance:
Septicemia
Terminal Bronchopneumonia

Name of operation *Pilet. + Curettage* Date of *2/25/34*

What test confirmed diagnosis? *Clinical + there an autopsy?*
 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) *W. H. Marshall* M. D.

(Address) *W. H. Marshall*

AR 24 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99654

CERTIFICATE OF DEATH

E 99654

107-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *908 N. Arlington* / *6-01* Ward)Length of residence in city or town where death occurred *2* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *908 N. Arlington* Ward. *6-01*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* Color *Col* Race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Eddie Handsley*6. DATE OF BIRTH (month, day, year) *1891*7. AGE Years *43* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labore*
9. Industry or business in which work was done, as mill, saw mill, bank, etc. *040*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *N. Co.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *N. Co.*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *N. Co.*17. INFORMANT *Eddie Handsley*
(Address) *819 N. Carey*

18. BURIAL, CREMATION, OR REMOVAL

Place *Ant. Auburn cemetery* Date *Mar 24 1934*19. UNDERTAKER *Thomas E. Nelson*
(Address) *1303 Presidian St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 22 1934*22. I HEREBY CERTIFY That I attended deceased from *19* to *19*I last saw him alive on *Virginia* 19 Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
7 days

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *1934*What test confirmed diagnosis? *Regular* there an autopsy *1934*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

24 1934 *Ant. Auburn cemetery*

99655 HEALTH DEPARTMENT—CITY OF BALTIMORE

99655

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital 27-01* St., *27-01* Ward)Registered No. *121*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *42* mos. *da.* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *612 W Lee* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Arthur Bobbitt* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1892*7. AGE Years *42* Months *42* Days *42* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *07* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *John Lee*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Nancy Miller*16. BIRTHPLACE (city or town) *ga* (State or country)17. INFORMANT *Arthur Bobbitt* (Address) *612 W. Lee St*18. BURIAL, CREMATION, OR REMOVAL Place *Int Auburn* Date *Mar 25-34*19. UNDERTAKER *James Aspinwall* (Address) *142 W. Hill St*20. FULL NAME *Mar 24 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 22, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at *1:30* m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Other contributory causes of importance:

Ruptured Appendix

Name of operation Date of

What test confirmed diagnosis? *Clin* Was there an autopsy? *4*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *24* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. P. Rogers* M. D.(Address) *1305 N. Fulton St*

Coroner

99656

E 99656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1505 E. Monument ST. 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Stephen C. Hill (Clark)

(a) RESIDENCE NO. 1505 E. Monument

ST.

WARD

(Usual place of abode)

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S. (if of foreign birth?) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

Lula Clark

7 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

10 NAME OF FATHER

Stephen Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Sarah J. Stewart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant

(Address)

Sarah J. Clark
1505 E. Monument St.

15

Huntington Williams, Jr.
R.M.W.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-34

17

I HEREBY CERTIFY, That I attended deceased from

1-19-1934, to 3-22-1934

that I last saw him alive on 3-22-1934

and that death occurred, on the date stated above, at 12:30 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

J. H. Cargill

M. D.

3-23-1934 (Address) 611 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

National Cem. 3-26-1934

20 UNDERTAKER

ADDRESS

Byront Mammie & Wright, 218 McCarty St.

24 1934

99657

107-00

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(Usual place of abode)

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar - 11 1934 to Mar. 23 1934

I last saw him alive on Mar 23, 1934. Death is said

To have occurred on the date stated above, at 2 02 m.

The principal cause of death and related causes of importance were as follows:

importance were as follows:

Acute Gonorrhea

Date of onset

Prunella
Roman

Other contributory causes of importance:

[illegible]

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury

Nature of injury	Date	Time	Place	Cause	Remarks

24. Was disease or injury in any way related to occupation of deceased

11. If no specify

Small *over* *under* M. I

(Address) 142 W. 4th

99658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1200 Valley St* S *10-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Little Sisters of the Poor, 1200 Valley St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *11 October 1873*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *61 60 5 12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *William Cooper*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Cornelia Bull*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *John Thomas Sub*(Address) *1200 Valley St. City*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Mar 24, 1934*19. UNDERTAKER *Rita M. M. M. M.*(Address) *414 Broadway Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *23 March, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 16, 1934, to March 23, 1934*I last saw him alive on *March 23, 1934* Death is said to have occurred on the date stated above, at *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Stomach

Other contributory causes of importance:

*Asthma*Name of operation *None* Date of *no*What test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. M. M. M.* M. D.(Address) *414 Broadway Ave*

OCCUPATION is very important. See instructions on back of certificate.

24.1934

99659

HEALTH DEPARTMENT—CITY OF BALTIMORE 99659

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 McElderry St., 76-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3315 McElderry St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) Feb 7 th 1867		
7. AGE 77	Years 1	Months 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) _____ (State or country) Maryland		
13. NAME George Rogers		
14. BIRTHPLACE (city or town) _____ (State or country) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (city or town) _____ (State or country) Unknown		
17. INFORMANT Mrs. Wm. F. Walter (Address) 3315 McElderry St.		
18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's Cemetery Date March 25, 1934		
19. UNDERTAKER Frederick _____ (Address) 7401 _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933, to March 22, 1934

I last saw him alive on March 22, 1934 death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Mitral Regurgitation associated with Arterio-sclerosis.

Date of onset

Other contributory causes of importance?

Broncho-Pneumonia.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed)

David Snyder, M. D.

(Address)

R 24 1934

Huntington Williams, Jr.
Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99660

99660

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2405 Levelllyn Ave 2408-01 Ward)2-FULL NAME Frank J. Rezek(A) RESIDENCE NO. 2405 Levelllyn Ave Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 Color or Race White5 Single, Married, Widowed, or Divorced, (write the word) Married6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophia Rezek6 DATE OF BIRTH (month, day, and year) Jan. 23-1890

7 AGE

Years 44Months 1Days 27

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor(b) General nature of industry, business, or establishment in which employed (or employer) Lebr. Bros.(c) Name of employer 20 yrs

9 BIRTHPLACE (city or town)

(State or country) Bohemian10 NAME OF FATHER Charles Rezek

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Bohemian12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Bohemian

14

Informant (Address) Sophia Rezek
2405 Levelllyn Ave15 Filed 4 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22/3417 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)(thereon and from the evidence obtained by said inquiry And that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia(duration) yrs. 2.5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds. (Signed) J. H. Valentin M. D. (Coroner)3/23/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial Holy Cross Anne Arundel Mar. 21 3420 UNDERTAKER J. H. ValentinADDRESS 2826 Aiken St.

E 99661

99661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1765 E. North Avenue, 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Costance Di Ruscio

(a) Residence: No. 1765 E. North Avenue

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --**--**--**

6. DATE OF BIRTH (month, day, year) Jan. 14, 1933.

7. AGE 1 Year Years Months 2 Days 8 If LESS than min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Baltimore Maryland

13. NAME Ameled Di Ruscio

14. BIRTHPLACE (city or town, State or country) Baltimore Maryland

15. MAIDEN NAME Estelle Stevenson

16. BIRTHPLACE (city or town, State or country) Baltimore Maryland

17. INFORMANT Mr. Ameled Di Ruscio (Address) 1765 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date 3/26/34 19

19. UNDERTAKER (Address) George J. Ruth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1934 to 3-22 1934

I last saw him alive on 3-22 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis

Date of onset

2-26-34

Other contributory causes of importance:

exhaustion

3-20-34

Name of operation m Date of

What test confirmed diagnosis? mme Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Ruscio M. D.

(Address) 1028 W. Broadway

24 1934

99662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Rutland ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1616 Rutland ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of William Reetz (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/14/1856

7. AGE Years 77 Months 9 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Frederick Md (State or country)

13. NAME Henry Bentz

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Catherine De Grange

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Clara Kiel

(Address) 1616 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olive Cem Date 3/24/1934

19. UNDERTAKER John Ullrich (Address) 2008 Orleans st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 3, 1934, to March 22, 1934.

I last saw her alive on March 22, 1934. Death is said to have occurred on the date stated above, at 3:35 P. M.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency General Arteriosclerosis

Date of onset

2/26/34

Other contributory causes of importance:

Cardiac Dilatation

May

Name of operation Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) Albert G. Gosselberg M. D.

(Address) 2025 E. North Ave

24 1934

✓ E 99663

99663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 Dolphin St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Crosby

(a) Residence: No. 212 Dolphin St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis P. Crosby

6. DATE OF BIRTH (month, day, year) January 1, 1843

7. AGE Years 91 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME John Coulter

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Susan Coulter

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Miss Susie Hobbs (Address) 332 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Mar. 24, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc. (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1934

22. I HEREBY CERTIFY. That I attended deceased from July 1929 to March 22, 1934.

I last saw him alive on March 22, 1934, Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Mitral Insufficiency
Arterio-sclerosis
Senile Senility

Date of onset

Insidious

Other contributory causes of importance:

Tubercular Edeema

4-5 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

1403 Park Ave

M. D.

24 1934

99664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99664

CERTIFICATE OF DEATH

46 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2037 Mura* St. *8-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *15* mos. *15* ds. How long in U. S. If of foreign birth *Sept* yrs. *15* mos. *15* ds.

2. FULL NAME

(a) Residence: No. *2037 Mura* St., *8-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Johanna D. Ehm* (or) WIFE of6. DATE OF BIRTH (month, day, year) *March 8 1873*7. AGE Years *61* Months *-* Days *15* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sawyer 040*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wagon Dept*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt. Md.* (State or country)13. NAME *Peter S. Ehm*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Marie Fast*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mr. Johanna D. Ehm* (Address) *2037 Mura St*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redemer Church* Date *Mar. 26 1934*19. UNDERTAKER *Henry Street* (Address) *301 E. Eager St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 13 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 1 1933* to *March 23 1934*I last saw him alive on *March 22 1934* Death is said to have occurred on the date stated above, at *7:15* a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus Date of onset *Aug 1933*

Other contributory causes of importance:

Food absorption *1934*Name of operation *Gastrostomy* Date of *Dec 1933*What test confirmed diagnosis? *bronchoscopy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Edwards* M.D.(Signed) *Edwards* (Address) *413 N. Washington*

24 1934

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99665

E 99665

CERTIFICATE OF DEATH

34✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Eastern Ave. St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 1507 Eastern Ave. St.,Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3-3-347. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
— — 20OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Balto (State or country) mdFATHER 13. NAME Samuel Sansome
14. BIRTHPLACE (city or town) Italy (State or country)MOTHER 15. MAIDEN NAME Sana ?
16. BIRTHPLACE (city or town) Italy (State or country)17. INFORMANT Sam Sansome
(Address) 1507 Eastern Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/24/34 1919. UNDERTAKER Chas B Kuchauskas
(Address) 637 South Tova St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 193422. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Malnutrition

Other contributory causes of importance:

Syphilis

Name of operation..... Date of.....

What test confirmed diagnosis? Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Herzog MD M. D.(Address) 1305 N. Patterson Park Ave

AR 24 1934

No Irving Littman 1304 E. Chase St, Wd 8945

99666

HEALTH DEPARTMENT—CITY OF BALTIMORE 99666

CERTIFICATE OF DEATH ✓ 108

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 E. Chase St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Olivia K. Lewis

(a) Residence: No. 2739 E. Chase St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Susie Lewis

6. DATE OF BIRTH (month, day, year) July 6 - 1888

7. AGE Years 45 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine 020

10. Date deceased last worked at this occupation (month and year) Mar 1934 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Farmham Va

13. NAME Fairfax Lewis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Saponia Hale

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Susie Lewis (Address) 2739 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL Place Whitestone Va Date 3-24-1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1934 to 3/23 1934

I last saw him alive on 3/23 1934 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation Date of What test confirmed diagnosis Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lige Littman M. D.
(Address) 1304 E. Chase

MAR 24 1934 FILED

99667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15317 Fulton Ave. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 15317 Fulton Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Henry L. Kelly

6. DATE OF BIRTH (month, day, year) April 4 1880

7. AGE 33 Years 11 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D. C. (State or country)

13. NAME Samuel Haskett

14. BIRTHPLACE (city or town) D. C. (State or country)

15. MAIDEN NAME Lavinia Hallett

16. BIRTHPLACE (city or town) D. C. (State or country)

17. INFORMANT Henry L. Kelly (Address) 15317 Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic

Date March 26 1934

19. UNDERTAKER Mary L. Kelly (Address) 15317 Fulton Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1934

22. I HEREBY CERTIFY. That I attended deceased from March 10 1934, to March 21 1934

I last saw him alive on March 21 1934. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
Auricular Fibrillation
Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W. Lombard St.

24 1934

Huntington Williams

M. D. B. 12639

E 99668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 27-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Charles Somerville(a) Residence: No. 3023 Glenmore Ave., Harwood St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLaura V. Somerville6. DATE OF BIRTH (month, day, year) 1-3-1858

7. AGE

76

Years

Months

2

Days

20If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Thomas Somerville14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Lydia Engles16. BIRTHPLACE (city or town) Ohio
(State or country)17. INFORMANT Relatives(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Not ObitDate May 26, 193419. UNDERTAKER Harry W. Ehlen(Address) 1944 W. Lombard St.

24 1934

Franklin Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23, 193422. I HEREBY CERTIFY, That I attended deceased from 2-20, 1934 to 3-23, 1934I last saw him alive on 3-23, 1934 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the prostate with ureteral obstruction - uremia

Date of onset

3 yrs. 5 weeks

Other contributory causes of importance:

ArteriosclerosisName of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh J. Jones(Address) Johns Hopkins Hospital

M. D.

99669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Pinkus Clarke

(a) Residence: No. Esplanade Apts. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of Sol L. Clarke
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany, N.Y.
(State or country)

13. NAME Louis Pinkus

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Bella Mendel

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. E. Clarke,
(Address) Emersonian Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Mch. 25, 1934

19. UNDERTAKER David Sanderson & Son
(Address) 1902 Eutaw Place

20. FILED

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1934, to March 23, 1934.

I last saw h. alive on March 23, 1934. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Breast
(Breast removed Aug 1930)

1930

Other contributory causes of importance:

Carcinoma of Lungs

6 mos

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Frederick Leitz

M. D.

3/4/34 (Address) Temple Garden Apts,

E 99670

E 99670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Lake Drive St. 13-01 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 905 Lake Drive St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 13, 1884

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

49 5 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

154

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Penna.

13. NAME

Walter C. Frantz

14. BIRTHPLACE (city or town) (State or country)

Pa.

15. MAIDEN NAME

Morton

16. BIRTHPLACE (city or town) (State or country)

Pa.

17. INFORMANT

(Address) Clinton H. Frantz

18. BURIAL, CREMATION, OR REMOVAL

Place: Inglewood, Pa. Date: Feb. 26, 1934

19. UNDERTAKER

(Address) John C. Mitchell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-34

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Morrison M. D. Coroner

(Address) 3632 Roland St.

R 25-1934

M. D. E 99671

E 99671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 Arbuton 425-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herman Mulke(a) Residence: No. 2519 Arbuton St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Hulda Mulke (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 17/18577. AGE Years 76 Months 3 Days 6 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 12 yrs10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6612. BIRTHPLACE (city or town) Germany (State or country) Don't know13. NAME Don't know14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mr Otto Mulke (Address) 2519 Arbuton Ave18. BURIAL, CREMATION, OR REMOVAL Place St Paul Ave Date Mar 26 192819. UNDERTAKER John Ullrich (Address) 2519 Arbuton Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 192822. I HEREBY CERTIFY. That I attended deceased from March 16, 1928 to March 22, 1928I last saw him on March 23, 1928 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Mar

Other contributory causes of importance:

chronic

Name of operation Date of

What test confirmed diagnosis: post mortem where an autopsy? in

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thompson M. D.(Address) 2519 Arbuton Ave

MAR 25 1928

M. 116. 1934 99672

E 99672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City* *19-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *7* mos. *1* da. How long in U. S. If of foreign birth? *29* yrs. *7* mos. *1* da.

2. FULL NAME

Carroll Tazewell Fry(a) Residence: No. *1631* *Fredrick St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 13, 1868*7. AGE Years *65* Months *10* Days *11* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *John Fry*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Sarah Reed*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Reed*(Address) *Balt City*18. BURIAL, CREMATION, OR REMOVAL *Charles Town*

Place

19. UNDERTAKER *Wm. Look*(Address) *1217 St. Paul St*21. DATE OF DEATH (month, day, year) *March 24, 1934*I HEREBY CERTIFY, That I attended deceased from *March 21, 1934* to *March 24, 1934*I last saw him alive on *March 24, 1934* Death is saidto have occurred on the date stated above, at *2:30* A. M.

The principal cause of death and related causes of importance were as follows:

*Hypertension
Atherosclerosis
Myocardial Infarction
No contributory factors*

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phagil* M. D.(Address) *Balt City*

OCCUPATION is very important. See instructions on back of certificate.

AR 25 1934

E 99673

E 99673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3112 Evergreen Ave 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yr. 7 mos. 0 da. How long in U. S. If of foreign birth 66 yrs. Unknown

2. FULL NAME

(a) Residence: No. 3112 Evergreen Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>George Schade</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Aug 16, 1857</u>		
7. AGE	Years <u>76</u>	Months <u>7</u>
	Days <u>8</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wurtemberg, Germany
(State or country)FATHER
13. NAME Wm Schade
14. BIRTHPLACE (city or town) Germany
(State or country)MOTHER
15. MAIDEN NAME Christina Meyer
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Wilhelmine Hebert
(Address) 3112 Evergreen Ave18. BURIAL, CREMATION, OR REMOVAL
Pickman Hill Cemetery19. UNDERTAKER Bernard A. Lytle
(Address) 2802 W. 4th St. Bld

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24, 193422. I HEREBY CERTIFY, That I attended deceased from March 20, 1934 to March 24, 1934I last saw her alive on March 23, 1934. Death is said to have occurred on the date stated above, at 5²⁰ Am

The principal cause of death and related causes of importance were as follows:

Branchopneumonia

Date of onset

3/19/34

Other contributory causes of importance:

SenilityName of operation None Date ofWhat test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify
(Signed) Pro B. Lytle M. D.(Address) 2802 W. 4th St. Bld

MAR 25 1934

M. D. B. 99674

E 99674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 E. 22nd St., 12th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rubie Cloud Rogers

(a) Residence: No. 408 E. 22nd St., 12th Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mail clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing + Publishing

10. Date deceased last worked at this occupation (month and year) March 23, 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Hartford Co Maryland

13. NAME Solomon T. Rogers

14. BIRTHPLACE (city or town) (State or country) Hartford Co Maryland

15. MAIDEN NAME — Wiles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Jean Wells (Address) 408 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date March 26, 1934

19. UNDERTAKER J. M. Black (Address) 927 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934 to March 23, 1934

I last saw her alive on March 23, 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Arteriosclerosis
Cerebral Haemorrhage
(Left Internal Capsule)Date of onset
6 yrs.
5 yrs.
3 days

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gustavus C. Dohme, M. D.

(Address) 3014 St. Paul St.

AR 25 1934

E 99675

E 99675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Presstman

St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosa Gerwig,

(a) Residence: No. 2805 Presstman

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John P. Gerwig,

6. DATE OF BIRTH (month, day, year) April 23. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Gustave Fendt,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Jentner,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT The Sophia K. High 2805 Presstman St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 26 1934

19. UNDERTAKER S. C. M. Little 2700 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 3/23/34 to 3/24/34 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Hypertension

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

M. D. R. E 99676

E 99676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Patapsco. St. 23-01 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip. Wehrhiem.

(a) Residence: No. 1224 Patapsco. St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Mary A. Wehrhiem. (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 31- 1867.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 66 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 074

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Philip. Wehrhiem. 14. BIRTHPLACE (city or town) Germ. (State or country)

15. MAIDEN NAME Mary. Hook. 16. BIRTHPLACE (city or town) Germ. (State or country)

17. INFORMANT Mary A. Wehrhiem. (Address) 1224. Patapsco. St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date March 26, 1934

19. UNDERTAKER E. Schloman Son (Address) 1239 1st Avenue St

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 12, 1934 to Mar. 23, 1934

I last saw him alive on Mar. 22, 1934. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Mitra (Resuscitation) (Indefinite)

Other contributory causes of importance:

Exhaustion 3/23/34

Name of operation None Date of What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) E. Schloman Son

3/24/34 (Address) 1644 Hancock St. M. D.

E 99677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99677

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.

1820 Edmondson Ave 16-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Harry R. Rothrock

(a) RESIDENCE NO.

1820 Edmondson Ave

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

Apr 67 yrs.

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Alice Rothrock

6 DATE OF BIRTH (month, day, and year)

Mar 28 1866

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

67

11

23

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Baker 003

(b) General nature of industry, business, or establishment in which employed (or employer)

Bread Business

(c) Name of employer

Foster Baking Co

9 BIRTHPLACE (city or town)

Balto

(State or country)

Md

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

Unknown

(State or country)

14

Informant

Maud G. Courad

(Address)

1820 Edmondson Ave

15

AR 25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 23 '34

17

I HEREBY CERTIFY, (or) I attended deceased from

Feb 1, 1933 to March 23, 1934

that I last saw him alive on March 16, 1934

and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

none

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis phys. examination

(Signed) Bacter. & Surg. M. D.

, 19 (Address) 2229 Futura Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

London Park

DATE OF BURIAL

Mar 26 1934

20 UNDERTAKER

W. Cook 1217 St Paul st

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99678

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 2813 Blundell Rd. 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2813 Blundell Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color ~~Black~~ 5. Single, Married, widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of Martha

7. DATE OF BIRTH (month, day, year) Nov 5-1853

8. AGE Years 80 Months 4 Days 18 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 073

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor, R.R.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co

13. NAME Henry Hipaley

14. BIRTHPLACE (city or town) (State or country) Howard Co

15. MAIDEN NAME Martha Louie

16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Frank Hipaley (Address) 2803 Blundell Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Wood lawn Date Mar 26, 1934

19. UNDERTAKER Wm Cook (Address) 1217 N. High St.

21. DATE OF DEATH (month, day, year) Mar 23, 1934

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Dec 2, 1933 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Other contributory causes of importance:

Name of operation: Teguher Date of

What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Hipaley M. D.

(Address) Coroner

Registrar.

AR 25 1934

M D 39679

HEALTH DEPARTMENT—CITY OF BALTIMORE 39679

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital St., No-91* Ward)Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *347 Macon* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) *Married*5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of *Pauline Donaldson*6. DATE OF BIRTH (month, day, year) *Oct 26th 1872*7. AGE Years *61* Months *4* Days *26* If LESS than 1 day, hrs. or min. *50*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Engine Mann*10. Date deceased last worked at this occupation (month and year) *Sept 1933* 11. Total time (years) spent in this occupation *18*12. BIRTHPLACE (city or town) *Balto* (State or country) *Md*13. NAME *Carroll E. Donaldson*14. BIRTHPLACE (city or town) *U. A. C.* (State or country) *Md*15. MAIDEN NAME *Roberta C. Lytle*16. BIRTHPLACE (city or town) *Va* (State or country)17. INFORMANT *Pauline Donaldson* (Address) *347 Macon St*18. BURIAL, CREMATION, OR REMOVAL *Lorraine* Place *Mar 26th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. REGISTRAR *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 22nd 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *8:10 a.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *P. R. Wergog M.D.* M. D. (Address) *1305 N. Patterson Park*

E 99680

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99680

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Eierman Ave. 2701 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry L. Mahr

(a) Residence: No. 4014 Eierman Ave. St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Eva May Mahr

6. DATE OF BIRTH (month, day, year) May 7/1879

7. AGE Years 54 Months 10 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Henry G. Mahr

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Crawford V. Sevier

(Address) 5016 Caltselpa Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 3/27 1934

19. UNDERTAKER

(Address) 1217 S. Paul St.

20. DIED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Illuminating Gas Poisoning

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Probably Accidental 3/23/34

Accident, suicide, or homicide Baltimore, Md.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Kitchen of home

Manner of injury Oven burner of range was

Nature of injury partly on

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

Registrar.

39681

Coroner Morrissey
HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99681

CERTIFICATE OF DEATH

✓ 165

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
yrs. mos. da.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 St. Paul St., 17-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore G. Bumcke

(a) Residence: No. 213 E. University Parkway Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced, name of HUSBAND or WIFE Carrie W. Bumcke		
7. DATE OF BIRTH (month, day, year) Oct 6 th 1881		
8. AGE 52	Years 5	Months 17
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 059		
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing Business		
11. Date deceased last worked at this occupation (month and year) Mar 1934		
12. Total time (years) spent in this occupation 20		
13. BIRTHPLACE (city or town) (State or country) Balto Md		
14. NAME George Bumcke		
15. BIRTHPLACE (city or town) (State or country) Germany		
16. MAIDEN NAME C.		
17. BIRTHPLACE (city or town) (State or country) Germany		
18. INFORMANT Carrie W. Bumcke (Address) 213 E. University Parkway		
19. BURIAL PLACE, LOCATION, OR REMOVAL Baltimore City Date 3/26/34		
20. UNDERTAKER Wm Cook (Address) 1617 St Paul St.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23rd 1934
22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Suicide - Stranglea-
tion - hanging by neck
with a rope

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the fol-
lowing: _____
Accident, suicide, or homicide: Suicide
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) J. M. Morrissey M. D.
(Address) 3032 Roland Ave

AR 25 1934

M. D. 1934 E 99682

E 99682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 E. North Ave. 2-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah F. Richardson

(a) Residence No.

431 E. North Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widowed

6. DATE OF BIRTH (month, day, year) May 23rd 1852

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

81

10

1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

At Home

Self

12. BIRTHPLACE (city or town) (State or country)

Balto

Md

13. NAME 14. BIRTHPLACE (city or town) (State or country)

Walter Gummill

Scotland

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

2.

Pottsville

Pa

17. INFORMANT (Address)

Edna Morningstar

Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL Place Date

London Park

Mar 26th 1934

19. UNDERTAKER (Address)

Wm Cook

1217 S Paul st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 23 1934 to Feb 24 1934

I last saw her alive on Feb 24 1934 Death is said to have occurred on the date stated above, at 11⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 2-22-34

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Pearce

(Address) 1217 S Paul st

M. D.

MAR 25 1934

Registrar

M. D. R. 114
E 99683

E 99683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Infirmary* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2107 Lake Monte Bella Terrace* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of *Louise Benson*6. DATE OF BIRTH (month, day, year) *Dec 3rd 1872*7. AGE Years *61* Months *3* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as *Stationary Engineer* 9. Industry or business in which work was done, as *Balto Copper Works* 10. Date deceased last worked at this occupation (month and year) *Mar 1934* 11. Total time (years) spent in this occupation *2*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Thomas T. Benson*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Balto*16. BIRTHPLACE (city or town) *Balto* (State or country) *md*17. INFORMANT *Raymond L. Benson* (Address) *2107 Lake Monte Bella Terrace*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *Mar 26th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 10, 1934 to March 24, 1934*I last saw him alive on *March 24, 1934*. Death is said to have occurred on the date stated above, at *11 A* m.

The principal cause of death and related causes of importance were as follows:

bronchopneumonia

Date of onset

Other contributory causes of importance:

myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *David H. Andrew* M. D.(Address) *Church Home & Infirmary*

E 99684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99684

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N. Appellton St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S. II of foreign birth 40 mos. ds.

2. FULL NAME

(a) Residence: No. 1626 N. Appellton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 11/7

7. AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House Work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 03/11 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sarah Garneth

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis (Address) 1439 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL Date 3/24/34

19. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/34 19

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1934, to March 24, 1934. I last saw him live on March 24, 1934. Death is said to have occurred on the date stated above, at 10:48 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis & Cardiac Failure

Date of onset

Unknown

Other contributory causes of importance:

Hypertension & Rheumatism

Date of onset

Unknown

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Harry C. Shuman M. D. 1919 W. North Ave

APR 25 1934

M. D. E-99685

E-99685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 E Pratt St. 3-01) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 0 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1119 E Pratt St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE Year 82 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Petering 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Harry 14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Fagie 16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bessie Wagoner (Address) 1119 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Andrew Herington Date 3/25/34

19. UNDERTAKER (Address) 1439 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/34 19

22. I HEREBY CERTIFY, That I attended deceased from Jan-15-1934 to Mar-23-1934 I last saw him alive on Mar-23-1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction 3/21/34
Coronary Thrombosis

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Herman Seidel M. D.
2404 E. Pratt St.

R20 1934

E 99686

E 99686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Claymont Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry C. Helmling

(a) Residence: No. 608 Claymont Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Eva May Helmling
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	19	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Salesman
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Muth Brothers
	10. Date deceased last worked at this occupation (month and year)	March 8, 1933
	11. Total time (years) spent in this occupation	28 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Henry Helming

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Olivea Frances Gray

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mrs. Eva May Helmling
(Address) 608 Claymont Ave.18. BURIAL, CREMATION, OR REMOVAL
St. Ann's Cemetery
Place Annapolis, Md. Date March 26, 193419. UNDERTAKER Joseph B. Cook
(Address) 1007 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934 to Mar 23, 1934

I last saw him alive on Mar 23, 1934 Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation
Indefinite

Other contributory causes of importance:

Exhaustion 3/22/34

Name of operation none Date of

What test confirmed diagnosis Clinical there an autopsy? 260

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) R. H. Campbell M. D.

3/24/34 (Address) 1644 S. Hanover St.

APR 23 1934

E 99687

E 99687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Cylburn Ave. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daisy O'Mara

(a) Residence: No. 2721 Cylburn Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysius J. O'Mara

6. DATE OF BIRTH (month, day, year) October 1, 1876

7. AGE Years 57 Months 5 Days 20 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Dawes

14. BIRTHPLACE (city or town) New York (State or country) New York

15. MAIDEN NAME Mary Jordan

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Aloysius J. O'Mara (Address) 2721 Cylburn Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date March 24, 1934

19. UNDERTAKER (Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1933 to March 21, 1934

I last saw her alive on March 20, 1934 Death is said to have occurred on the date stated above, at 6.30 Pm.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast R 1931
with Metastases

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 720 W. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Gilmore St. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alverda Betts

(a) Residence: No. 227 S. Gilmore St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John H. Betts (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1850

7. AGE Years 84 Months - Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

13. NAME James Lee

14. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

15. MAIDEN NAME Charlottee Lee

16. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

17. INFORMANT Mr. Vernon P. Brooks (Address) 227 S. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery March 26, 1934

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY. That I attended deceased from Mar 16, 1934, to Mar 23, 1934

I last saw her alive on Mar 23, 1934 Death is said to have occurred on the date stated above, at 8.30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis, Arteriosclerosis, Senile Atrophy

Date of onset

2

2

2

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 3/24/34 Signed M. D. 2000 Hollins St.

699689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race

5. Single, Married, Widowed, or Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Registrar.

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? (Specify if there an autopsy)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

25 1934

E 99690

E 99690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No.)

St., 11-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

James Halley
Cluster, M.D.

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mrs. James Halley

6. DATE OF BIRTH (month, day, year) Oct. 12, 1900

7. AGE Years Months Days 33 yrs. 5 mos. 10 days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation, month and year 1/10/34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country)

St. Marys Co. Maryland

13. NAME

John Halley

14. BIRTHPLACE (city or town) (State or country)

St. Marys Co. Maryland

15. MAIDEN NAME

Sara Helett

16. BIRTHPLACE (city or town) (State or country)

St. Marys Co. Maryland

17. INFORMANT

(Address)

John Halley
Trent Island

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date Mar 24, 1934

19. UNDERTAKER

(Address)

Elroy O. Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1934, to 3/22, 1934

I last saw him alive on 3/22/34, 1934. Death is said to have occurred on the date stated above, at 12:00 m. NOON.

The principal cause of death and related causes of importance were as follows:

Tuberculosis

Date of onset

Other contributory causes of importance:

Tuberculosis Peritonitis

Name of operation

Laparotomy

Date of 2/6/34

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO - If so, specify

(Signed)

(Address)

M. D.

FILED

APR 23 1934

BALTIMORE

E 99891**E 99891**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins + Caton St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Sister Regina Ryan

(a) Residence: No.

Wilkins + Caton Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 8, 1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

60

4

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

45

12. BIRTHPLACE (city or town) (State or country)

Chicago Ill.

FATHER

13. NAME

Stephen A. Ryan

14. BIRTHPLACE (city or town) (State or country)

Ireland

MOTHER

15. MAIDEN NAME

Mary Carroll

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Bury Date Mch, 26, 1934

19. UNDERTAKER

(Address)

Martin Fahy, 1817 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1934, to March 23, 1934

I last saw him alive on March 23, 1934 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral Hemorrhage
Left Hemiplegia

Date of onset

2/17/34

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John C. Dunbar M. D.

(Address)

St. Agnes Hospital

MAR 23 1934

E 99692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99692

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Fataw Pl. ST. 13-01 WARD)

2—FULL NAME Addie Brenton

(a) RESIDENCE NO. 2229 Fataw Pl. ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Brenton

6 DATE OF BIRTH (month, day, and year) DEC. 10, 1854

7 AGE Years 79 Months 3 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

10 NAME OF FATHER Henry Mueller

11 BIRTHPLACE OF FATHER (city or town) Munich (State or country) Germany

12 MOTHER'S NAME OF MOTHER Margaret Schneider

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant B. T. Baggett (Address) 2229 Fataw Pl.

15 File 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1934

17 I HEREBY CERTIFY That I attended deceased from DEC. 28, 1920, to Mar. 24, 1934

that I last saw her alive on March 24, 1934

and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis & resuscitation

(duration) 15 yrs. mos. ds.

CONTRIBUTORY Chronic Intestinal (Secondary) Dyspepsia (duration) 5 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam'n.

(Signed) Bartus J. Baggett, M. D.

, 19 (Address) 2229 Fataw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Parkwood Cemetery Mar 27/34

20 UNDERTAKER ADDRESS

Stuart & Son Company 108 W. North Ave.

M. D. 1934

E 99693

E 99693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239.S.Clinton St. St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna. M. Haverkamp

(a) Residence: No. 1239.S.Clinton St. St., 26 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Charles Haverkamp (or) WIFE of

6. DATE OF BIRTH (month, day, year) April.25.1837

7. AGE Years 96 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Francis Bocklage

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Brumledge

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT John J Haverkamp (Son) (Address) 1239 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Hearts Date March 27, 1934

19. UNDERTAKER Lilly & Zeiler Inc. (Address) 403 S. Wolfe St.

20. FILED Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw alive on March 22, 1934 Death is said

to have occurred on the date stated above, at 12p.m.

The principal cause of death and related causes of importance were as follows:

Epistaxis of Force Date of onset Apr

Other contributory causes of importance: Melancholia Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) M. D.

R 25 1934

E 98694

E 98694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. General Hospital

Registered No.

CITY OF BALTIMORE: (No. _____)

St. 11-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Mrs. Mary Algard

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Herman Algard

6. DATE OF BIRTH (month, day, year)

May 17, 1912

7. AGE

21

Years

Months

10

Days

8

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House work

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

at home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

05

12. BIRTHPLACE (city or town)
(State or country)Kenset Square
Benn.

FATHER

13. NAME

James Riale

14. BIRTHPLACE (city or town)
(State or country)Rising Sun
Md.

MOTHER

15. MAIDEN NAME

Julia Pierce

16. BIRTHPLACE (city or town)
(State or country)Rising Sun
Md.17. INFORMANT
(Address)James Riale
Cortlandt, Md.

18. BURIAL, CREMATION, OR REMOVAL

West Nottingham, Md. Date March 28, 1934

19. UNDERTAKER
(Address)Lee A. Patterson
Perryville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from
3/13, 1934 to 3/25, 1934I last saw her alive on 3-25, 1934 Death is said
to have occurred on the date stated above, at 9 a.m.The principal cause of death and related causes of
importance were as follows:Partial Intestinal Obstruction -
Post operative. 3-5

Other contributory causes of importance

Massive Collapse of
the lungs. 3-24

Name of operation Release of Adhesions Date of 3/23

What test confirmed diagnosis? opthi Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

AR 25 1934

Registrar

99695

HEALTH DEPARTMENT—CITY OF BALTIMORE

99695

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

954 Forest

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of

(or WIFE of)

Lulu E. Barnwell6. DATE OF BIRTH (month, day, year) Jan. 30, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>77</u>	<u>74</u>	<u>2</u>	<u>1</u>	<u>24</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) Hagerstown,
(State or country) Maryland.13. NAME John E. Rowland14. BIRTHPLACE (city or town) Hagerstown,
(State or country) Maryland.15. MAIDEN NAME Lydia Ann Stiffles16. BIRTHPLACE (city or town) Sharpsburg,
(State or country) Maryland.17. INFORMANT Himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Marion Cemetery Date Mar. 26, 193419. UNDERTAKER Albert P. Dean(Address) William St and
Washington Village

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 193422. I HEREBY CERTIFY, That I attended deceased from October 17, 1931 to March 24, 1934I last saw him alive on March 24th, 1934. Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Decompensation
Pulmonary EdemaDate of onset
3/2/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. F. Aubrey

M. D.

Maryland Penitentiary Hospital

R-231934

99696

HEALTH DEPARTMENT—CITY OF BALTIMORE

99696

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE

613 N. Mount St., 16-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Malissa Walker

(a) Residence: No.

613 N. Mount St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. Color of Race Col 5. Single, Married, Widowed, or Divorced Write the words

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

1868

8. AGE 66 Years 05 Months Days

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country)

N.C. unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

N.C. unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

N.C. unknown

7. INFORMANT

(Address)

Annie Clark 613 N. Mount

8. BURIAL, CREMATION, OR REMOVAL

Place

Fayetteville, N.C. 3/25/34

9. UNDERTAKER

(Address)

15-1517-Edgemoor

21. DATE OF DEATH (month, day, year)

Mar 21, 1934

22. I HEREBY CERTIFY, That I attended, deceased from

I last saw him alive on 19 to 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accident 1st & 2nd degree burn & nephritis 22 days

Other contributory causes of importance:

Name of operation

Regular

23. If death was due to a natural cause (violence) fill in the following: Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Luck

(Address)

M. D.

Coroner

Registrar

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Hanover St. St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William A. Eckhardt.

(a) Residence: No.

Frederick, A. A. Co. Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 2, 1973

7. AGE

Years
60Months
5Days
21If LESS than
1 day. hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Louis Eckhardt.

14. BIRTHPLACE (city or town)
(State or country)

Germany.

15. MAIDEN NAME

Elizabeth Kratz.

16. BIRTHPLACE (city or town)
(State or country)

Germany.

17. INFORMANT

(Address)

Dr. Cornelius Hax. (brother-in-law)
1215 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park Date 3/26/34

19. UNDERTAKER

(Address)

Geo. Wilson & Son
2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said
to have occurred on the date stated above, at 8:45 a.m.The principal cause of death and related causes of
importance were as follows:

Cerebral Embolism.

Date of onset

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Oto H. Feinhardt
1017 E. Charles St.

Coroner

M. D.

26 1934

E 99698

E 99698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp* St. *19-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *47 Gilman* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-----------------------	------------------------------------	--

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov. 15, 1909*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>24</i>		<i>4</i>	<i>7</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Abraham Banks*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*15. MAIDEN NAME *Bertha Roberts*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Records* (Address) *Balt. City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Int Calvary* (City) *3/26* 19*34*19. UNDERTAKER *Chas. Y. Cooper* (Address) *514 N. Calver St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1934* to *March 22, 1934*I last saw him alive on *March 22, 1934* Death is said to have occurred on the date stated above, at *8:20 p.m.*

The principal cause of death and related causes of importance were as follows:

*Hypertension
hypertension, acute*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *T. Phragill* M. D.(Address) *Baltimore City Hosp*

AR 26 1934

Registrar.

D 98699

E 98699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

I last saw h. alive on. Death is said

to have occurred on the date stated above, at m.

6. DATE OF BIRTH (month, day, year)

The principal cause of death and related causes of importance were as follows:

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER (Address)

Name of operation Date of

What test confirmed diagnosis? (If there an autopsy)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Coroner

M. D.

(Address)

D. 1897
E 99700

E 99700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. 929 Myrtle St. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 929 Myrtle St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race

Cot

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Apr 12-1892

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

11

13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Chas Henry

15. MAIDEN NAME

L. C.

16. BIRTHPLACE (city or town) (State or country)

Bora Lee

17. INFORMANT (Address)

Chas Henry

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Mt Carmel Ch. March 26 1934

19. UNDERTAKER (Address)

Dana Tardis

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

Whooping cough 6 weeks

Name of operation Regular Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Coroner

M. D. B. 328
E 99701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1809 Lorman St. 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1809 Lorman St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Year 58 Months - Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 370

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mr. Munn 1809 Lorman

18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1934

22. I HEREBY CERTIFY That I attended deceased from Mar 18 19 to Mar 23 19 I last saw deceased on Mar 22 19 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation: Regent Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lot foot of Cross St. St. Ward 24-01)Length of residence in city or town where death occurred 51 yrs. 1 mo. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1140 Battery Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~X~~ XXXXXX HUSBAND of Mary C. Feeney.

6. DATE OF BIRTH (month, day, year) February 12, 1883

7. AGE Years 51 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Joseph Feeney.14. BIRTHPLACE (city or town) (State or country) Ireland.15. MAIDEN NAME Bridget.16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary C. Feeney. (wife)
(Address) 1140 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Aals Date 3/26 1934

19. UNDERTAKER E. B. Hazler
(Address) 115 E. 7th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Cold and Exposure.

Date of onset

Other contributory causes of importance:

Name of operation None. Date ofWhat test confirmed diagnosis Inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edo M. Reinhardt Coroner M. D.

(Address) 1017 E. Charles St.

R 26 1934

M. D. 12 **E 99703****E 99703**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **7-01** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME **Horace Harrison**(a) Residence: No. **Route 4 Winchester** St., _____ Ward. **Tennessee**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **Essie**6. DATE OF BIRTH (month, day, year) **11-5-97**7. AGE Years **36** Months **4** Days **20** If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Store Keeper**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **445**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) **Tenn**
(State or country)13. NAME **P. O. Harrison**14. BIRTHPLACE (city or town) **Tenn**
(State or country)15. MAIDEN NAME **Betty Evans**16. BIRTHPLACE (city or town) **Tenn**
(State or country)17. INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL

Buried by Jones, March 26 193419. UNDERTAKER **John O. Mitchell, Son**
(Address) **1914 E. Calver Place**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 25 1934**22. I HEREBY CERTIFY, That I attended deceased from **March 19 1934** to **March 25 1934**
I last saw him alive on **March 25 1934** Death is said to have occurred on the date stated above, at **9:50 p.m.**

The principal cause of death and related causes of importance were as follows:

Brain Tumor malignantDate of onset **12 yrs.**

Other contributory causes of importance:

Name of operation **Laminectomy** Date of **3/21/34**What test confirmed diagnosis? _____ Was there an autopsy? **yes**23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____(Signed) **J. A. Mendenhall**(Address) **John Hopkins Hosp.**

M. D.

AR 26 1934

M. D. E 99704

E 99704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Tilbury Way St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas E. Omohundro

(a) Residence: No. 5306 Tilbury Way

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lena Haynes Omohundro

6. DATE OF BIRTH (month, day, year) Jan 29, 1854

7. AGE Years 80 Months 1 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mrs. P. Omohundro

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eliza Hunt

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edgar P. Omohundro (Address) 5306 Tilbury Way

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 26 1934

19. UNDERTAKER John O. Mitchell (Address) 1900 Eutaw Place

20. FILED

226 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1934, to 3-23, 1934

I last saw him alive on 3-23, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

LOBAR PNEUMONIA

Date of onset 3-20-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Dorsey M. D.

(Address) 1129 St. Paul St.

M. D. 1934 **E 99705****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hosp 5-01* St. *5-01* Ward)Registered No. *107-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1633 N. Carey* St. *5-01* Ward. *X*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

19. 19. 19. Death is said

I last saw him alive on 19. m.

have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

*Gravest pneumonia*Date of onset *4 days*

Other contributory causes of importance:

Name of operation *Regular* Date of *4-20-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. E. Suck* M. D.(Address) *Coroner*

Registrar.

APR 26 1934

Spec. E 98706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 REGISTERED NO.

E 99706

1-PLACE OF DEATH

City of BALTIMORE: (No. 813 Harlem ave. 16-01 Ward)

2-FULL NAME

(a) RESIDENCE NO.

813

Harlem ave.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

50 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Male

Colored

Widowed

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Georgia Cook

6 DATE OF BIRTH (month, day, and year)

Nov. 14 1871

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

63

4

18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Colvert County
Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

James Cook
Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Eliza Loyds
Md.

14

Informant
(Address)James Cook
813 Harlem Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 22 - 1934

17

I HEREBY CERTIFY, That I attended deceased from

March 19 1934

March 22 34

that I last saw him alive on

3-22

1934,

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

nephritis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY
(Secondary)

Cerebral hemorrhage

(duration) yrs. mos. 20 ds.

18 Where was disease contracted

If not at place of death

Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Urinalysis Physical

(Signed)

Ernest C. Melton, M. D.

, 19

(Address)

2029 P. A. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Mt Auburn Cemetery

3/26 1934

20 UNDERTAKER

ADDRESS

Thomas E. Nelson

MAR 26 1934

Registrar

Thomas E. Nelson

M. E. 99707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99707

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No. Monument

St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth 34 yrs. mos. da.

2. FULL NAME

Moritz Grossman

(3) Residence: No. 1441 E. Fayette

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Molly

6. DATE OF BIRTH (month, day, year)

7. AGE

55

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Romania

13. NAME

Samuel

14. BIRTHPLACE (city or town) (State or country)

Romania

15. MAIDEN NAME

Tobii

16. BIRTHPLACE (city or town) (State or country)

Romania

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Cemetery Date 3/26/34

19. UNDERTAKER (Address)

Jack Seuss 1437 E. North St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2-27-34 to 3-25-34

I last saw him alive on 3-25-34 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cerebral edema
Acute Cardiac Dilatation

Date of onset 2-22-34

2-25-34

Other contributory causes of importance:

Diabetes mellitus
arteriosclerosis
hypertension

Name of operation: Emergency Frontal lobectomy Date of 3/16/34

What test confirmed diagnosis? Operative Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify

(Signed) Samuel Wiener

(Address) Sinai Hospital

M. D.

R 26 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 207 Aisquith St., 5-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 67 Months ✓ Days 112 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Smith14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Old aged female
(Address) 207 Aisquith St. S.F.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date 3/26 193419. UNDERTAKER Walter B. Spatz
(Address) 3910 Hamilton St.20. 26 1934 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 193422. I HEREBY CERTIFY, That I attended deceased from March 15, 1934, to March 23, 1934I last saw her alive on March 22, 1934 Death is said to have occurred on the date stated above, at 6:30 pm

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Indigence

Other contributory causes of importance:

aged

Date of onset

Name of operation

Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

3/23/34 If so, specify Edward Fisher M. D.
(Signed) 142 E Monument

(Address)

E 99709

HEALTH DEPARTMENT—CITY OF BALTIMORE

99709

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 h. Wolfe St., 7-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ys. mos. ds. How long in U.S. If of foreign birth? ys. mos. ds.

2. FULL NAME

Albert Powell

(a) Residence No. 938 h. Wolfe St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Willie M. Powell

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years 47 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as splumer, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Willie M. Powell

(Address) 938 h. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL Place Calvary cemetery Date mar 26 1934

19. UNDERTAKER Edw Bryson

(Address) 1631 Orleans St

20. DATE OF DEATH 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20 1934 to March 22 1934

I last saw him alive on March 22 1934 death is said to have occurred on the date stated above, at 1³⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 3/15/34

Other contributory causes of importance:

Toxemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Calvin B. Compton M. D.

(Address) 1113 N. Caroline St

E 99710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99710

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2007 Raynor* St., *16-01* Ward)Registered No. *165*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *48* yrs. *6* mos. *2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: *Mabelle M. Norris*
2007 Raynor St., _____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *James*DATE OF BIRTH (month, day, year) *Sept 7-1885*

AGE

Years *48*Months *6*Days *2*

If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county) *Baltimore*13. NAME *Fred H. Poor*14. BIRTHPLACE (city or town) (State or country) *Lowell Mass*15. MAIDEN NAME *Dora Nelson*16. BIRTHPLACE (city or town) (State or country) *Mass*17. INFORMANT (Address) *Fred Poor*
2007 Raynor

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Cemetery*Date *March 26 1934*

19. UNDERTAKER

(Address) *Albert L. Bell*
606 N. Chester Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 23 1934*

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation by
Hanging

Other contributory causes of importance:

Date of onset

Name of operation *Regular*

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Suicide*

Accident, suicide, or homicide Date of injury _____ 19____

Where did injury occur? *2007 Raynor* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. H. H.*

(Address)

Coroner

M. D.

M 26 1934

M. D. **E 99712**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99712

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **27-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME **William Woolery**(a) Residence: No. **648 Washington Blvd**

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) **10-22-75**7. AGE Years **58** Months **5** Days **3** If LESS than 1 day _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Engineer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **020**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) **Md**
(State or country)13. NAME **John**14. BIRTHPLACE (city or town) **Md**
(State or country)15. MAIDEN NAME **Hattie Kenny**16. BIRTHPLACE (city or town) **Md**
(State or country)17. INFORMANT **Records**(Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL **8**Place **Washington** Date **3/26**, 19**34**19. UNDERTAKER **Joseph Ahrens**(Address) **2211 Broadway**20. FILED **120 1934****John H. Phillips, R.S.**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 25 1934**22. I HEREBY CERTIFY, That I attended deceased from **March 22, 1934** to **March 25, 1934**I last saw him alive on **March 25, 1934** Death is said to have occurred on the date stated above, at **12⁵⁰ A.M.**

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Coronary atherosclerosisDate of onset **2 yrs.**

Other contributory causes of importance:

Hypertension**3 yrs.**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If specify _____

(Signed) **Harold Michael Telford**

M. D.

(Address) **Johns Hopkins Hospital**

E 99713

E 99713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

S. 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Odessa Carter

(a) Residence: No. 579

Prestman

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Charles (or) WIFE of

6. DATE OF BIRTH (month, day, year)

4/12/98

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

35

11

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

Ely Carter

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Rene Bond

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Va Date 3/26/34

19. UNDERTAKER

Mrs. George H. Hall

(Address)

601 Duane St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mch 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mch 11, 1934, to Mch 23, 1934

I last saw her alive on Mch 23, 1934. Death is said

to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of report 3/23/34

Other contributory causes of importance:

Post-operative Hysteromyomectomy Phlebitis, ovarian veins

3/25/34

Name of operation Hysteromyomectomy

Date of 3/2/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Ely Henryson

M. D.

(Address)

Johns Hopkins Hosp

MAR 26 1934

E D 99714

E 99714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Milton Ave 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Amelia Schiefer

(a) Residence: No.

510 N. Milton Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John Schiefer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1865

7. AGE Years 68 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

13. NAME ~~William~~ Louis Ebling

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Wettig

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charles Schiefer (Address) 427 N. Belvoir St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Mar. 28, 1934

19. UNDERTAKER Leonard J. Ruck (Address) 5305 Harford Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-1934

22. I HEREBY CERTIFY. That I attended deceased from 3-22-1934 to 3-25-1934

I last saw her alive on 3-24-1934 Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

3/22/34

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Dr. B. Sykes M. D. (Address) 2802 Harford Ave

99715 HEALTH DEPARTMENT—CITY OF BALTIMORE 99715

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hosp* St., *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *32* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1227 S. Decker Ave* St., *1-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Elizabeth Lisolak*
(or) WIFE of *May*6. DATE OF BIRTH (month, day, year) *May 10* LESS than 1 day, *0* hrs. or *0* min.7. AGE *64* Years *10* Months8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Pensioned Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *American Smelting & Refining Co.*10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) *Austria*
(State or country)13. NAME *George Lisolak*14. BIRTHPLACE (city or town) *Austria*
(State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Austria*
(State or country)17. INFORMANT *Elizabeth Lisolak*
(Address) *1227 S. Decker Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Harold's Green* Date *March 27, 19*19. UNDERTAKER *Stephen J. Fialkowski Inc.*
(Address) *1227 S. Decker Ave*20. FILED *133* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1934*22. I HEREBY CERTIFY. That I attended deceased from *19* to *19*I last saw him alive on *19* Death is saidto have occurred on the date stated above, at *9:45 PM* m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

arterial hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clin* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *A. K. Bergmann* M. D.
(Address) *1305 N. Patterson Ave*

E 99716

E 99716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St. 18-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Truesdale

(a) Residence: No. 758 Waesche st.

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Ophelia Truesdale
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, _____hra. or _____min.
	42	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) South Carolina
(State or country)

13. NAME Paul Truesdale

14. BIRTHPLACE (city or town) South Carolina
(State or country)

15. MAIDEN NAME Elizabeth Gibbs

16. BIRTHPLACE (city or town) South Carolina
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg, L. C. Date Mar. 26, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1934, to March 23, 1934

I last saw him alive on March 23, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Aug. 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Christopher C. Shaw

Baltimore City Hospitals

(Address)

MAR 26 1934

Huntington Avenue, Baltimore, Md.

Registrar

E 99717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99717

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *248 N. Schroeder* St., *18-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Lula Mae Walker(a) Residence: No. *248 N. Schroeder* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Nov. 9, 1932*7. AGE Years *1* Months *4* Days *5* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *ind*
(State or country) _____13. NAME *Riley Walker*14. BIRTHPLACE (city or town) *S.C.*
(State or country) _____15. MAIDEN NAME *Adley Waters*16. BIRTHPLACE (city or town) *S.C.*
(State or country) _____17. INFORMANT *Mrs. Riley Walker*
(Address) *248 N. Schroeder St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Int. Ashburn* Date *March 26, 1934*19. UNDERTAKER *Mrs. Katie P. Williams*
(Address) *322 N. Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/24/34*22. I HEREBY CERTIFY That I attended deceased from *3/17/34* to *3/23/34*I last saw him alive on *3/24/34* death is said to have occurred on the date stated above, at *1 A* m.

The principal cause of death and related causes of importance were as follows:

*Dr. Pneu
monia*

Date of onset

3/17/34

Other contributory causes of importance:

*Acc. Recurrent Bron
chitis.**3/18/34*Name of operation *none* Date of _____What test confirmed diagnosis? *clinical* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *J. J. Borden* M. D.(Address) *529 N. Campbell St.*

R 261934

Registrar

AdCo. 5-11 250K

E 99718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99718

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Brunswick St. St. 10-11 Ward)

CITY OF BALTIMORE: (No. 100)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 622 Brunswick St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) February 10, 1885

7. AGE	Years	Months	Days	or LESS than 1 day.....hrs. or.....min.
	49	1	13	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)	Seamster 69

12. BIRTHPLACE (city or town)
(State or country) *Baltimore*
Md.

18. NAME	Ludwig A. Fisher.
----------	-------------------

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME *Bertha V. Mueller*

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT *Bertha V. Fischer*
(Address) *522 Burnside St.*

18. BURIAL, CREMATION, OR REMOVAL
Place Grind Ridge Cem. Date March 26, 1934

19. UNDERTAKER
(Address) Charles J. Schwarz
505 E. Monroe St.

1934, 19, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23, 1924

22. I HEREBY CERTIFY, That I attended deceased from
Sept 10 - 1933, to Mar 23 - 1934

I last saw her alive on May 20, 1934 death is said to have occurred on the date stated above, at 10,340 m.

The principal cause of death and related causes of importance were as follows:

<i>Carcinoma Ling</i>	2
<i>Carcinoma Ling</i>	2

Other contributory causes of importance:

Name of operation..... *Cesarean* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so specify, *yes* *6/*

(Signed) 2000 Hallis Dr M. D.
3/24/84 (Address) 2000 Hallis Dr

E 99719

E 99719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *18-01*)*Sydenham Hospital*
St., *18-01* Ward)Registered No. *8*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Patricia Doyle(a) Residence: No. *47 S. Carrollton*

(Usual place of abode)

St. *18-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Child*6. DATE OF BIRTH (month, day, year) *April 16, 1918*7. AGE Years *5* Months *11* Days *8* If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*13. NAME *John Doyle*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mollie Johnson*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*17. INFORMANT *John Doyle*
(Address) *47 S. Carrollton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *5/26, 1934*19. UNDERTAKER *Frederick A. Coff*
(Address) *1200 W. Lombard St*

20. FILED

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 20, 1934* to *March 24, 1934*I last saw her alive on *March 24, 1934* Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Scarlet Fever
Cholelithiasis

Date of onset

*March 20, 1934**March 24, 1934*

Other contributory causes of importance:

Name of operation *None* Date of *March 24, 1934*What test confirmed diagnosis? *Microscopic* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *March 24, 1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify...(Signed) *Harry J. ...*(Address) *Sydenham Hospital*

M. D.

E 98720

E 98720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 N. Monro 16-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1024 N. Monro

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race: White 5. Single, Married, Widowed, or Divorced: Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lula

DATE OF BIRTH (month, day, year): Oct 21 - 1884

AGE

Years: 49 Months: 5 Days: 3

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Manchester

13. NAME

14. BIRTHPLACE (city or town) (State or country): Carroll Co

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Carroll Co

17. INFORMANT

(Address): 1024 N. Monro

18. BURIAL, CREMATION, OR REMOVAL

Place: Manchester

Date: May 27, 1924

19. UNDERTAKER

(Address): 1944 North Ave

DATE OF DEATH (month, day, year): May 27, 1924

I HEREBY CERTIFY That I attended deceased from

I last saw him alive on: May 27, 1924 Death in said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sudden

Other contributory causes of importance:

Name of operation: Regulator

Date of

What test confirmed diagnosis? No autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 1924

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed): J. B. Clark

Coroner

(Address):

151834

M E 98721

E 98721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Ferndale Ave. St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3113 Ferndale Ave. St. 28-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Eulidia S. Fisher (or) WIFE of6. DATE OF BIRTH (month, day, year) August 20/18607. AGE Years 73 Months 7 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Balto. (State or country) Maryland13. NAME William Fisher14. BIRTHPLACE (city or town) Balto. (State or country) Md.15. MAIDEN NAME Elizabeth Carbach16. BIRTHPLACE (city or town) Balto. (State or country) Md.17. INFORMANT McEulidia Fisher (wife) (Address) 3113 Ferndale Ave.18. BURIAL, CREMATION, OR REMOVAL. Place Mount Mount Date Mar 27/193419. UNDERTAKER Quarantine Mortuary Co. (Address) 128 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-34 1922. I HEREBY CERTIFY, That I attended deceased from 3-3-34 19, to 3-21-34 19.I last saw him alive on 3-25-34 19. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Mar 25

Other contributory causes of importance:

Cerebral obstruction Mar 25Name of operation NO Date of NOWhat test confirmed diagnosis? Physic. exam. necr. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury NO 19Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury HomeNature of injury Home

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) W. J. Fisher M. D.(Address) 3400 N. Ashland Ave.

MAR 27 1934 Registrar.

M. D. E 99722

E 99722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home for incurables*
 CITY OF BALTIMORE: (No. *40th* St & Resnick Rd. *13-91* Ward)

Length of residence in city or town where death occurred *90* yrs. *5* mos. *11* ds. How long in U. S. If of foreign birth *94* yrs. *5* mos. *11* ds.

2. FULL NAME *Miss Mary E. Porter*

(a) Residence: No. *Home for incurables* St., *13-91* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Oct 14 - 1839*

7. AGE Years *94* Months *5* Days *11* If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Pottsville Pa*
 (State or country)

13. NAME *Henry Porter*

14. BIRTHPLACE (city or town) *Pennsylvania*
 (State or country)

15. MAIDEN NAME *Hannah Essinger*

16. BIRTHPLACE (city or town) *Pennsylvania*
 (State or country)

17. INFORMANT *Hospital Records*
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place *Bordentown* Date *March 28, 1934*

19. UNDERTAKER *St. Martin's Mortuary*
 (Address) *108 W. 11th Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 25, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 6 - 31*, to *March 25, 1934*

I last saw *her* alive on *March 25, 1934* Death is said to have occurred on the date stated above, at *9⁴⁰ p.m.*

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis (Senility)

Date of onset

6/30/32

3/25/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *P.E.* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *W. B. Mayhew* M. D.

(Address) *Medicine Ave. 1234*

APR 27 1934

M. D. **E 99723**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ **E 99723**

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11287 Charles St. 11-01 Ward)Length of residence in city or town where death occurred 54 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 68 yrs. 4 mos. 24 ds.

2. FULL NAME

Margaret Carroll St. 11287 Charles St. Ward. (If non-resident give city or town and State)

(a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of None - Single6. DATE OF BIRTH (month, day, year) Nov-1-1865 If LESS than 1 day, hrs. or min.7. AGE 68 Years 4 Months 24 Days8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME James Carroll14. BIRTHPLACE (city or town) (State or country) Cork Ireland15. MAIDEN NAME Mary Cronin16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland17. INFORMANT Mrs. Helen M. Bryan (niece) (Address) 2111 N. Fulton Av.18. BURIAL, CREMATION, OR REMOVAL Place New Catholic Date Mar/27/193419. UNDERTAKER Glavin & Morris Co. (Address) 108 W. North Av.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 24, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to Mar 24, 1934I last saw her alive on Mar 24, 1934 Death is said to have occurred on the date stated above, at 10.05 m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis
Myocarditis

Other contributory causes of importance:

Acute Cardiac Dilatation 2 1/2 hrs
Ornament of LungName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) Edmond P. Smith M. D.(Address) 920 St. Paul St.

E 99724

E 99724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (To)
CITY OF BALTIMORE: (No. St. 17-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mable Woodridge

(a) Residence: No. 750 W. Mulberry st. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 27, 1911

7. AGE Years 22 Months 5 Days 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thomas Leatherberry

14. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

15. MAIDEN NAME Hattie Dixon

16. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Placed in Lion Cen. Date 3-26 1934

19. UNDERTAKER
(Address)

Funeral Home
1800 Brantly Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1934

22. I HEREBY CERTIFY That I attended deceased from February 13, 1934 to March 22, 1934

I last saw her alive on March 22, 1934 Death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Dec.

1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

201934

Spec. E 99725

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 98725

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 3012 Royston Ave. 27-101 WARD)

2-FULL NAME

Charles Louis Schaefer

(a) RESIDENCE NO. 3012 Royston Ave. ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

life mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

married

6a If married, widowed, or divorced

HUSBAND of

(or) WIFE of Lillie Schaefer

6 DATE OF BIRTH (month, day, and year)

Sept. 18, 1886

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

77

6

6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired ob2

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14

Informant (Address)

Elmer Schaefer
3012 Royston Ave

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 1932, to Mar. 24 1934.

that I last saw him alive on Mar. 23 1934.

and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Chr. interstitial nephritis
Arteriosclerosis

(duration) uncertain mos. ds.

CONTRIBUTORY (Secondary)

uraemia

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) G. M. Bacon M. D.

3/25, 1934 (Address) 2810 Taylor Ave.

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

Baltimore Md

3/27/34

20 UNDERTAKER

Philip Herwig Sons

ADDRESS 2016 Orleans St

AR 26 1934

M. D. P. 1249-9

E 99726

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99726

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church and**C. H. Infirmary St. 7-01* Ward)Length of residence in city or town where death occurred *life*

How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Mrs Rose J. Schlinn(a) Residence: No. *725 N. Lakewood Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced

HUSBAND of

*Otto Schlinn*6. DATE OF BIRTH (month, day, year) *March 9, 1887*7. AGE *47* Years Months *0* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *George H. Kilbarr*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Curie Barbara*16. BIRTHPLACE (city or town) *Mayeant* (State or country)17. INFORMANT *Otto Schlinn* (Address) *725 N. Lakewood Ave.*18. BURIAL, CREMATION, OR REMOVAL *Balto. Cem.* Place Date *Mar. 27, 1934*19. UNDERTAKER *Philip Herwig Pope* (Address) *2016 Calverton Rd.*20. FILED *261934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 24, 1934*22. I HEREBY CERTIFY. That I attended deceased from *3-22-34*, 19, to *3-24*, 1934.I last saw him alive on *3-24-34*, 1934. Death is said to have occurred on the date stated above, at *9:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Ch. Nephritis - Uremia*Date of onset *1932*

Other contributory causes of importance:

*Ch. Myocarditis**Arterial hypertension**Arteriosclerosis, Cardiovascular**renal disease*Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *David H. Anderson* M. D.(Address) *Church Home of Inf.*

M. D. 99727

99727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *1-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *14* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2223 Pratt* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *George Phiergartner*6. DATE OF BIRTH (month, day, year) *April 12 - 1877*7. AGE Years *56* Months *11* Days *15* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *27*12. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*13. NAME *Adam Nicholas*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Margaretta Leshner*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *George Phiergartner* (Address) *4233 W. Pratt St.*18. BURIAL, CREMATION, OR REMOVAL Place *Western Cemetery* Date *March 26 1934*19. UNDERTAKER *George L. Schwalb* (Address) *5101 E. Endicott Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/26/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *3/16/34*, 19, to *3/26/34*, 19.I last saw her alive on *3/26/34*, 19. Death is said to have occurred on the date stated above, at *6:30* a.m.

The principal cause of death and related causes of importance were as follows:

*Generalized arteriosclerosis
Hypertensive Cardio-Vascular disease
Heart failure with auricular fibrillation*

Date of onset

Other contributory causes of importance:

Obesity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____(Signed) *Harold Stackhouse Jr.* M. D.(Address) *University Hospital*

20. FILED

1201334

E 99728

99728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 Gough St., 1-01 Ward)Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2111 Gough St., 1-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Marcella Bielanski
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 57 Months 57 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self 180

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Joseph Bielanski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Theodore Bielanski(Address) 2111 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy RosaryDate March 28, 193119. UNDERTAKER Dr. J. J. J. J.(Address) 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 193122. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 19, 19 19. Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis: Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury None, 19 19Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in publicplace NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. J. J. J. M.D. M. D.
(Address) 1305 N. Patterson Park

Registrar

MAR 27 1931

M. E. B 99729

E 99729

Jawacki
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 1/2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence No. 323 South Collington St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced
HUSBAND of Dr. Peter Sawicki
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 7-7-977. AGE 37 Years 8 Months 16 Days If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)13. NAME Michael Domianaki14. BIRTHPLACE (city or town) Lipnany
(State or country)15. MAIDEN NAME Mary Schmidt16. BIRTHPLACE (city or town) Lipnany
(State or country)17. INFORMANT Peter Jawacki
(Address) 323 S Collington Ave

18. BURIAL, CREMATION OR REMOVAL

Place St. Mary Date March 27 193419. UNDERTAKER W. G. Gaspowski
(Address) 1432 Eastern Ave20. FILED 112345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-34, 1922. I HEREBY CERTIFY, That I attended deceased from 3-2-34, 19, to 3-23-34, 19.I last saw her alive on 3-2-34, 19. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

See note on back.

Other contributory causes of importance:

① Intra-uterine Hypertrophy
② Left Salpingo-oophorectomy
③ Appendectomy
④ P.C. & Center of the
⑤ Peritonitis
Name of operation _____ Date of 3-8-34

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Robert W. Allison M. D.(Address) Baltimore Hospital

E 99730

E 99730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 Ramsey St. 21-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 911 Ramsey

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Julius Lemmerman

6. DATE OF BIRTH (month, day, year)

7. AGE 69 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Smith14. BIRTHPLACE (city or town) MD (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Carroll Co (State or country) MD17. INFORMANT Chas Hartman (Address) 715 W. Lombard St18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross (Hagford Rd) Date 3/27/3819. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to Mar 24, 1934.I last saw him alive on Mar 23, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset

1932

Other contributory causes of importance:

Name of operation Date of Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julius Hartman

M. D.

(Address) 722 Wash. Blvd

E 99730

E 99731

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 99731

CERTIFICATE OF DEATH.

REGISTERED NO. 210-001

1-PLACE OF DEATH
City of BALTIMORE: (No. Johns Hopkins Hospital Ward)2-FULL NAME Edward C. Griffin(a) RESIDENCE NO. 2520 Pilgrimage St. 50 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and All out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (write the word) Married6a If married, widowed, or divorced
HUSBAND of Elizabeth Griffin
WIFE of Elizabeth GriffinDATE OF BIRTH (month, day, and year) July 6th 1871AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
62 8 10 9

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 80(b) General nature of industry, business, or establishment in which employed (or employer) Clothing(c) Name of employer SelfBIRTHPLACE (city or town) Richmond Va
(State or country)10 NAME OF FATHER Thomas Griffin11 BIRTHPLACE OF FATHER (city or town) Richmond Va
(State or country)12 MAIDEN NAME OF MOTHER Agnes Shelton13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)14 Informant Elizabeth Griffin
(Address) 550 Pilgrimage Hamilton

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18th 193417 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Inquest, autopsy or inquiry.)

The CAUSE OF DEATH* was as follows:

Multiple Fractures
ShockCONTRIBUTORY (Secondary) Automobile Accident
(duration) yrs. mos. ds.(Signed) Joseph Pokorny (Coroner) M. D.(Address) 2200 E. Madison

*State the Disease Causing Death, of 14 deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Landon Park Date of Burial Mar 27th 193420 UNDERTAKER Wm Cook 1217 St Paul St

MAR 2

Huntington Williams, M.D. Registrar

M. 10 E 99732

E 99732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *12-01* Ward)Registered No. *122-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *53* yrs. *7* mos. *0* ds. How long in U. S. If of foreign birth? — yrs — mos. — ds.

2. FULL NAME

(a) Residence: No. *219 East Univ. Parkway* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Mary L. Nicholland* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 24, 1880*7. AGE Years *53* Months *7* Days *0* If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Boo Railroad*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Asst. to Senior Vice President*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)13. NAME *Arthur Nicholland*14. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)15. MAIDEN NAME *Margaret Reilly*16. BIRTHPLACE (city or town) *Baltimore Md.* (State or country)17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral Ceme* Date *3/28*, 193419. UNDERTAKER *Henry W. Meade* (Address) *805 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/24*, 193422. I HEREBY CERTIFY, That I attended deceased from *2/26*, 1934, to *3/24*, 1934I last saw him alive on *3/24*, 1934 Death is said to have occurred on the date stated above, at *5⁰⁰ P.M.*

The principal cause of death and related causes of importance were as follows:

Ischio-Rectal Abscess *3 wks?*
Pulmonary Infarction *20 hrs.*

Other contributory causes of importance:

Name of operation *Herniotomy* Date of *4/2/34*What test confirmed diagnosis? *Clinical signs* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

AR 27 1934

N. D. E 99733

E 99733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Dennison St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 9 mo. 12 ds. How long in U. S. If of foreign birth? — yrs. — mo. — ds.

2. FULL NAME

Katherine C. Daly

(a) Residence: No.

2109 Dennison

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Harry J. Daly

6. DATE OF BIRTH (month, day, year) May 12, 1879

7. AGE Years 54 Months 9 Days 12 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Carey

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Sarah Griffin

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Miss Margaret Carey (Address) 2109 Dennison Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 3/27 1934

19. UNDERTAKER

(Address)

27 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to March 24, 1934

I last saw him alive on March 24, 1934. Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 3-24-34
Intermittent nephritis - about 5-12-29
Cerebral hemorrhage arising from left hemiplegia 5-12-29

Other contributory causes of importance: None

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed)

(Address)

M. D.

1203 W. Fayette St.

E 99734

E 99734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Kemwood Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Rose Davis

6. DATE OF BIRTH (month, day, year)

Dec 23/1863

7. AGE

70

Years

Months

3

Days

2

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mariner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va.

FATHER

13. NAME

Geo. Davis

14. BIRTHPLACE (city or town) (State or country)

Va.

MOTHER

15. MAIDEN NAME

Elizabeth

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

Rose Davis

106 N. Kemwood Ave.

18. BURIAL, CREMATION OR REMOVAL

Place

Oak Lawn

Date

Mar 28, 1934

19. UNDERTAKER

(Address)

Philip Herwig Sons
206 Calverton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Mar. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 29, 1934 to Mar. 25, 1934

I last saw him alive on Mar. 25, 1934 Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular disease of Heart

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

27-1934

19

Registrar.

E 99735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99735

CERTIFICATE OF DEATH

186-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Druid Hill ave. ST. 11-01)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Mrs. Lattie B. Morris

(a) RESIDENCE NO.

1233 Druid Hill ave. ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

Col

5 Single, Married, Widowed, or Divorced, (write the word)

married

a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Lewis E. Morris

DATE OF BIRTH (month, day, and year)

July 21, 1892

AGE

41

Years

Months

7

28

If LESS than
1 day, hrs.
or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Salisbury, N. C.

10 NAME OF FATHER

Napoleon Brown

11 BIRTHPLACE OF FATHER (city or town)

Salisbury, N. C.

(State or country)

12 MAIDEN NAME OF MOTHER

Anna Watson

13 BIRTHPLACE OF MOTHER (city or town)

Salisbury, N. C.

(State or country)

Informant

(Address)

Husband
1233 Druid Hill ave.

27-1934

Huntington Williams, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23-34

17

I HEREBY CERTIFY, That I attended deceased from

2-15-34, 19, to 3-22-34, 19

(that I last saw him alive on

11

19

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the Heart

(duration) yrs. mos. 3 ds.

Heavy fall causing internal injuries

(duration) yrs. 14 mos. 34 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

F. N. Cardoso

M. D.

3-24-34 (Address) 1524 Druid Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt. Auburn Cemetery
UNDERTAKERMar 27, 1934
ADDRESSJohn J. Stittell
1900 East Ave

E 99736

E 99736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Itacon Memorial Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. *410 Eresham St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race *W* 5. Single, Married, Widowed, Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

21. DATE OF DEATH (month, day, year) *3-24-1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at

DATE OF BIRTH (month, day, year) *2-25-55*

AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*79**0**29*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Elizabeth Elroy*16. BIRTHPLACE (city or town) (State or country) *Baltimore*

17. INFORMANT

(Address) *410 Eresham St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore*Date *3-27-1934*

19. UNDERTAKER

(Address) *410 Eresham St.*

The principal cause of death and related causes of importance are as follows:

Arteriosclerosis

Date of onset

3-23-34

Other contributory causes of importance:

*Arteriosclerosis**3-19-34*

Name of operation

Date of

What test confirmed diagnosis? *-*Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident (suicide, or homicide) *suicide*

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Signed) *W. H. Thomas* M. D.(Address) *7692 Roland*

Registrar

1271834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99737

89737

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1008 Biscoe* St. *21-01* Ward)Length of residence in city or town where death occurred *13* yrs. *7* mos. *17* ds. How long in U. S. If of foreign birth? *13* yrs. *7* mos. *17* ds.

2. FULL NAME

(a) Residence: No. *1008 Biscoe* St., *21-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Mary E Lotz*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 5 1870*7. AGE *63* Years *7* Months *17* Days If LESS than 1 day, *1* hr. or *1* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Landman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *41*12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Nicholas Lotz*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Elizabeth Spingle*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs Mary E Lotz*
(Address) *1008 Biscoe St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *3/28/1934*19. UNDERTAKER *John Covatta*
(Address) *1111 ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/25/1934*22. I HEREBY CERTIFY, That I attended deceased from *3/16/34* to *3/25/34*I last saw him alive on *3/25/34* Death is said to have occurred on the date stated above, at *11:45* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 3/25/34

Other contributory causes of importance:

*Atherosclerosis
Arteriosclerosis*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Richard Dramm M.D.*(Address) *1111 ...*

R 27 1934

Registrar

99738

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99738

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Sydenham Hospital
St. 18-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

William Belcher

(a) Residence: No. 872 S. W. Lombard St.,

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (Male) 4. Color or Race (White) 5. Single, Married, Widowed, or Divorced (write the word) (Single)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Child)

6. DATE OF BIRTH (month, day, year) Oct 2, 1920

7. AGE Years 5 Months 5 Days 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Belcher

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Victoria Shadie

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James Belcher

(Address) 872 S. W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus

Date 3/27/1934

19. UNDERTAKER John J. Gowan & Son

(Address) 701 S. Hollis St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from (March 20, 1934 to March 26, 1934)

I last saw him alive on (March 24, 1934) Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

(Pneumonia)
Bronchopneumonia

Date of onset

3/25/34

Other contributory causes of importance:

(None)

Name of operation (None) Date of _____

What test confirmed diagnosis? (Medical)

Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(No) If so, specify _____

(Signed) _____

(Address) _____

M. D.

20. FILED

AR 27 1934

E 99739

E 99739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Merry Hospital

St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anna J. Nowitzky

(a) Residence: No.

405 Parkwood Ave

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

F

White

Married

6a. If married, widowed, or divorced, give name of husband or (or) wife of

Joseph A. Januszky

6. DATE OF BIRTH (month, day, year)

3/10/890

7. AGE

44

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Anthony Sakiewicz

14. BIRTHPLACE (city or town) (State or country)

Poland

MOTHER

15. MAIDEN NAME

Anna Solatka

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

(Address)

Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date

March 28/34

19. UNDERTAKER

(Address)

John Griebauckas
1423 S. Park St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/26

1934

22. I HEREBY CERTIFY, That I attended deceased from

3/24/34

19

to

3/26/34

19

I last saw him alive on 3/26/34 19 Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Nephrolithiasis
Uremia

Date of onset

2
48
hrs.

Other contributory causes of importance:

Name of operation

Repeated cystostomy

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Raymond F. Shuford

M. D.

(Address)

Merry Hospital

271934

E 99740

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99740

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
CITY OF BALTIMORE: (No. _____ St., 9-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Harry Quarles

(a) Residence: No. 1918 Aisquith st. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Nov. 15, 1913

7. AGE Years 20 Months 4 Days 11 If LESS than 1 day _____ hra. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Benjamin E. Quarles

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Margaret Boyd

16. BIRTHPLACE (city or town) Alabama
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 3-29-34

19. UNDERTAKER

(Address)

MAR 27 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934

22. I HEREBY CERTIFY That I attended deceased from September 20, 1933 to March 26, 1934

I last saw him alive on March 26, 1934. Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

June 1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Christopher C. Shaw, M. D.

(Address) Baltimore City Hospitals

99741 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99741

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *1573 Riggs St.* Ward *16-01*

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1573 Riggs St.* Ward *16-01* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *David*

DATE OF BIRTH (month, day, year) *Mar 3-1878*
 AGE Year *56* Months *—* Days *21* If LESS than 1 day, hrs. or in.

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. *Accountant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*

10. Date deceased last worked at this occupation (month and year) *Chase ind.*

11. BIRTHPLACE (city or town, State or country) *John Jackson*

13. NAME *John Jackson*

14. BIRTHPLACE (city or town, State or country) *Pathto*

15. MAIDEN NAME *Emily Smith*

16. BIRTHPLACE (city or town, State or country) *Pathto*

INFORMANT *Estella Williams*
(Address) *1513 Riggs*

17. BURIAL, CREMATION, OR REMOVAL
Place *St. Paul* Date *Mar 23*

18. UNDERTAKER *Henry O. Wilson*
(Address) *1513 Riggs*

19. *27 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 24-1934*

22. I HEREBY CERTIFY That I attended deceased from

, 19 *Aug*, 19 *19*I last saw him alive on *19*, 19 *19* Death is saidto have occurred on the date stated above, at *11* a.m.The principal cause of death and related causes of importance were as follows: *Diabetes*Other contributory causes of importance: *6 months*Name of operation *Regular* Date of *15*What test confirmed diagnosis? *Autopsy*23. If death was due to external causes (violence) fill in also the following: *15*Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *15*(Signed) *H. O. Wilson* M. D.(Address) *1513 Riggs*

MD 99742

E 99742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 576 Eagle Ward) 19-01

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1826 Eagle St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced, (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. Goldsborough

6. DATE OF BIRTH (month, day, year)

7. AGE 91 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 037
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Augustine MD

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) Harborside MD

15. MAIDEN NAME Ann Dorsey

16. BIRTHPLACE (city or town) (State or country) St. Augustine MD

17. INFORMANT Wm. Goldsborough (Address) 1826 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL Place mt ym Date Mar 27 1934

19. UNDERTAKER Wm. Goldsborough (Address) 1826 Eagle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1934

I HEREBY CERTIFY, That I attended deceased from Feb 2 1934 to Mar 24 1934

I last saw him alive on Mar 23 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Vascular
Disease

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) B. N. Hatcher M. D.
(Address) 1215 N. Ave

R 27 1934

E 99743

E 99743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

a. If married, widowed, or divorced: HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE

Yrs.

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this _____

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____

19. UNDERTAKER (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset

Other contributory causes of importance: _____

Name of operation _____

Date of _____

What test confirmed diagnosis _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner

M. D.

71934

E 99744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No.)

St. 15-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma S. Alexander

(a) Residence: No. 3131

(Usual place of abode)

Suydam Falls Parkway St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced

HUSBAND of Rhessa S. Alexander
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

October 26, 1886

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

47

4

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Christian Kraft

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Emma Snyder

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

Rhessa S. Alexander

(Address) 3131

Suydam Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place

MAR 28 1934

19. UNDERTAKER

(Address) 2700

Robert S. Little

Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1934 to 3-25-1934.

I last saw h. 2x alive on 3-25-1934. Death is said to have occurred on the date stated above, at 11:45 PM.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance:

Diabetes Mellitus
Peritonitis

Name of operation Laparotomy Date of 3-24-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Mark E. Lane

M. D.

(Address)

Sinai Hospital

271934

Huntington Baltimore, Md

M. D. 1934 E 99745

E 99745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* Ward) *21-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? *7* yrs. *7* mos. *7* ds.

2. FULL NAME

(a) Residence: No. *738 Dora* St., *Dora* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Deaton Crocker* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 5, 1891?*7. AGE Years *42??* Months *3* Days *18* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *227* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *Partridge Ward*14. BIRTHPLACE (city or town) *Va* (State or country)15. MAIDEN NAME *Hannah Tines*16. BIRTHPLACE (city or town) *Va* (State or country)17. INFORMANT *Reeds* (Address) *Baer City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Johnson's Cemetery* Date *Mar 27, 1934*19. UNDERTAKER *Jerse W. Redden* (Address) *436 W. Biddle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 23, 1934*22. I HEREBY CERTIFY. That attended deceased from *March 19, 1934* to *March 23, 1934* I last saw *alive* on *March 23, 1934*. Death is said to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Hypertension
Nephritis, arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phoel* M. D.(Address) *Baer City Hosp*

AR 27 1934

E 99746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99746

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *907 Druid Hill Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Robert Boston*6. DATE OF BIRTH (month, day, year) *November 4, 1882*7. AGE *51* Years *4* Months *21* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070* 10. Date deceased last worked at this occupation (month and year) *Baltimore* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Robert Boston* 14. BIRTHPLACE (city or town) (State or country) *Wood River Md*15. MAIDEN NAME *Mary Gray* 16. BIRTHPLACE (city or town) (State or country) *Wood River Md*17. INFORMANT *Records* (Address) *Baltimore City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Ranney Dell* Date *Mar 18, 1934*19. UNDERTAKER *Jesse W. Redden* (Address) *1436 W. Biddle St*20. FILED *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 25, 1934*22. I HEREBY CERTIFY. That I attended deceased from *March 5, 1934* to *March 25, 1934*I last saw *him* alive on *March 25, 1934* Death is said to have occurred on the date stated above, at *5-00 PM*.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pseudo-pharynx & metastases to glands of neck

Date of onset

3 mos

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *P. Maguire* M. D. (Address) *Baltimore City Hosp*

27-1934

E 99747

E 99747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Balt. City Hospitals

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Joshua Jones.

(a) Residence: No. _____

3437 Paton Ave

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Black

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1889

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

45

?

?

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Race Track

10. Date deceased last worked at this occupation (month and year)

?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country)

Richmond, Va.

FATHER

13. NAME

Benjamin Jones

14. BIRTHPLACE (city or town) (State or country)

Richmond Va

MOTHER

15. MAIDEN NAME

Mary ?

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

(Address)

Loop Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Johnson Green

Date Mar. 28, 1934

19. UNDERTAKER

(Address)

Jesse W. Reddick

436 W. 13th St.

Huntington Park, Md.

20. FILED

2771934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24, 1934

22. I HEREBY CERTIFY. That I attended deceased from 2-12, 1934, to 3-24, 1934.

I last saw him alive on 3-24, 1934. Death is said to have occurred on the date stated above, at 10:12 pm.

The principal cause of death and related causes of importance were as follows:

Tuberculous Pericarditis

Date of onset

March 1933

Dec 1933

Other contributory causes of importance:

Cardiac Decompensation

Dec 1933

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. W. Jacobsen

M. D.

(Address)

Balt. City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2911 Keswick Rd. Ward 13-01)Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Robert G. Marsh(a) Residence: No. 2911 Keswick Rd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Marsh 18906. DATE OF BIRTH (month, day, year) Feb. 22, 18897. AGE Years 44 Months 1 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman
10. Date deceased last worked at this occupation (month and year) Feb. 22, 1934
11. Total time (years) spent in this occupation 8612. BIRTHPLACE (city or town) Md.
(State or country)FATHER 13. NAME Louis Marsh
14. BIRTHPLACE (city or town) Md.
(State or country)MOTHER 15. MAIDEN NAME Mandy Beck
16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Annie Marsh
(Address) 2911 Keswick Rd.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Mar 28 193419. UNDERTAKER Chenoweth & Son
(Address) 8617 Chestnut Ave.

20. FILED

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 193422. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to Mar. 24, 1934. I last saw him alive on Mar. 24, 1934. Death is said to have occurred on the date stated above, at 4.00 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Chronic MyocarditisDate of onset
Jan. 28
33

Other contributory causes of importance:

Chronic NephritisDate of onset
Jan. 33Name of operation None Date of Mar 25What test confirmed diagnosis? By symptoms Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None(Signed) Frank M. Golen M. D.(Address) 2721 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

99749

CERTIFICATE OF DEATH

E 99749

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Presbury St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Georgeanna Phillinger

(a) Residence: No. 3023 Presbury St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced

HUSBAND of John Paul Phillinger
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	17	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME William Shipley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Emiley -----

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. W. N. Phillinger
(Address) 3023 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem. Date Mch. 28, 1934

19. UNDERTAKER David Sandheim - Son
(Address) 1902 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to March 26, 1934

I last saw her alive on March 26, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis
Arteriosclerosis
 Other contributory causes of importance: *Arteriosclerosis*

Name of operation

Date of

What test confirmed diagnosis? *Arteriosclerosis* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

2757 W. North Ave.

M. D.

MAR 27 1934

E 99750 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Windsor Ave 15-01 Ward)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 3341 Windsor Ave Ward. 15-01
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Dec 25th 1870

7. AGE Years 63 Months 3 Days 10 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Chester town (State or country) md

13. NAME Joseph T. Kendall

14. BIRTHPLACE (city or town) Chester town (State or country) md

15. MAIDEN NAME Sarah Knott

16. BIRTHPLACE (city or town) Balto (State or country) md

17. INFORMANT Miss Nettie Kendall
(Address) 3341 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Date Mar 28th 1934

19. UNDERTAKER Wm. Cook
(Address) 1317 St. Paul St
Huntington Williams, Md.

20. FILED 27 1934

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him Regular on _____ 19____. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
2 months

Other contributory causes of importance:

Name of operation Regular Date of NO

What test confirmed diagnosis? _____ as there an autopsy?

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Cook M. D.
(Address) Baltimore

M B 99751

E 99751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Map 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 1/2 yrs. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Edelaine Snyder(3) Residence: No. 1834 Wilbur St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of William H. Snyder (or) WIFE of6. DATE OF BIRTH (month, day, year) Apr 11 1876

7. AGE Years Months Days 11 13 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) W. Virginia13. NAME James Box14. BIRTHPLACE (city or town) (State or country) W. Va15. MAIDEN NAME Lois Kelly16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Records (Address) Bals City Map18. BURIAL, CREMATION, OR REMOVAL Place St. Olivet Date Mar 24 193419. UNDERTAKER Wm. Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 193422. I HEREBY CERTIFY. That I attended deceased from March 22 1934 to March 25 1934I last saw her alive on March 25 1934 Death is said to have occurred on the date stated above, at 8 35 p.m.

The principal cause of death and related causes of importance were as follows:

Lois pneumonia Date of onset 5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) T. P. Magill M. D. (Address) Bals City Map

AR 27 1934

E 99752

E 99752

28334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 21-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 4 ds. How long in U. S. If of foreign birth _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Rebecca Luntz

(a) Residence: No.

1645 N. Cleveland Ave

Ward.

Canton Ohio

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced ~~husband~~ (or) WIFE of

Samuel Luntz

6. DATE OF BIRTH (month, day, year)

Jan 29, 1868

7. AGE

Years 66

Months 1

Days 27

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lithuania

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT (Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Canton Ohio

Date

March 27, 1934

19. UNDERTAKER (Address)

J. J. Lickner, Sons

Z. P. Lickner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to March 26, 1934

I last saw her alive on March 26, 1934. Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

Cellulitis of Neck

Date of onset

3-9-34

Other contributory causes of importance:

Acute Tonsillitis

3-17-34

Name of operation Incision of Abscess Date of 3-25-34

What test confirmed diagnosis? T. 21.41 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Paul J. Lickner M. D.
(Address) _____

M. D. E 12 99753

E 99753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Traces Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

3260 Mulford Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Anne E. Womack

6. DATE OF BIRTH (month, day, year)

July 10, 1871

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

62

8

16

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Printer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

13. NAME

Wm Womack

14. BIRTHPLACE (city or town)
(State or country)Balto.
Md.

15. MAIDEN NAME

Georgia Allen

16. BIRTHPLACE (city or town)
(State or country)Balto.
Md.

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge

Date Mar. 28, 1934

19. UNDERTAKER

(Address)

Wm. J. Tichenor & Son
1111 North + 1st Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1934

22. I HEREBY CERTIFY. That I attended deceased from

3/15, 1934, to 3/26, 1934

I last saw him alive on 3/26, 1934 Death is said
to have occurred on the date stated above, at 7:30 a.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Pulmonic Obstruction
Malignant (Carcinoma?)

5

Other contributory causes of importance:

Tuberculous Pneumonia

3/2/34

Name of operation 3/2/34 Date of 3/2/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Tichenor M. D.

(Address) 1111 North + 1st Ave

APR 27 1934

Tichenor & Son

Registrar

99754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 99754

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.

2 FULL NAME

(a) RESIDENCE NO.

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced

HUSBAND or (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant (Address)

15

AR 27 1934

Happel

8-01

ST. WARD)

ST. WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

2-7-34, 1934, to 3-25-34, 1934

that I last saw her alive on

and that death occurred, on the date stated above, at 5:59 a.m.

The CAUSE OF DEATH was as follows:

Subacute Myocarditis

CONTRIBUTORS (Secondary)

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3-25-34

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

E 99755

E 99755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hoof* St. *70-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2710 Lauretta ave.* St. *70-01* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Ada S Cox* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 26 1886*7. AGE *47* Years *6* Months *27* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Conductor of*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *United R. R.*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *St Marys Co Maryland* (State or country)13. NAME *James Cox*14. BIRTHPLACE (city or town) *md* (State or country)15. MAIDEN NAME *Charlotte Booth*16. BIRTHPLACE (city or town) *md* (State or country)17. INFORMANT *Mrs Ada S. Cox* (Address) *2710 Lauretta ave*18. BURIAL, CREMATION, OR REMOVAL *London Park* Place Date *Mar 28 1934*19. UNDERTAKER *W J Pickens* (Address) *17 North St*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 25 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/19/34* 19 to *3/25/34* 19I last saw him alive on *3/25/34* 19 Death is said to have occurred on the date stated above, at *4:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

*Bi-lateral pulmonary tuberculosis
Rheumatic cardio-vascular disease.*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J D Thomas* M. D.(Address) *Mary Hoof*

E 99756

E 99756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *415 Dalrymple Ave.* *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *40* yrs. *0* mos. *0* ds.

2. FULL NAME

Solomon Berman(a) Residence: No. *415 Dalrymple Ave.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Kate G. Berman*6. DATE OF BIRTH (month, day, year) *Feb. 14-1874*7. AGE Years *60* Months *1* Days *18* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ladies Tailor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *050*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia* (State or country)13. NAME *Benedict G. Berman*14. BIRTHPLACE (city or town) *Russia* (State or country)15. MAIDEN NAME *Paul*16. BIRTHPLACE (city or town) *Russia* (State or country)17. INFORMANT *Kate G. Berman* (Address) *415 Dalrymple Ave.*18. BURIAL, CREMATION, OR REMOVAL *Hebrew Burial Soc.* Date *3/27/34*19. UNDERTAKER *Paul Louis* (Address) *17439 E. Balto. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/26/34* 1922. I HEREBY CERTIFY That I attended deceased from *March 19* 1934 to *March 25* 1934I last saw him alive on *March 25* 1934. Death is said to have occurred on the date stated above, at *12* A.M.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis and myocarditis

Other contributory causes of importance:

*Acute cardiac dilatation*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *B. Kadner* M. D.(Address) *2306 Eutaw Place*

MAR 27 1934

M. 111. 1 **E 99757****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

1. PLACE OF DEATHCITY OF BALTIMORE: (No. *West Baltimore General Hospital* Ward)Length of residence in city or town where death occurred *17 yrs 3 mos 0 ds.* How long in U. S. If of foreign birth? yrs. mos. ds.**2. FULL NAME** *Miss Ruth Diamond*(a) Residence: No. *2715 Oswego Ave.* St., Ward. *X*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1917*7. AGE Years *17* Months Days If LESS than 1 day, ____hra. or ____min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Girl* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Bergman*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Esther*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Bellevue Hospital* Date *3/27/34* 19.19. UNDERTAKER *John Lewis Inc.* (Address) *11435 E. Baltimore St.***MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) *March 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *March 27, 1934*I last saw her alive on *March 27, 1934* Death is said to have occurred on the date stated above, at *3:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis Streptococcus Viridans Septicemia & Pneumonia of lower lobes of both lungs Duration *1 month* Date of onset *2 weeks*

Other contributory causes of importance:

Septic Sore Throat Follicular Tonsillitis Partial Regurgitation Cardiac Failure *4 months* *10 days*Name of operation *None* Date of *blood culture*What test confirmed diagnosis *blood culture* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Sam Ashman* M. D.(Address) *West Baltimore General Hospital*

FILED

APR 7 1934

APR 12

Baltimore, Md.

E 99758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5321 Eastern Ave. St. 76-21 Ward)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 5321 Eastern Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Elizabeth (Hildabrand)
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Apr. 11-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	11	12	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor	11. Total time (years) spent in this occupation 80
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME John Betz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT

(Address) 5321 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial Date 3/27 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 6, 1934, to March 23, 1934.

I last saw him alive on March 23, 1934. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebra

Date of onset

3/18/34

Other contributory causes of importance?

Chronic Prostatitis

Name of operation none Date of

What test confirmed diagnosis? Clin. & path. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

When did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed)

(Address)

M. D.

MAR 27 1934

E 99759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703. S. Grundy St. St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna E Malone.

(a) Residence: No.

703. S. Grundy

St. 26

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Nov 24, 1909

7. AGE Years 24 Months 4 Days 1 If LESS than 1 day, hrs. 2 or min.

8. Trade, profession, or particular kind of work done, as aplomer, sawyer, bookkeeper, etc. Forelady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. soap factory
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Pennsylvania.
(State or country)

13. NAME Francis Malone

14. BIRTHPLACE (city or town) Pennsylvania.
(State or country)

15. MAIDEN NAME Mary Strainer.

16. BIRTHPLACE (city or town) Pennsylvania.
(State or country)

17. INFORMANT Francis Malone (Father)
(Address) 703. S. Grundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Mar 28 19 34

19. UNDERTAKER John & Zellerbach
(Address) 403 S. Broadway

20. FILED Mar 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 20 19 34 to March 26 19 34

I last saw her alive on March 25, 1934 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

Excess pneumonia

Date of onset

March 14
(1934)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. J. J. J.

(Address)

1010 S. Elmwood Ave.

M. D.

99760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99760

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hosp St., 6-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *13 N Ellwood* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 26, 1866* 7. AGE *68* Years *11* Months *1* Days If LESS than 1 day, *0* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*

FATHER

13. NAME *George Carson* 14. BIRTHPLACE (city or town) (State or country) *Baltimore*

MOTHER

15. MAIDEN NAME *Catherine Carson* 16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Reeds* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Western* Date *Mar. 28, 1934*19. UNDERTAKER *John A. Thomas* (Address) *2002 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 14, 1934* to *March 26, 1934*. I last saw him alive on *March 26, 1934*. Death is said to have occurred on the date stated above, at *7:10 A* m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Arteriosclerosis
Emphysema

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phonix* M. D.(Address) *Balt City Hosp*

2771934

E 99761

E 99761 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **ST. JOSEPH'S HOSPITAL**
 CITY OF BALTIMORE: (No. **BALTIMORE, MD.** St. **25-01** Ward) **46**
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred **31** yrs. mo. ds. How long in U. S. If of foreign birth? yrs mo. ds.

2. FULL NAME **Barbara Matousek**
 (a) Residence: No. **4513 Pennington Ave** St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Widowed**
 6a. If married, widowed, or divorced **Widowed**
 (or) WIFE of **Frank Matousek**

6. DATE OF BIRTH (month, day, year) **July 14, 1883**
 7. AGE **50** Years **8** Months **12** Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **037**
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) **Bohemia**

FATHER 12. NAME **Frank Frank**
 14. BIRTHPLACE (city or town) (State or country) **Bohemia**

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (city or town) (State or country) **Bohemia**

17. INFORMANT **Anna P. P. P.**
 (Address) **4513 Pennington Ave**

18. BURIAL, CREMATION, OR REMOVAL **Interment**
 Place **Edgar Hill** Date **March 29, 1934**

19. UNDERTAKER **August P. P.**
 (Address) **2406 Ashland Ave.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 26, 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **March 9, 1934** to **March 26, 1934**
 I last saw him alive on **March 26, 1934** Death is said to have occurred on the date stated above, at **3:11** p. m.

The principal cause of death and related causes of importance were as follows:

1. **Coronary artery disease**
 2. **Toxemia**

Other contributory causes of importance:

Name of operation **gastro-enterostomy** Date of **3-15-34**
 What test confirmed diagnosis? **operative** there an autopsy? **no**
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) **W. M. W.** M. D.
 (Address) **ST. JOSEPH'S HOSPITAL**
BALTIMORE, MD.

APR 27 1934

E 99762

E 99762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 809 W. Eden

10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Curtis

(a) RESIDENCE NO. 809 W. Eden
(Usual place of abode)ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) W

6a If married, widowed, or divorced
HUSBAND of William Curtis
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE 54 Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER John Buscoe

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Holley

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

PARENTS

14 Informant Malah Schurer
(Address) 1410 E. Chase St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-34

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 22, 1934, that I last saw him alive on March 22, 1934, and that death occurred, on the date stated above, at 8:30 p.m.
The CAUSE OF DEATH* was as follows:Lobar Pneumonia
Bi-lateral

(duration) yrs. mos. 3 ds.

CONTRIBUTORY Toxemia
(Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Caloun B LeCompte M. D.

19 (Address) 1113 W. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Ashbury Cemetery 3/27/34
H. H. Williams 1515 W. Elder St

R27 1004

Huntington Williams

M. D. B. 1255

E 99763

E 99763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

5-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Wesley Merritt(a) Residence: No. 1428 E. Lexington St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hattie6. DATE OF BIRTH (month, day, year) 11-12-18647. AGE Years 69 Months 4 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) N. Car13. NAME Columbus Merritt14. BIRTHPLACE (city or town) (State or country) N Car15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) N Car17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place McCalvery Cem Date 3-27 193419. UNDERTAKER Byron Thomas H. Knight
(Address) 1218 McCalvery St20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 193422. I HEREBY CERTIFY, That I attended deceased from March 18 1934 to March 23 1934I last saw him alive on March 23 1934 Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & Hypertension
Arterioclastic & hyperemic heart disease
Myocardial Insufficiency

Date of onset

22Nov. '33

Other contributory causes of importance:

Pulmonary Infarctabout 3/18/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Henry D. Stebbins M. D.(Address) The Johns Hopkins Hospital

MAR 27 1934

99764

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99764

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2013 H. Mulberry*)ST. *70-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

George T. Heil

(a) RESIDENCE NO.

2013 H. Mulberry

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *50* yrs.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *married*

If married, widowed, or divorced

HUSBAND of

Sophia Heil (nee Shilling)

DATE OF BIRTH (month, day, and year)

Jan 2nd - 1865

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*69**2**23*

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Blacksmith job

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Germany

10 NAME OF FATHER

John Heil

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Elizabeth Foss

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany

14 Informant (Address)

*Mrs. Sophia Heil
2013 H. Mulberry St.*

15

MAR 27 1934

20 UNDERTAKER

Long & Son

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Western Cemetery

DATE OF BURIAL

3 28 1934

ADDRESS

*2503
Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *March 25th 1934*

17

I HEREBY CERTIFY, That I attended deceased from

*December 21st, 1928 to March 25th, 1934.*that I last saw him alive on *March 25th, 1934.*and that death occurred, on the date stated above, at *9.50 A.M.*

The CAUSE OF DEATH* was as follows:

Chronic Lung and Tuberculosis(duration) *about 6* mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of *No*Was there an autopsy? *No*What test confirmed diagnosis? *None*(Signed) *H. H. Hamner* M. D.*March 1934* (Address) *1929 Edmondson Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Western Cemetery

DATE OF BURIAL

3 28 1934

ADDRESS

*2503
Edmondson Ave*

E 99765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Springdale Ave. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4311 Springdale Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Anna M. Wagener (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8, 1867

7. AGE Years 66 Months 3 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Christian Wagener
14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Dorothea Blum
16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Anna M. Wagener
(Address) 4311 Springdale Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Mar 28, 193419. UNDERTAKER My Mrs. John R. Teufel, Son
(Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to Mar. 26, 1934.

I last saw him alive on Mar. 26, 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Thrombotic Myocarditis
Ch. Myocarditis

Date of onset

Other contributory causes of importance:

Pulmonary Edema 4 hrs.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. A. J. Brown M. D.

(Address) 1800 W. Charles St.

27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *25-01* Ward)Length of residence in city or town where death occurred: *37* yrs. *3* mos. *10* ds. How long in U. S. If of foreign birth? *37* yrs. *3* mos. *10* ds.

2. FULL NAME

Martin Henkel(a) Residence: No. *1630 Bedford St.* Ward. *4* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Not Known*8. AGE *72* Years *72* Months Days If LESS than 1 day, *040* hrs. or *040* min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs. Beardo*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Calver Hill Cemetery* Date *3/27/1934*19. UNDERTAKER *J. J. Fanning, Inc.*(Address) *131 E. Lafayette St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 25, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *4:35 a.m.*

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Clinic* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. J. Fanning, M.D.*(Address) *1305 N. Patterson Park*

M. D.

271934

99767 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99767
93-003
Registered No.

1. PLACE OF DEATH *Vacant House*
CITY OF BALTIMORE: *602 Bradley St* St. *17-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Unknown* St., *Unknown* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *Cool* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *about 1863*

7. AGE *about 70* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *W. W. Police record*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date *May 27, 1934*

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 17, 1934*

22. I HEREBY CERTIFY That I attended deceased from 19. to 19. Death is said

I last saw h. alive on 19. m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
6 months

Other contributory causes of importance:

Name of operation *Regular* Date of *no*What test confirmed diagnosis? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

27 1934

0241

99768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99768
✓ 161-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital St. 18-01* Ward)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *89, W Lombard St.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*7. DATE OF BIRTH (month, day, year) *March 2 - 1934*
8. AGE Years Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *March 7* 19

19. UNDERTAKER (Address)

20. CHILD

271934

0242

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 3, 1934*
22. I HEREBY CERTIFY, That I attended deceased fromI last saw h. alive on *Inquiry*, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic disease of the new born

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Inquiry* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If specify

(Signed)

Joseph L. Vahlsing D. D. Coroner
(Address) *16 South Broadway*

99769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Rear of (in alley) 6-01
CITY OF BALTIMORE: (No. 1415 Mullikin St., Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lucille Owens

(a) Residence: No. 231 N. Dallas St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) ?????

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years 45 Months Days If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) ?????

14. NAME Unknown

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME "

17. BIRTHPLACE (city or town) (State or country) "

18. INFORMANT Police Records (Address)

19. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19

20. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11/34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the day found 4 P.M. m.

The principal cause of death and related causes of importance were as follows:

Probably Acute Alcoholism

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.
(Signed) _____ (Address) _____

271934

0243

99770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99770

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 354 S Bond St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 354 S Bond St., 3-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jablonski

7. DATE OF BIRTH (month, day, year) 8/1 AGE 81 Years 81 Months 81 Days 81 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Poland 11. Total time (years) spent in this occupation 137

12. BIRTHPLACE (city or town) (State or country) Poland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary'sDate Mar 27, 19

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Chronic Alcoholism

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Dr. Hergog MD M. D.
 (Address) 1305 N. Patterson Park

7-1934

0244-1077

E 99771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than 1 day... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at 230 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

M. D.

271934

0245

E 88773

99773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Parksley St. Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1926 Parksley St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie C. Moore

6. DATE OF BIRTH (month, day, year) March 18, 1868

7. AGE Years 66 Months Days 9 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O R. R. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME Moore

14. BIRTHPLACE (city or town) (State or country) I don't know

15. MAIDEN NAME I don't know

16. BIRTHPLACE (city or town) (State or country) I don't know

17. INFORMANT Rosie C. Moore (Address) 1926 Parksley St

18. BURIAL, CREMATION, OR REMOVAL Place Linden Pk Date March 31, 1934

19. UNDERTAKER U. Howard Evans (Address) 2719 34th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933, to Mar 27, 1934

I last saw him alive on Mar. 27, 1934. Death is said to have occurred on the date stated above, at 4:20 a. m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Date of onset not known

Other contributory causes of importance:

Acute Myocarditis

3/26/34

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. P. Postling M. D.

(Address) 2623 Washington Blvd

271934

M E 89774

E 89774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. Baltimore City Hosp St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 612 S Washington St. Ward. 7-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) unwed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert (dead)6. DATE OF BIRTH (month, day, year) April 17 18617. AGE Years 72 Months 11 Days 8 If LESS than 1 day, hrs. 7 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Pittsburg Pa
(State or country)13. NAME Agnes Worsman14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Ely16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Friends
(Address) Balt City Hosp18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date March 28 193419. UNDERTAKER Martin J. E. Dippel Inc
(Address) 31 E. Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 193422. I HEREBY CERTIFY, That I attended deceased from June 21 1932 to March 25, 1934
Last saw him alive on March 25, 1934 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Plumbeous
Myocardial Transmuring

Date of onset

Other contributory causes of importance:

Senility
Cerebral Hemorrhage (old) 2 yr

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Phagel M. D.(Address) Balt City Hosp

27 1934

775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *10-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. *1212 Madison St.* St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Unknown</i>
--

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
<i>45</i>	<i>45</i>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address) *1206 Ormrod, Md. are*

8. BURIAL, CREMATION, OR REMOVAL

Place *Ashbury*Date *Mar 29* 19*34*

9. UNDERTAKER

(Address)

7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 25* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

____, 19____, to ____ 19____

I last saw h. ____ alive on ____ 19____ Death is said

to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Accidental Burns of Face, Hands, and Neck

Name of operation

What test confirmed diagnosis? *This* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury *2/17* 19*34*Where did injury occur? *1212 Madison* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Burns on Face and Neck*Nature of injury *above*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Joseph W. Redden*(Address) *1305 N. Tallman Park*

M. D.

E 99776

99776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 25 mos. 5 ds. How long in U. S. If of foreign birth? yrs. 25 mos. 5 ds.

2. FULL NAME

(a) Residence: No. Randalltown Md. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow5a. If married, widowed, or divorced HUSBAND of Christopher Vogelein (or) WIFE of Oct 23 1856

6. DATE OF BIRTH (month, day, year)

7. AGE Years 77 Months 5 Days 4 If LESS than 1 day, hrs. 039 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Frank Buck14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Katharina Metzger16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Christopher Vogelein (Address) 1314 St. Paul St.18. BURIAL, CREMATION, OR REMOVAL 3/30/3419. UNDERTAKER Huntington Williams (Address) 1314 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-193422. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to March 27, 1934I last saw him alive on March 27, 1934. Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of Gall Bladder with metastasis to liver

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of 3-22-34What test confirmed diagnosis? Chinist Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no.

If so, specify

(Signed) C. G. Throas, Jr.(Address) 1314 St. Paul St.

M. D.

27-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 N. Durham St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1842 N. Durham St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed or divorced Wm G. Phillips
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 25th 18637. AGE Years 70 Months 5 Days 1 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Washington D.C.
(State or country)13. NAME Tom C. Peregoy
14. BIRTHPLACE (city or town) Balto Md
(State or country)15. MAIDEN NAME Berann
16. BIRTHPLACE (city or town) Paris France
(State or country)17. INFORMANT Wm J. Phillips
(Address) 1842 N. Durham St18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 28th 193419. UNDERTAKER Wm Cook
Washington National, D.C.
20. FILED 27 1934 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26th 193422. I HEREBY CERTIFY, That I attended deceased from Sept 4 1933 to March 26 1934I last saw her alive on March 23 1934 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Caecum of the stomach 1933

Other contributory causes of importance:

Name of operation none Date of —
cleansedWhat test confirmed diagnosis? no Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —Manner of injury —
Nature of injury —24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —(Signed) Edwin B. Farby M. D.
(Address) 3522 Greenmount Ave

E 99778 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99778

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 West Lexington 18 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 903 West Lexington St., _____ Ward: _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Divorced</u>
-------------------------	----------------------------------	--

6. If married, widowed, or divorced
HUSBAND or (or) WIFE of Henry Lucas7. DATE OF BIRTH (month, day, year) Jan. 27-1865

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>1</u>	<u>7</u>	<u>18</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 28, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934 to March 25, 1934I last saw her alive on March 20, 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAR 27 1934

99779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 bedardale Rd. Ward 15-81)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3404 bedardale Rd. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced, HUSBAND
(or) WIFE of William F. Nolan6. DATE OF BIRTH (month, day, year) May 29 - 18707. AGE Years 63 Months 10 Days 3 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Rochester
(State or country) N. Y.13. NAME John Doyle14. BIRTHPLACE (city or town) Rochester
(State or country) N. Y.15. MAIDEN NAME Catherine Hugh16. BIRTHPLACE (city or town) Rochester
(State or country) N. Y.17. INFORMANT Wm. F. Nolan
(Address) 3404 bedardale Rd.18. BURIAL, CREMATION, OR REMOVAL buried
Place St. Catharine's Date 3/28/193419. UNDERTAKER J. A. Moran
(Address) 3000 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/193422. I HEREBY CERTIFY That I attended deceased from Jan 4, 1934, to Mar 25, 1934I last saw him alive on Mar 24, 1934. Death is said to have occurred on the date stated above, at 2³⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Vessels Date of onset 1/4/34Other contributory causes of importance: Coronary Vessels 3/12/34Coronary Vessels 3/24/34Name of operation Spinal Puncture Date 3/25/34What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify _____
(Signed) James L. Cunningham M. D.
(Address) 721 Madison St.

271934

E 99780

99780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 W. Lombard ST., 19-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Charles Aug. Lehne

(Charles August Lehne)

(a) RESIDENCE NO.

1406 W. Lombard ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds.How long in U. S., if foreign birth 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

MaleWhiteWidowed

6a If married, widowed, or divorced

HUSBAND or (or) WIFE of

Johanna E. Lehne

7 DATE OF BIRTH (month, day, and year)

June 11/1851

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

82914

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Cabinet maker.

(b) General nature of industry, business, or establishment in which employed (or employer)

Piano Factory
retired

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country)

Wette Province Hannover
Germany10 NAME OF FATHER Franciscus Karl August
Lehne

11 BIRTHPLACE OF FATHER (city or town)

Herzerfum Prov. Hannover

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany14 Informant Mr. Harry N. Lehne(Address) 2424 W. Lanvale St.

7 1834

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 25, 1934

17

I HEREBY CERTIFY That I attended deceased from March 1, 1934 to March 25, 1934that I last saw him alive on March 24, 1934and that death occurred, on the date stated above, at 10:00 A.M.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Old age & grief over death of wife

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis

phys. exam'n

(Signed)

James T. Baggett, M. D.

3/25, 1934

(Address)

2229 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

London Park Cemetery

DATE OF BURIAL

March 28, 1934

20 UNDERTAKER

Joseph H. Cook

ADDRESS

1003 West
Baltimore St.

99781

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99781

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No.

East Thirty-third St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. 4 ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

Mr. Thomas Hampton

(a) Residence: No.

Rowley, Alberta, Canada

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(last WIFE of)

Mrs. Thomas Hampton

6. DATE OF BIRTH (month, day, year)

Nov. 7, 1895

7. AGE

Years
38Months
4Days
20If LESS than
1 day..... hrs.
or..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

FATHER

13. NAME

Latham Hampton

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Amelia Elliott

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

Mrs. Thomas Hampton
Rowley, Alberta, Canada

18. BURIAL, CREMATION, OR REMOVAL

Place

Galaxy Co. Date March 27 1934

19. UNDERTAKER

(Address)

Chas. G. Black
742 N. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to March 27, 1934.

I last saw h./m. alive on March 27, 1934. Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

Haemolytic Streptococcus
Septicemia

Date of onset

3-18-34

Other contributory causes of importance:

Disseminated peritonitis
cellulitis of right wall of scrotum

3-22-34

Name of operation

Exploratory laparotomy

Date of 3-25-34

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp.

27 1934

99782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99782

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Barclay St. 12-91 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2002 Barclay St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced, name of (or) WIFE of *Charles Musher*

6. DATE OF BIRTH (month, day, year) *5-7-1860*

7. AGE Years *73* Months *74* Days *= 10* If LESS than 1 day, hrs. or min. *= 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Henry Ford*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Elizabeth Fleming*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Mr. Wm. W. Woots*
(Address) *2002 Barclay St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Respect Hill* Date *March 28, 1934*19. UNDERTAKER *Wm. W. Woots*
(Address) *501 E. 12th St.*20. REGISTRAR *Wm. W. Woots*
(Address) *501 E. 12th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 25, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July* 19*28* to *March 25*, 19*34*.
 I last saw her alive on *March 25*, 19*34*. Death is said to have occurred on the date stated above, at *9 P. M.*

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio-sclerosis

Date of onset

End of

Other contributory causes of importance

Pneumonia (left)
Pulmonary edema

4-5 days

Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Hardy* M. D.(Address) *1403 Park Ave.*

271934

✓ E 99783

99783 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 S. Bond Street St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth 34 yrs. mos. da.

2. FULL NAME Michael Wierkowski

(a) Residence: No. 835 S. Bond Street

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Anna Wierkowski
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep. 29 1877

7. AGE Years 56 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furman (Foreman)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timbered 074
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland

(State or country)

13. NAME Thomas Wierkowski

14. BIRTHPLACE (city or town) Poland

(State or country)

15. MAIDEN NAME Eva Germak

16. BIRTHPLACE (city or town) Poland

(State or country)

17. INFORMANT Mrs. Anna Wierkowski

(Address) 835 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place 1701 Rosary Ave Date Mar 28 1934

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1934

22. I HEREBY CERTIFY That I attended deceased from DEC 1 1934 to March 25 1934

I last saw him alive on March 24 1934. Death is said to have occurred on the date stated above, at 345 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic valvular heart trouble

Date of onset

Dec 133

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. H. Spear M. D.

(Address) 801 N. Spring St

271934

99784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. Gen. Hospital

Registered No.

186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 27-01 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Michael Tutz

(a) Residence: No.

4624 Bell Mill Road

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth Tutz

6. DATE OF BIRTH (month, day, year)

3-5-16-1850

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

83

4

18-

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

John Tutz

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Barbara Ellis

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Carroll Chapel

Date March 29, 1934

19. UNDERTAKER

(Address)

Horace F. Burgee
3631 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3/26, 1934

22. I HEREBY CERTIFY That I attended deceased from

11-28-1933 to

3/26, 1934

I last saw him alive on 3/26, 1934. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Rt. Femur

Date of onset

4/2/34

Other contributory causes of importance:

Myocarditis
arterio sclerosis

Name of operation

none

Date of

What test confirmed diagnosis?

Biopsy

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

2/1934

E 99785

99785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 W. Fayette St., 4-01 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sophie G. Morgan

(a) Residence: No. 713 W. Fayette St., Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
 HUSBAND of Russell Morgan
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Owner
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Rooming House
	10. Date deceased last worked at this occupation (month and year)	March 1934
	11. Total time (years) spent in this occupation	11 yrs

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Mr. Haddaway

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Duncan MacDonald
(Address) 713 W. Fayette St.18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery, Date March 29, 193419. UNDERTAKER Joseph H. Cook
1003 W. Baltimore St.

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from
 Mar 25, 1934 to Mar 26, 1934
 I last saw her alive on Mar 26, 1934 Death is said
 to have occurred on the date stated above, at 12.30A

The principal cause of death and related causes of importance were as follows:

Chor. Myocarditis

Date of onset

?

Other contributory causes of importance:

Acute Cardiac Dilatation 2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If no, specify

(Signed) Harry Glassman M. D.
 (Address) 753 W. Fayette St.

E 99786

Barone

E 99786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City Hosp 3-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *403 S. Eden St.* St., *3-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mary Barone*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1871*7. AGE Years *63* Months Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Italy*
(State or country)13. NAME *James Barone*14. BIRTHPLACE (city or town) *Italy*
(State or country)15. MAIDEN NAME *Barone*16. BIRTHPLACE (city or town) *Italy*
(State or country)17. INFORMANT *Barone*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *March 30 1934*19. UNDERTAKER *Wenger & Son*
(Address) *300 S. Eden St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/26*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/26*, 19*34*, to *3/26*, 19*34*I last saw him alive on *3/26*, 19*34* Death is said to have occurred on the date stated above, at *4:30* a.m.

The principal cause of death and related causes of importance were as follows:

*myocardial infarction of left ventricle*Date of onset *2 mo.*

Other contributory causes of importance:

*Bronchopneumonia**1 day*Name of operation *amputation of left leg*, of *2/26/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. R. Barone* M. D.(Address) *Bolton City Hosp.*

MAR 28 1934

99787 HEALTH DEPARTMENT—CITY OF BALTIMORE 99787

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rudolph Leonard

(a) Residence: No.

2307 Eastern Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, **single** (write the word)

6a. If married, widowed, or divorced **HUSBAND of** (or) **WIFE of**

7. DATE OF BIRTH (month, day, year) **Dec 16/1913**

8. AGE **20** Years **21** Months **3** Days **10** If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) **Italy** (State or country)

14. NAME **Louis Leonard**

15. BIRTHPLACE (city or town) **Italy** (State or country)

16. MAIDEN NAME **Alberta Brozzi**

17. BIRTHPLACE (city or town) **Italy** (State or country)

18. INFORMANT **Louis Leonard** (Address) **2307 Eastern Ave**

19. BURIAL, CREMATION, OR REMOVAL

Place **Holy Redeemer** Date **March 28, 1934**

20. UNDERTAKER **Wendell Rippel**

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **Mar 26/34**, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at **7.45 P.M.**

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

?3 days

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

28 1934

M. D. 12 **E 99788****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH****E 99788**

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Home for incurables*
CITY OF BALTIMORE: (No. 40th St. & Resnick Ed 3-01) Ward)Length of residence in city or town where death occurred *60 yrs. 7 mos. 2 ds.* How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Miss Charlotte Reed*(a) Residence: No. *Home for incurables* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 12, 1845*7. AGE *88* Years *4* Months *15* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School teacher*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *068*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Catonsville*
(State or country) *Maryland*13. NAME *Seth Reed*14. BIRTHPLACE (city or town) *Boston*
(State or country) *Mass.*15. MAIDEN NAME *Lucy Holden*16. BIRTHPLACE (city or town) *Mass.*
(State or country)17. INFORMANT *Hospital Records*(Address) *Home for incurables*18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn Park* Date *Mar. 29, 1934*19. UNDERTAKER *John D. Mitchell & Sons, Inc.*(Address) *1200 E. Baltimore Place***28 1934** *Frederick P. Williams, R. 1*
Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) *March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 23, 1931* to *March 26, 1934*I last saw him alive on *Mar 26, 1934* Death is said to have occurred on the date stated above, at *3 A.M.*

The principal cause of death and related causes of importance were as follows:

Paralytic ileus

Date of onset

Mar 12

Other contributory causes of importance:

*Myocardial insufficiency**Sym*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. H. Hopton*

M. D.

(Address) *214 West. Art. Bldg*

M. E 99789

✓ E 99789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Charles St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard S. Jefferson

(a) Residence: No. 1818 N. Charles St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27, 1866

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. 67 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME John B. H. Jefferson

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Addie Pascal

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Cora D. Jefferson (Address) 223 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Mon. 28. 34

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/1934 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1934 to March 25, 1934

I last saw him alive on March 23, 1934 Death is said to have occurred on the date stated above, at 6 A.M. No D

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Coronary Arteriosclerosis
and Aortic Dilatation

Date of onset

30
Years

Other contributory causes of importance

No D. He has been under my care for Myocarditis at University for 30 years

Name of operation Date of

What test confirmed diagnosis? Physical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Z. O. Miller M. D.

(Address) 224 E. 39th. St.

R 28 1934

Registrar.

E 99790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99790

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

50 yrs. mos. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 To Drew St. 76-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Catherine Lormley

7. DATE OF BIRTH (month, day, year) June 15 1934

8. AGE 22 Years 4 Months 12 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cocker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Lormley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. G. Flynn 300 To Drew St.

18. BURIAL, CREMATION, OR REMOVAL Place New Catholic Date April 20 1934

19. UNDERTAKER Fred J. Lormley 1216 St. Charles

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934 to March 27 1934

I last saw him alive on March 26 1934 Death is said to have occurred on the date stated above, at 2:15 pm

The principal cause of death and related causes of importance were as follows:

chr. nephritis - (uraemia) 2 days
cardio-vascular renal disease -Other contributory causes of importance:
arterial hypertension - arterial - 2 yrs
chr. Bronchitis (asthmatic) - 2 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19 _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Louis F. Lormley M. D. 722 N. Kemwood Ave

(Address) _____

E.D. 89791

E 99791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Resident Hosp* St. *10-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *15* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1014* *Hegworth* St., *10-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Roland Hall*7. DATE OF BIRTH (month, day, year) *1906*8. AGE *28* Years *27* Months *0* Days If LESS than 1 day, *0* hrs. *0* min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*11. Date deceased last worked at this occupation (month and year) *Buckingham*12. BIRTHPLACE (city or town) (State or county) *John Gough*13. NAME *Francis Jones*14. BIRTHPLACE (city or town) (State or country) *Francis Jones*15. MAIDEN NAME *Francis Jones*16. BIRTHPLACE (city or town) (State or county) *Francis Jones*17. INFORMANT (Address) *914 Pierce*18. BURIAL, CREMATION, OR REMOVAL Place *Scottville* Date *3-28* 19 *34*19. UNDERTAKER (Address) *Bryon & Mamie W. Wright*20. *281834*21. DATE OF DEATH (month, day, year) *Mar 24* 19 *34*22. I HEREBY CERTIFY That I attended deceased from *15* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *10* m.

The principal cause of death and related causes of importance were as follows:

*Heart Internal Obstruction**(Focal)*

Other contributory causes of importance:

Name of operation *Regular* Date of *Mar 24*What test confirmed diagnosis? *Was there an autopsy?*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *As Lik*(Signed) *Coroner* M. D.

99792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99792

82-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1711 N. Bruce 14-01 Ward

Length of residence in city or town where death occurred 25 yrs. mo. da. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 1711 N. Bruce

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cool 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1878

8. AGE 56 Years Months Days

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address) 1303

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY That I attended deceased from 12 to 12 m. to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If no, specify

(Signed) (Address)

Coroner M. D.

AR 28 1934

99793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99793

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *27-01* Ward)Registered No. *186-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U. S. If of foreign birth *20* yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Leah Miller*

(Usual place of abode)

Ward. *Levinson*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Harry*6. DATE OF BIRTH (month, day, year) *1893*

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.*75*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Levinson

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*

FATHER

13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*

MOTHER

15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT

(Address) *Hospital Records*

18. BURIAL, CREMATION, OR REMOVAL

*Reburied*Date *3/28/34* 19

19. UNDERTAKER

(Address) *Frank Lewis*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/27/34* 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on

Death is said

to have occurred on the date stated above, at *4:45 PM*

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Fractured hip

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? **NO**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

accidentDate of injury **March 29th**Where did injury occur? **Balto. Co., Md.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **Home for aged - Fell down stairs**Manner of injury **2nd to 1st floors.**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Breen*(Address) *508 E. North Ave.*

M. D.

E 99794

E 99794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 Argyle Avenue 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward H. Wilson

(a) Residence: No. 1027 Argyle Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edith Wilson

6. DATE OF BIRTH (month, day, year) — — 1854

7. AGE Years Months Days If LESS than 1 day. hrs. or min. 80 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Captain of Steamship
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm L. Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward H. Wilson Jr
(Address) 1027 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/28/34

19. UNDERTAKER Mrs George H. Kollan
(Address) 1631 Dundas St. N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1934, to March 25, 1934

I last saw him alive on March 24, 1934 Death is said to have occurred on the date stated above, at 4:45 PM.

The principal cause of death and related causes of importance were as follows:

Melancholia

Date of onset 1/2/34

Other contributory causes of importance:

Exhaustion & overwork

Name of operation Amputation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. E. Ellis M. D.

(Address) 924 Madison Ave

R 28 1934

E 99795 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99795

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd Hospital 14-01* Ward)Length of residence in city or town where death occurred... yrs. ... mos. *21* ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. *1518 McCulloch St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *col.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *May Guster*6. DATE OF BIRTH (month, day, year) *Dec 23-1894*7. AGE Years *59* Months *3* Days *4* If LESS than 1 day... hrs. or... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Welder*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) (State or country) *Canada*13. NAME *John Guster*14. BIRTHPLACE (city or town) (State or country) *Canada*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Bessie Guster*
(Address) *1522 McCulloch*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Zion* Date *2/29/34*19. UNDERTAKER *Mrs. George H. Hollister*
(Address) *1631 David Hill Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3-8-34* to *3-27-34*I last saw him alive on *3-26-34* Death is said to have occurred on the date stated above, at *7³⁰* a. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease

Other contributory causes of importance:

Name of operation... Date of... *Cholecystectomy*What test confirmed diagnosis *Cholecystectomy* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. R. Butler* M. D.
(Address) *342 Bloom Street*

MAR 28 1934

M. D. **E 89796****E 99796**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital St., 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. *15* mos. *15* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *33*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-27-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *3-12-34*, 19, to *3-27-34*, 19.I last saw him alive on *3-27-34*, 19. Death is said to have occurred on the date stated above, at *5⁰⁵* A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)

(Address)

M. D.

APR 28 1934

99797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

52

7

22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1930

30

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

APR 28 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to March 27, 1934

I last saw him alive on March 27, 1934 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Cirrhosis of Liver
2. Nephritis and Pyelitis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? acute pyelitis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

E 99798

E 99798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. *721 Appleton*)ST. *16-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME *Joseph R. Craft*(a) RESIDENCE NO. *721 Appleton*

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

77 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of

Emma Virginia Craft

6 DATE OF BIRTH (month, day, and year)

July 27, 1856

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*77**8**0*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Upholsterer *085*

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired 4 yrs.

(c) Name of employer

Balls.

9 BIRTHPLACE (city or town) (State or country)

Balls.

10 NAME OF FATHER

John Crew Craft

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Phil

12 MAIDEN NAME OF MOTHER

Maria Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Richmond

14

Informant

(Address)

*Miss Elsie M. Bradford**706 A. Carrollton Ave.*

15

Filed

10-1-34

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 27, 1934

17

I HEREBY CERTIFY, That I attended deceased from

*March 24, 1934, to March 27, 1934.*that I last saw him alive on *March 24, 1934.*and that death occurred, on the date stated above, at *12:30 A.M.*

The CAUSE OF DEATH* was as follows:

Coronary Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? *No* Date of *✓*Was there an autopsy? *No*What test confirmed diagnosis? *Autopsy*

(Signed)

H. D. Hays

M. D.

March 27, 1934 (Address) *1924 Commonwealth Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR RE-

DATE OF BURIAL

*London Park Cem.**Mar. 29, 1934*

20 UNDERTAKER

ADDRESS

*Wm. H. Hays Sons**North Pa*

1281934

E 99799

E 99799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Community Hospital St.* *21-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town *in* *life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1205* *Scott* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of *Matched Nurse Kommerbacher* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 1, 1900*

7. AGE

Years *33*Months *6*Days *26*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

FATHER

13. NAME *Wm. Kommerbacher*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*

MOTHER

15. MAIDEN NAME *Elizabeth Kinschler*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*17. INFORMANT *Hosp. Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Cam* Date *Mar 30, 1934*19. UNDERTAKER *Wm. J. Vicknair*(Address) *North + Co Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-21*, 193422. I HEREBY CERTIFY, That I attended deceased from *3-21*, 1934, to *3-21*, 1934.I last saw him alive on *3-21*, 1934. Death is said to have occurred on the date stated above, at *10:30* A.M.

The principal cause of death and related causes of importance are as follows:

Pulmonary Edema

Date of onset

3/21/34

Other contributory causes of importance:

Rheumatic Cardiac Valvular Disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Chas. Taylor*(Address) *Wm. H. Taylor*

M. D.

MAR 26 1934

E 99800

E 99800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 8-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Petry

(a) Residence: No. 1715 N. Durham st. St., 8-01 Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Married

5a. If married, widowed, or divorced 4
 HUSBAND of William Petry
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1900

7. AGE Years 34 Months 2 Days 4 3 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME George Reed

14. BIRTHPLACE (city or town) Washington
 (State or country) District of Columbia

15. MAIDEN NAME Catherine Hoover

16. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

17. INFORMANT
 (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Soley Redemer Church, March 29, 1934

19. UNDERTAKER

(Address) Wm. H. H. Co., Inc.
301 E. Bay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from
December 14, 1933 to March 26, 1934

I last saw her alive on March 26, 1934. Death is said
 to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of
 importance were as follows:

Pulmonary tuberculosis

Date of onset
June
1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) Christopher C. Shaw M. D.
 (Address) Baltimore City Hospitals

M. D. B 1268-9

E 99801

E 99801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 E North Ave 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1927 E North Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of Mrs Elizabeth M. Stettes (widow of)

6. DATE OF BIRTH (month, day, year) February 27 1873

7. AGE Years 61 Months 1 Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME Charles Stettes

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Roth

14. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth M. Stettes (Address) 1927 E North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Church Date March 30 1934

19. UNDERTAKER Henry H. Hays, Inc. (Address) 1301 E. Bayview

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1934

22. I HEREBY CERTIFY That I attended deceased from July 6 1933 to March 27 1934 I last saw him alive on March 26 1934 Death is said to have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Lesion of Heart
Chronic Endocarditis

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) H. J. Gray M. D. (Address) 622 N. Howard

R 28 1934

99802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years 10 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Put to ma Isaac Wilson

13. NAME Edna Wilson

14. BIRTHPLACE (city or town) (State or country) Edna Wilson

15. MAIDEN NAME Edna Wilson

16. BIRTHPLACE (city or town) (State or country) Edna Wilson

17. INFORMANT (Address) 1573 Shield

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Mar 28, 1934

19. UNDERTAKER (Address) 1463 N Carey St

20. DATE OF DEATH (month, day, year) Mar 28, 1934

21. TIME OF DEATH (month, day, year) Mar 28, 1934

22. TIME OF DEATH (month, day, year) Mar 28, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1934

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and stated as follows:

Accident Fractured Skull

Other contributory causes of importance:

Back will use as fence

fell on him

Name of operation X Ray Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Head Date of injury Mar 16, 1934

Accident, suicide, or homicide? Head Date of injury Mar 16, 1934

Where did injury occur? Rear 2102 Penna M

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Link M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

99803

CERTIFICATE OF DEATH

23 E 99803

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No.

St. 8-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Austin Carhart Jenness

(a) Residence: No. 1500 N. Collington ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Julia Jenness (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30, 1878

7. AGE Years 55 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) April 1933 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Robert Jenness

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Rachael Touchstone

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Oak Cem. Mar. 30, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Sander Baltimore & Broadway.

R 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1934 to March 27, 1934

I last saw him alive on March 27, 1934. Death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

April 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis: Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

99804 HEALTH DEPARTMENT—CITY OF BALTIMORE 99804

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Patterson Park Ave. 7-01) Ward

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 500 N. Patterson Park Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Christopher Fischer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1867

7. AGE Years 96 Months 7 Days 87 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Adolph Engel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotte Zepke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophie Schuch (Address) 500 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Mar. 28, 1934

HENRY SANDER & SONS, INC. Undertaker

19. UNDERTAKER (Address) Baltimore & Broadway.

AR 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933 to March 25, 1934 I last saw her alive on March 24, 1934 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows: General arteriosclerosis Myocardial infarction Date of onset 2 yrs.

Other contributory causes of importance: Coronary Deletate

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Desautels M. D.

(Address) 2025 E. North Ave

99805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99805

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Raymond Ave. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1800 Raymond Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
 6. If married, widowed, or divorced HUSBAND of Mrs. M. Gonker (or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov 29 1890
 8. AGE Years 43 Months 3 Days 28 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

13. NAME William F. Gonker

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

15. MAIDEN NAME Florence Lynch

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Mrs. M. Gonker (Address) 1800 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Date 3-30-34

19. UNDERTAKER (Address) 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Mar. 19, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows: Sudden Strangulation, by hanging

Other contributory causes of importance:

Name of operation: Suture Date of

What test confirmed: Suture Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, date of injury Mar. 29, 1934

Where did injury occur? 1800 Raymond Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hanging

Manner of injury: Hanging

Nature of injury: Hanging

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: No

M. D.

APR 28 1934

19

Registrar

M. D. B. (268-9)
E 99807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99807

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2632 Mc Elderry St., 46 Ward)Length of residence in city or town where death occurred 42 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? 42 yrs. 4 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 2632 Mc Elderry St., 46 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Weingardt6. DATE OF BIRTH (month, day, year) Nov 11, 18727. AGE Years 61 Months 4 Days 16 If LESS than 1 day, 1 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Augusta Carl Cordtz14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Conventine Bulke16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT William F. Weingardt
(Address) 2632 Mc Elderry18. BURIAL, CREMATION, OR REMOVAL
Place St. James Date Feb 28, 193419. UNDERTAKER St. James20. FILER St. James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1934, to Mar 27, 1934I last saw him alive on Mar 26, 1934 Death is said to have occurred on the date stated above, 12:45 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomachDate of onset History 9 yrs.

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Clinical There an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Signed George D. Fisher M. D.(Address) 435 S. Chittum Park Dr.

MAR 28 1934

Registrar.

08

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99808

95-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5023 St George Rd 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 5 yrs. 5 mos. 5 ds.

2. FULL NAME

Nancy A. Bowers

(a) Residence: No.

5023 St George Rd

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of John F. Bowers (or) WIFE of6. DATE OF BIRTH (month, day, year) May 30 18577. AGE Years 76 Months 9 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Mar 1934 11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town) Renovo (State or country) Penn13. NAME Berdice Buncy14. BIRTHPLACE (city or town) Renovo (State or country) Penn15. MAIDEN NAME Henrietta Stout16. BIRTHPLACE (city or town) Renovo (State or country) Penn

17. INFORMANT

Mrs Jos. P. Green
(Address) 5011 St George Rd

18. BURIAL, CREMATION, OR REMOVAL

Renovo Pa Date 3/29 1934

19. UNDERTAKER

Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 193422. I HEREBY CERTIFY. That I attended deceased from Mar 17 1934 to Mar 24 1934I last saw her alive on Mar 23 1934 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset Mar 17 1934

Other contributory causes of importance:

Cordis Rupta Ductus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm Cook M. D.(Address) 3136 Maryland Rd

AR 28 1934

E 99809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 99809

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City St., 47th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 704 N. Collington av. St., 47th Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine6. DATE OF BIRTH (month, day, year) 4/23/687. AGE Years 67 Months 11 Days 7 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Henry Schubert14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Colburn16. BIRTHPLACE (city or town) Baltimore (State or country) Md.17. INFORMANT Corp. record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Park Date March 7, 193419. UNDERTAKER Mrs. C. H. Miller(Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 193422. I HEREBY CERTIFY, That attended deceased from 7/8/31 1934 to 3/26 1934I last saw him alive on 3/26 1934. Death is saidto have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cellulose pneumonia heart disease with myocardial infarction

Date of onset

?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. R. Brown(Address) Baltimore City

M. D.

28 1934

Huntington Williams

M. D. B. 1-9

E 99810

E 99810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

282852

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 10-41 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Millie Raymond(a) Residence: No. 825 Harford ave St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Nathaniel6. DATE OF BIRTH (month, day, year) 12-11-18847. AGE Years 49 Months 3 Days 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____ (State or country) md

FATHER

13. NAME

Jeremiah Barran14. BIRTHPLACE (city or town) _____ (State or country) md

MOTHER

15. MAIDEN NAME

Mary Wallace16. BIRTHPLACE (city or town) _____ (State or country) md

17. INFORMANT

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place mt Zion Ch Date 3/30/24 19

19. UNDERTAKER

(Address) Robert E. Williams151511 Elderberry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 9, 1934, to March 26, 1934.I last saw h. or alive on March 26, 1934. Death is said to have occurred on the date stated above, at 12¹⁰ A. m.

The principal cause of death and related causes of importance were, as follows:

UremiaCarcinoma, Urinary bladder

Date of onset

Mar 23Nov. 1932

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Yes Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Eric H. Hays(Address) Johns Hopkins Hospital

M. D.

6183 JWM

E 99811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1855 1/2 Pratt St., 19-01 Ward)

Length of residence in city or town where death occurred, yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1855 1/2 Pratt St., 19-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of skin White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown 1864

7. AGE Years 10 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 073
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) Germany, Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT For Lodge took record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Louisa Park Date 3/28, 1914

19. UNDERTAKER Frederick A. Koff
(Address) 1700 W. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1914

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Exhaustion of heart March 25-14

Other contributory causes of importance:

Chronic valvular lesions of heart

Name of operation Inquiry Date of What test confirmed diagnosis? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. L. Valentine M. D. (Address) 1680 Broadway

R 28 1934

E 99812

99812 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Hanover

23-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Augusta Younghearn

(a) Residence: No.

1502 Hanover

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Charles Younghearn
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	0		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs Elizabeth Gundlach
(Address) 502 Hanover Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 31, 1934

19. UNDERTAKER Albert L. Skelly
(Address) 1400 N. Charles Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to March 27, 1934

I last saw her alive on March 27, 1934 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of report 3/28/34

Other contributory causes of importance

Arterio Sclerosis 432

Name of operation Amputation Date of 7/30

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. P. Hanover M.D.
1400 N. Charles Street

E 99813 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99813

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward *61*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. *1408 Woodall St.*

(Usual place of abode)

St.

Ward. *H.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widow, or divorced, HUSBAND of *Elizabeth Antall* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 18, 1885*7. AGE *48* Years *5* Months *9* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fisherman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Hungary* (State or country)13. NAME *Joseph Dreyer*14. BIRTHPLACE (city or town) *Hungary* (State or country)15. MAIDEN NAME *Elizabeth Dreyer*16. BIRTHPLACE (city or town) *Hungary* (State or country)17. INFORMANT *Mr. Elizabeth Dreyer*(Address) *1408 Woodall St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *March 20, 1934*19. UNDERTAKER *Charles D. Dreyer*(Address) *1001 E. Pratt St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/27, 1934*22. I HEREBY CERTIFY. That I attended deceased from *1/30, 1934* to *3/27, 1934*I last saw him alive on *3/27, 1934* Death is said to have occurred on the date stated above, at *7:00* m.

The principal cause of death and related causes of importance were as follows:

Hypertrophied Rt. Kidney

Other contributory causes of importance:

*Metastasis of Hypertrophied Rt. Kidney*Name of operation *Nephrectomy* Date of *March 27, 1934*What test confirmed diagnosis? *Chemical* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No.*(Signed) *J. J. Dreyer* M. D. (Address) *University Hospital*

28 1934

E M 99814

F 99814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Meyer

(a) Residence: No.

Eunice Ave 6309

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

married

6a. If married, widowed, or divorced, name of (or) WIFE of

Marius Meyer

6. DATE OF BIRTH (month, day, year)

Nov 16th 1900

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

33

4

10

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Belair Md

FATHER

13. NAME

John A Reynolds

14. BIRTHPLACE (city or town) (State or country)

Belair Pa

MOTHER

15. MAIDEN NAME

Lodora Neuman

16. BIRTHPLACE (city or town) (State or country)

Belair Md

17. INFORMANT

Lodora Neuman

(Address)

Belair Md

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Park Date March 29th 1934

19. UNDERTAKER

Geo Schilling & Sons

(Address)

Monument & 14th St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 25, 1934 to March 27, 1934

I last saw her alive on March 27, 1934 Death is said

to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Acute suppurative pharyngitis

3-20-34

2. Brain abscess (frontal lobe)

!

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? Is there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. J. Maguire

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

M. D.

23 1934

E 99815

99815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home + Infirmary

Registered No.

CITY OF BALTIMORE: (No.

St. 10-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph White

(a) Residence: No.

26 Cornhill

St.

Annapolis Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mary M. White

6. DATE OF BIRTH (month, day, year)

June 1856

7. AGE

Years

Months

Days

If LESS than 1 day, hra. or min.

78

2

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Court House & Co.

10. Date deceased last worked at this occupation (month and year)

Mar. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

FATHER

13. NAME

James W. White

14. BIRTHPLACE (city or town) (State or country)

Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

George M. White
Annapolis Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date Mar 30, 1934

19. UNDERTAKER

(Address)

Joseph B. Cook
1063 W. Baltimore St.
Huntington Hillman, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to March 27, 1934

I last saw him alive on March 22, 1934. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy

Date of onset

Other contributory causes of importance:

Terminal pneumonia

48

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Gerald H. Jordan
Church Home & Infirmary

M. D.

28 1934

E 99816

99816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Falls Road St. 13-01 Ward)

Length of residence in city or town where death occurred Ref mos. da. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3503 Falls Road St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed,
 or Divorced (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Annie E. Smith
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1850

7. AGE Years 84 Months 1 Days 4 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. railroad
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. shop man
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME Temple Mason

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Mrs. Annie E. Smith
 (Address) 3503 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Lorraine cemetery Date March 29, 1934
 Place

19. UNDERTAKER A. S. Marshall
 (Address) 3539 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Dec. 5, 1933 to March 27, 1934

I last saw him alive on March 27, 1934 death is said
 to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of
 importance were as follows:

Chronic Nephritis
Chronic Myocarditis
Arteriosclerosis
Benign Hypertrophy Prostate

Date of onset
Unknown

Other contributory causes of importance:

Myocardial Insufficiency

2 days

Name of operation None

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the
 following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
 deceased? No If so, specify

(Signed) H. Wilson M. D.

(Address) 848 W. 36th St.

281834

Huntington Williams
NPH

99817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99817

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

1022 n Cannollton Ave St. 16-01 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby B. Kinard

(a) Residence: No.

1022 n Cannollton Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/34

7. AGE Years Months Days If LESS than 1 day, 21 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balt. Md

13. NAME

Melvin Kinard

14. BIRTHPLACE (city or town) (State or country)

Newberry So.

15. MAIDEN NAME

Gladys Mc Quay

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL (Address)

Place

Date Mar 28, 1934

19. UNDERTAKER (Address)

Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/27/34 to 3/27/34. 1934

I last saw him alive on 3/27/34. 1934 Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

rematunty

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. W. Dunham

(Address) University Hospital

M. D.

281934

0231

99818

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99818

56

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Johns Hopkins Hospital*

CITY OF BALTIMORE: (No.)

St. *3-01* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Agnes Buckner*(a) Residence: No. *1500*

(Usual place of abode)

St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. Color or Race *Black*5. Single, Married, Widowed,
or Divorced (write the word) *—*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *Jan. 22-1928*

7. AGE

Years *6*Month *-1*Days *-26*If LESS than
1 day, hrs. _____
or min. _____8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *child*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. *—*10. Date deceased last worked at
this occupation (month and
year) *—*11. Total time (years)
spent in this
occupation *—*12. BIRTHPLACE (city or town,
State or country) *Maryland*13. NAME *Hillie Buckner*14. BIRTHPLACE (city or town,
State or country) *Georgia*15. MAIDEN NAME *Michael Beale*16. BIRTHPLACE (city or town,
State or country) *Virginia*17. INFORMANT *Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's*Date *Mar*

19

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-18-1934*22. I HEREBY CERTIFY That I attended deceased from
3-7-1934 to *3-18-1934*I last saw him alive on *3-18-1934* Death is said
to have occurred on the date stated above, at *2 P. m.*The principal cause of death and related causes of
importance were as follows:
*Rh. endocarditis pneumonia.*Date of onset
April 1933
26.54

Other contributory causes of importance:

Name of operation *Autopsy* Date of _____What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*23. If death was due to external cause (violence) fill in also the fol-
lowing: _____ Date of injury _____ 19 _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Arthur H. Hurd*(Address) *Johns Hopkins Hospital*

M. D.

281834

0250

99819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 W. Saratoga St. 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1805 W. Saratoga St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sophia R. Rennert

6. DATE OF BIRTH (month, day, year) March 31, 1857

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

76 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Rennert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia R. Zinkens

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sophia R. Rennert (Address) 1805 Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place H. Ry. Cross Date March 31, 1934

19. UNDERTAKER Fred A. Krause & Son (Address) 703 E. Baltimore St.

20. HUNTINGTON PINNEAUX, JR. (Address) 1111 N. Hollin St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1934, to 3/27/34

I last saw him alive on 3/27/34 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac failure.

Date of onset

1 day

Other contributory causes of importance:

Coronary atherosclerosis Chronic myocarditis & hypotension.

2 yrs

10 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Charles E. Calas M. D.

(Address) 11 N. Hollin St.

28 1934

99820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99820

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 6-01 St., 9 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Shirley Schindler(a) Residence: No. 3122 E. Baltimore St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1/27/347. AGE Years _____ Months 2 Days 1 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation none12. BIRTHPLACE (city or town) Md.
(State or country)13. NAME Benjamin Schindler14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Blana Hayden16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 3/29 193419. UNDERTAKER John S. Connelly
(Address) 1111 Lexington Avenue, New York

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-28, 193422. I HEREBY CERTIFY, That I attended deceased from
March-25, 1934, to March-28, 1934I last saw her alive on March-28, 1934. Death is said
to have occurred on the date stated above, at 1:55 A. m.The principal cause of death and related causes of
importance were as follows:PertussisDate of onset
about 2 weeks

Other contributory causes of importance:

Pneumoniaabout 5 daysPertussis encephalitis1 day

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Manuel S. Hecht M. D.(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

28 1934

E 99821

E 99821 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*V53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Kelly Hospital St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Landonia Sanders Saunders

(a) Residence: No.

Fleeton Va

St.,

Ward.

Fleeton Va

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Winfield Scott Saunders
(or) WIFE of6. DATE OF BIRTH (month, day, year) Feb 28 - 18757. AGE Years 59 Months Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Co.
(State or country) Virginia13. NAME Monroe Sanders14. BIRTHPLACE (city or town) Richmond Co
(State or country) Virginia15. MAIDEN NAME Nancy Virginia Jenkins16. BIRTHPLACE (city or town) Richmond Co
(State or country) Virginia17. INFORMANT Nannie Calhoun Sanders Chambers
(Address) 745 W Baltimore St, Baltimore Md18. BURIAL, CREMATION, OR REMOVAL Reedville Va
Place Reedville Cemetery Date 3/28, 193419. UNDERTAKER Frederick H. Cole
(Address) 1200 W Lombard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 193422. I HEREBY CERTIFY. That I attended deceased from March 24, 1934 to March 27, 1934I last saw her alive on March 27, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder
Blockage of ureters
Uremia

Date of onset

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Howard A Kelly

M. D.

(Address)

1418 Eutan Place

FILED

28 1934

99822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99822

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Patapsco St. S. 43-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dobbins Jr.

(a) Residence: No. 1800 Patapsco St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2, 1933

7. AGE Years 9 Months 25 Days 11 LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Edward Dobbins Sr.

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mollie I. Tudor

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. Edward Dobbins Sr. (Address) 1800 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Mar 29, 1934

19. UNDERTAKER (Address)

J. F. McCall 130 E. Fort Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar. 24, 1934 to Mar. 27, 1934

I last saw him alive on Mar. 27, 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Primary

Other contributory causes of importance:

Exhaustion

Name of operation None Date of clinical as there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. F. McCall 3/28/34 (Address) 1644 Hanover St M. D.

281034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99823

99823

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Catons Avenue, 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Miss Mary Estelle Shoyock

(a) Residence: No. 1930 Edmondson Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6th 1860

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jacob Shoyock

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Fellill

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Jenkins Memorial Hospital (Address) 1000 Catons Avenue

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/30/34

19. UNDERTAKER (Address) Geo. White & Son 2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th 1934

22. I HEREBY CERTIFY. That I attended deceased from July 1st 1933 to March 28th 1934

I last saw her alive on March 27th 1934 Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - Chronic Myocarditis - Cardiac Insufficiency

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John C. Dunsen M. D.

(Address) St Agnes Hospital

281934

M. D. B. E 99824

E 998 99824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 H. Washington St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1508 H. Washington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Coleman

6. DATE OF BIRTH (month, day, year) 1855

7. AGE 79 78 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

13. NAME Samuel Howell 14. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

15. MAIDEN NAME Hutchinson 16. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

17. INFORMANT Ann H. Coleman (Address) 1508 H. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place of Burial, Cremation, or Removal Date April 1, 1934

19. UNDERTAKER (Address) J. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1934 to March 28, 1934 I last saw him alive on March 28, 1934 Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Carcinoma of the

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John A. Scheurich M. D. (Address) 1337 S. Charles St.

R 28 1934

E 99825

E 99825 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 747 McHenry St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 747 McHenry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Joshua Tower

6. DATE OF BIRTH (month, day, year) Apr 10th 1846

7. AGE Years 87 Months 11 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Rollsburg West Va

13. NAME James Mc Frederick 14. BIRTHPLACE (city or town) (State or country) Grant Md

15. MAIDEN NAME Margaret Calvert 16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Samuel B. Tower (Address) 747 McHenry St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar 29th 1934

19. UNDERTAKER John Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27th 193422. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1934 to Mar 27th 1934.I last saw him alive on Mar 27th 1934 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis
Aortic stenosis

Date of onset

Mar 1/34

Jan 34

Other contributory causes of importance:

Aortic stenosis

1930

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. D.

(Address) 229 Wash. Blvd.

AR 29 1934

E 99826

E 99826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Crest Road, 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2223 Crest Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mammie Lee

6. DATE OF BIRTH (month, day, year) Sept 28 1874

7. AGE Years 59 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR
10. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John H Lee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Sander

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) 2223 Crest Road

18. BURIAL, CREMATION, OR REMOVAL Place 1244 York Date 3/30 1934

19. UNDERTAKER 1317 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10:00 1932, to Jan. 29, 1934

I last saw him alive on Jan. 17, 1934. Death is said to have occurred on the date stated above, at 8:00 PM

The principal cause of death and related causes of importance were as follows:

Paralysis of glottis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 2 Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

H. G. Cantor

M. D.

(Address)

634 4 branch av

AR 29 1834

E 99827

E 99827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4240 Norfolk Ave 9-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia E. Cross

6. DATE OF BIRTH (month, day, year) June 30 1857

7. AGE Years 76 8 Months 27 Days If LE IS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Block printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Steel

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edith K. Thompson (Address) 4240 Norfolk Ave

18. BURIAL, CREMATION, OR REMOVAL Place Home Date March 30 1934

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St

21. DATE OF DEATH (month, day, year) March 28 1934

22. I HEREBY CERTIFY That I attended deceased from March 4 1934 to March 28 1934

I last saw him alive on March 27 1934 Death is said to have occurred on the date stated above, at 9:45 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1933

Other contributory causes of importance:

Carcinoma of Stomach Jan '38

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Samuel G. Mink M. D.

(Address) 1331 E North Ave

AR 29 1934

Registrar

E 99828

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99828

93-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 E. Fort Ave.

St., 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George O. Niemann.

(a) Residence: No.

210 E. Fort Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 2, 1888

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

45

10

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

FATHER

13. NAME

August Niemann.

14. BIRTHPLACE (city or town)
(State or country)

Germany.

MOTHER

15. MAIDEN NAME

Augusta Seebo.

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Sophie E. Abbott. (sister)

513 E. Gittings St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mr Olvert

Date Mar 30th 1934

19. UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation

None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Otto W. Reinhardt

Coroner

M. D.

MAR 29 1934

E 99829

E 99829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Int*) *Baltimore General Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Betty Bay Hamel*(a) Residence: No. *116 Potomac Ave*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3/22/34*

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME *Frank Hamel*14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME *Mrs. Christine Furnes*16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Home*Date *March 23, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/22/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on

Death is said

to have occurred on the date stated above, at *9:40* p.m.

The principal cause of death and related causes of importance were as follows:

*Asphyxia neonatorum
hypoxemia*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D. S. Currie*

M. D.

(Address) *2000 York Rd.*

25. FILED

AR 25 100 10237

E 99830 00 Bks.

✓ E 99830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Tate

ST. 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO. 3305 Tate St

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of P

6 DATE OF BIRTH (month, day, and year) Oct 1876

7 AGE Years 57 Months 5 Days If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14

Informant

(Address)

15

MAR 29 1934

16

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1934

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 25, 1934, that I last saw him alive on March 24, 1934, and that death occurred, on the date stated above, at 8:30 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos. 15 ds.

(duration)

yrs.

mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed)

George McDonald, M. D.

19

(Address) 844 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Geo. H. Kollar 1631 Druid Hill

E 99831

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99831

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 W. Lurall St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1537 W. Lurall St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Augustus Chatmon

6. DATE OF BIRTH (month, day, year) Jan 31 - 1898

7. AGE Years 36 Months 1 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William H. Neal

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jeannette Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT M. A. Chatmon (Address) 1537 W. Lurall St.

18. INTERNAL CREMATION, OR REMOVAL M. A. Chatmon Date 3/27, 1934

19. UNDERTAKER B. H. Hensley (Address) 818 Myrtle St. Cor.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1934

I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1934, to Mar. 26, 1934

I last saw him alive on Mar. 26, 1934, death is said

to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Dementia

Date of onset

3/24/34

Other contributory causes of importance:

La Grippe (Influenza)

3/21/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. E. M.D.

(Address) 7137 Guilford

AR 20 1934

99832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Huron St., 25-01 Ward)

Length of residence in city or town where death occurred Life mos. 15 yrs. How long in U. S. If of foreign birth? 15 yrs. 15 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 2604 Huron St., 25-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (begin the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oct 30 - 1939

6. DATE OF BIRTH (month, day, year)

7. AGE Years 4 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Robert Shorts

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Robert Shorts
(Address) 2604 Huron St.

18. BURIAL, CREMATION, OR REMOVAL Interment
(Place) St. Luke's Church Date 3/29/1934

19. UNDERTAKER St. Luke's Church
(Address) St. Luke's Church

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/34

22. I HEREBY CERTIFY, That I attended deceased from 3/25/34 to 3/27/34

I last saw him alive on 3/27/34 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 3/27/34

Other contributory causes of importance:

Cardiac Insufficiency

Name of operation: _____ Date of: _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) St. Luke's Church M. D.

(Address) St. Luke's Church

R 20 1934

Registrar

E 99833 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 99833**
 93-004

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Tappanahock, Va.

CITY OF BALTIMORE: (No. Brought to Pier 3 Light St. 14-01 Ward)

Length of residence in city or town where death occurred 15 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. --- mos. --- ds.

2. FULL NAME Cecil Charles Brooks. (C)

(a) Residence: No. 2209 Erunt St. St. Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 32

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand on Star. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Potomac. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

13. NAME Andrew Brooks. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Fannie Cook. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Maude Spratley. (C) sister. (Address) 2209 Erunt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Matthews Co. Va. Date Mar. 27, 1934

19. UNDERTAKER (Address) 1017 E. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency. Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt (Address) 1017 E. Charles St.

Coroner M. D.

Registrar

R 29 1934

99834 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99834

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pineal Hospital* St. *15-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *7* mos. *—* ds. How long in U. S. If of foreign birth? *—* yrs. *—* mos. *—* ds.

2. FULL NAME

(a) Residence: No. *2422 Reisterstown Rd* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Morris*

6. DATE OF BIRTH (month, day, year) *1886*

7. AGE *48* Years Months Days *—* If LESS than 1 day, *—* hrs. or *—* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *031*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Samuel Klass*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Hannah*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Morris Leibowitz*
(Address) *2422 Reisterstown Rd.*

18. BURIAL, CREMATION, OR REMOVAL *Shearith Tefilo* Date *March 29, 1934*

19. UNDERTAKER *Samuel Robinson & Bros*
(Address) *1127 E. Balto St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 27, 1934*

22. I HEREBY CERTIFY. That I attended deceased from *March 13, 1934* to *March 27, 1934*

I last saw her alive on *March 27, 1934* Death is said to have occurred on the date stated above, at *9:45 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of breast with metastases to lungs
Bronchopneumonia, Type undetermined*

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) *L. Katzmanstein* M. D.

(Address) *Long Hospital*

OCCUPATION is very important. See instructions on back of certificate.

AR 29 1934

E 99835

E 99835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 19-01* Ward)Registered No. *94-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1717 Hollins* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Abt. Roth*6. DATE OF BIRTH (month, day, year) *18 64*7. AGE Years *70* Months Days If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Austria*13. NAME *Nathan Unger*
14. BIRTHPLACE (city or town) (State or country) *Austria*15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (city or town) (State or country) *Austria*17. INFORMANT *Louis Roth*
(Address) *3415 Liberty Hgts Avz*18. BURIAL, CREMATION, OR REMOVAL *Below Rosedale* Date *March 29 1934*19. UNDERTAKER *Ed. Lewinson - Bro*
2919 34th St
Baltimore, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-28-34*

22. I HEREBY CERTIFY, That I attended deceased from ____ 19 ____ to ____ 19 ____

I last saw him alive on ____ 19 ____ Death is said to have occurred on the date stated above, at *4:30 p. m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ed. Lewinson M. D.
2919 34th St
Baltimore, Md
Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99836

CERTIFICATE OF DEATH

11-E 99836

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hosp.* St., *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *15* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *12912* *Gibbons ave.* St., *4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *child.*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *child*6. DATE OF BIRTH (month, day, year) *Dec 24, 1932*7. AGE Years *1* Months *15* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Joseph Mazzicelli*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Mary Parali*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Harold Woods* (Address) *Maryland*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *March 31, 1934*19. UNDERTAKER *Wendell J. Dippel* (Address) *300 S. Calvert*20. *2120* *1934* *Washington Pittman, Md.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-28-* 193*4*22. I HEREBY CERTIFY, That I attended deceased from *3/28/34* 19 to *3/28/34* 19I last saw her alive on *3/28/34* 19 Death is said to have occurred on the date stated above, at *8:15* p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

1 w/o

Other contributory causes of importance:

La Grippe.
Bilateral pleuritis (suppurative).
Cervical adenitis.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *R. O. Sullivan* M. D.(Address) *Maryland*

E 99837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99837

CERTIFICATE OF DEATH.

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 - 20 1/2 ST. 12-01

WARD)

2. FULL NAME

Nancy Moody

(a) RESIDENCE NO. 314 - 20 1/2 ch.

ST.

WARD

(Usual place of abode)

(If non resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

fe

4 COLOR OR RACE

cel

5 Single, Married, Widowed, or Divorced, (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles Moody

6 DATE OF BIRTH (month, day, and year)

Sept. 3, 1860

7 AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

53

-6

-25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

070

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Virginia

10 NAME OF FATHER

Matt Cox

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Sarah Wooten

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Virginia

14

Informant
(Address)

Mary Ballard

304

E. 20 St.

Thurston Hill

MAR 29 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar. 28, 1934

17

HEREBY CERTIFY, that I attended deceased from

Dec. 6, 1933, to Mar. 28, 1934.

that I last saw him alive on

Mar. 27, 1934.

and that death occurred, on the date stated above, at

69 m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. 4 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Place death

Did an operation precede death?

no Date of -

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed)

L. A. Johnson M. D.

19

(Address)

2529 E. 20 St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mount Calvary Cem.

March 31, 1934

COBETAKER

ADDRESS

Wendell R. Dippel

300 S. E. 20 St.

99838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99838

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto city* Ward)Registered No. *44-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *7* yrs. *0* mos. *0* ds.2. FULL NAME *Joseph Zolin*(a) Residence: No. *2018 E. Lombard St.*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Bertha Zolin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *6/26/1870*7. AGE Years *63* Months *9* Days *2* 8. LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *club*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Samuel Zolin*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Bertha Schreiber*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *John Zolin*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Balto Hebrew Cemetery 3/29/34*19. UNDERTAKER *Jack Lewis, Inc.*
(Address) *1439 E. Balto. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/28*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *9/14*, 19*34*, to *3/28*, 19*34*I last saw him alive on *3/28*, 19*34* Death is said to have occurred on the date stated above, at *3:25a.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia - acute*Date of onset *3 days*

Other contributory causes of importance:

Senile Emaciation

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *J. P. Bourne*

M. D.

(Address) *Balto city*

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99840

99840

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. North Ave & Charles St., St. 15-01 Ward)

Length of residence in city or town where death occurred 75 yrs. 4 mo. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry C. Block.

(a) Residence: No.

3709 Springdale Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~XXXXXXXXXX~~
 HUSBAND of Virginia M. Block.
~~XXXXXXXXXX~~

6. DATE OF BIRTH (month, day, year) November 12, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe manufacturer.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Block.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth Dukehart.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Virginia M. Block. (wife)
(Address) 3709 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Mar 30, 1934

19. UNDERTAKER

Harry H. Ammerst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt M. D.
 (Address) 1017 E. Charles St. Coroner

MAR 29 1934

✓ E 99841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 S. East Ave 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barry Ganett

(a) Residence: No.

1118 S. East Ave

St.

Ward.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of James Ganett (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10-1842

7. AGE Years 91 Months 4 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) md.

13. NAME John Comp 14. BIRTHPLACE (city or town) Balto Co. (State or country) md.

15. MAIDEN NAME Ruth Allen 16. BIRTHPLACE (city or town) Baltimore Co. (State or country) md.

17. INFORMANT Mrs. Morris Fick (Address) 1118 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Int Carmel Cem Date Mich. 30, 1934

19. UNDERTAKER George W. Zupler (Address) 1737 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 27, 1921 to March 27, 1934

I last saw him alive on March 26, 1934 Death is said

to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

about Dec. 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David H. Gould

(Address) 1011 N. Gilmwood Ave

M. D.

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1934

99842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99842

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Clifftmont Ave St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick H. Jansen

(a) Residence: No. 3133 Clifftmont Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Ellen H. Jansen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1854

7. AGE Years 79 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Peter Jansen

14. BIRTHPLACE (city or town) Denmark (State or country)

15. MAIDEN NAME Caroline Nortman

16. BIRTHPLACE (city or town) Denmark (State or country)

17. INFORMANT A. J. Maskell (Address) 3133 Clifftmont Ave

18. BURIAL, CREMATION, OR REMOVAL Place 11. Central Cem. Date Mar. 30, 1934

19. UNDERTAKER George W. Zirkler (Address) 737 E. Sager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to March 27, 1934

I last saw him alive on March 26, 1934. Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Chronic Myocarditis

Date of onset 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If no, specify

(Signed) 2. H. B. Singewald M. D.

(Address) 1613 S. Howard Ave

MAR 29 1934

Registrar

99843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99843

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Cole St. 19-01 Ward)Length of residence in city or town where death occurred 1935 yrs. 19 mos. 01 ds. How long in U. S. If of foreign birth? 1935 yrs. 19 mos. 01 ds.

2. FULL NAME

(a) Residence: No. 1935 Cole St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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(a) If married, widowed, or divorced
HUSBAND of Clara J. Martin
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>8</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. R. Co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME John L. Martin14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Clara J. Martin16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT (Address) 1935 Cole St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 1214 1/2 Paul St.20. FIDELITY 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 193422. I HEREBY CERTIFY, That I attended deceased from January 19, 1934 to March 27, 1934
I last saw him alive on March 27, 1934 Death is said to have occurred on the date stated above, at 98 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic.Date of onset Jan 1933

Other contributory causes of importance:

Nephritis, interstitial, chronicDate of onset Jan 1933

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify

(Signed) Henry F. Buettner

M. D.

(Address) 1319 Light St., Balto., Md.

OCCUPATION is very important. See instructions on back of certificate.

99844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99844

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital Bldg 21* Ward *21*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2007 W. Lankala* St., Ward *21*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE <i>40</i>	Years <i>7</i>	Months <i>0</i>	Days <i>0</i>	If LESS than 1 day, hrs. or min. <i>0</i>
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 22, 1934* to *March 28, 1934*I last saw h. l. c. alive on *March 28, 1934*. Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

<i>Fractured ribs right</i>	<i>Fractured humerus (right)</i>	Date of onset
<i>Cerebral pneumonia</i>	<i>Acute pneumonia</i>	
<i>Acute pneumonia</i>	<i>Acute pneumonia</i>	
<i>Acute pneumonia</i>	<i>Acute pneumonia</i>	
<i>Acute pneumonia</i>	<i>Acute pneumonia</i>	

Other contributory causes of importance:

<i>Intergovernmental unemployment</i>	
<i>Contused kidney</i>	

Name of operation *Right thoracotomy* Date of *3-23-34*What test confirmed diagnosis? *Microscopic* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *March 22, 1934*Where did injury occur? *Baltimore Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public place*Manner of injury *Fell from North Ave Bridge*Nature of injury *See above*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

FILED

19

E 99845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99845

CERTIFICATE OF DEATH

161-004
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4810 Liberty Heights Ave. 28-01) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Robert H. Parker

(a) RESIDENCE NO.

4810 Liberty Heights Ave.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 17, 1934

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Harry R. Parker

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elenor Schribner

13 BIRTHPLACE OF MOTHER (city or town) Carroll
(State or country) Maryland14 Informant Mr. Harry R. Parker
(Address) 4810 Liberty Heights Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/34

17

I HEREBY CERTIFY, That I attended deceased from

3/28, 1934, to 3/28, 1934

that I last saw him alive on 3/28, 1934

and that death occurred, on the date stated above, at 2:50 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral edema and
toxemiaCONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. G. Tolson, M. D.

3/28, 1934 (Address) 4710 Liberty St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Woodlawn Cemetery

DATE OF BURIAL

March 29, 1934

ADDRESS
1003 W.
Baltimore St.

29 1934

Registrar

E 99846 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99846

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 17-01* Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. *1325 Myrtle* St. Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Allice Holley (Dead)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 25, 1865*7. AGE Years *68* Months *2* Days *19* If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ind* (State or country)13. NAME *Charles Holley*14. BIRTHPLACE (city or town) *Ind* (State or country)15. MAIDEN NAME *Lucinda Holley!*16. BIRTHPLACE (city or town) *Ind* (State or country)17. INFORMANT *Friends*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *2112 11th St* Date *3/29* 193419. UNDERTAKER *J. J. Trahey & Sons*(Address) *1314 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 22, 1934* to *March 24, 1934*I last saw him alive on *March 24, 1934* Death is said to have occurred on the date stated above, at *11:03 P.*

The principal cause of death and related causes of importance were as follows:

Acute pneumonia Date of onset *10 days*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Pharrell* M. D.(Address) *Balt City Hosp*

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1934

M. D. E 99847

E 99847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp 4-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2 S Frederick* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) *Sept 20, 1890*

7. AGE <i>43</i>	Years <i>6</i>	Months <i>1</i>	Days <i>1</i>	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labrer</i>	11. Total time (years) spent in this occupation <i>040</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) *Washington*13. NAME *Daniel Moore*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Harriet Hensley*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT *Records*
(Address) *Bald City Hosp*18. BURIAL, CREMATION, OR REMOVAL
Place *Sared Heart* Date *3/29*, 19*34*19. UNDERTAKER *J. J. Zahay & Sons*
(Address) *1318 Light St*20. FILED *AR 29 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *March 21, 1934*I last saw him alive on *March 21, 1934* Death is said to have occurred on the date stated above, at *10* A. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

As If so, specify

(Signed) *J. P. Hensley* M. D.(Address) *Bald City Hosp*

HEALTH DEPARTMENT—CITY OF BALTIMORE

99848

99848

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Forrest St. St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clarence Hills. (C)

(a) Residence: No. 809 Forrest St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER 13. NAME Preston Hills. (C)

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER 15. MAIDEN NAME Laura Johnson. (C)

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Laura Hills. (C) mother
(Address) 809 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Pl. Ashbury Cem. Date 3-27th. 1934

19. UNDERTAKER Byron + M. Anne H. Knight
(Address) 1218 McCallister St

20. FILED

R 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Mistral Insufficiency.
Broncho pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 5/28/34

(Address) 1017 E. Charles St.

Coroner

M. D.

M. D. B. 126 **E 99849**

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99849

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City* (Ward) *16-01*)Registered No. *122-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *4* mos. *2* ds. How long in U. S. If of foreign birth? yrs. *1* mo. *1* ds.

2. FULL NAME

(a) Residence: No. *Ballin Rd Town of Bay View Towson Md* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Cd* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *12/12/1873*7. AGE Years *60* Months *3* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *01* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *A. A. Co. Md.*FATHER 13. NAME *George Crampton* 14. BIRTHPLACE (city or town) (State or country) *A. A. Co. Md.*MOTHER 15. MAIDEN NAME *Eliza Ford* 16. BIRTHPLACE (city or town) (State or country) *A. A. Co. Md.*17. INFORMANT *Corp record* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Asbury Cem* Date *3-29-1934*19. UNDERTAKER *Henry M. W. Wright* (Address) *218 Mead St*29 1934 *Thurston Pichman, Reg* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *1/26*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3/22*, 19*34* to *3/26*, 19*34*I last saw him alive on *3/26*, 19*34* Death is said to have occurred on the date stated above, at *5:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Strangulated umbilical hernia*Date of onset *3 days*

Other contributory causes of importance:

*Pearlman's & Cullen's of Cullen's of abdominal wall infection/operation & anastomosis*Name of operation *3/22/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. P. Bousne* M. D.(Address) *Balto City, Md*

99850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. _____)

BALTIMORE, MD.

St., _____ Ward, _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Paul Novak

(a) Residence: No. _____

929 Bradford

St., _____ Ward, _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Catherine Novak

6. DATE OF BIRTH (month, day, year) June 25, 1884

7. AGE Years 49 Months 9 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

Czechoslovakia
Anthony Novak

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Czechoslovakia

15. MAIDEN NAME

Mary Rikards

16. BIRTHPLACE (city or town) (State or country)

Czechoslovakia

17. INFORMANT

Catherine Novak
929 N Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 31, 1934

19. UNDERTAKER

Frank Brackston
1906 W. 1st St.

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934 to March 27, 1934

I last saw him alive on March 27, 1934 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

1. Arterio sclerosis

2. Cerebral hemorrhage

Other contributory causes of importance:

Name of operation

none

Date of _____

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, _____

(Signed) _____

ST. JOSEPH'S HOSPITAL

(Address) _____

BALTIMORE, MD.

M. D.

9-1934

R. E. Williams, M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

99851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99851

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 N. Collington St., 10 Ward)Length of residence in city or town where death occurred 51 yrs. 51 mos. 51 ds. How long in U. S. If of foreign birth? 67 yrs. 67 mos. 67 ds.

2. FULL NAME

(a) Residence: No. 905 N. Collington St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJoseph Dusek
not known

6. DATE OF BIRTH (month, day, year)

7. AGE Years 80 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework
old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country)

Czechoslovakia

13. NAME

Vaclav Janda

14. BIRTHPLACE (city or town) (State or country)

Czechoslovakia

15. MAIDEN NAME

not known

16. BIRTHPLACE (city or town) (State or country)

Czechoslovakia

17. INFORMANT

(Address) Mary Vachal
905 N. Collington

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 31, 1934

19. UNDERTAKER

(Address) Frank Brachman
1906 W. 1st St.

20. FILED

Huntington Williams
1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934

22. I HEREBY CERTIFY That I attended deceased from

Jan 3 34 Jan 27 34I last saw him alive on Jan 27, 1934 Death is saidto have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart
trouble

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Rosner M.D.(Address) 801 E. New York St.

OCCUPATION is very important. See instructions on back of certificate.

3

29 1934

E 99852

E 99852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 24-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1115 Settleys St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of *Dorothy Kreit*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 8, 1850

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*84**9**20*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Broker

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

John Kreit

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

?

17. INFORMANT

(Address)

Katherine Bell
111 Settleys St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Saters Baltimore Mar 30, 1934

19. UNDERTAKER

(Address)

Henry J. Lee
3417 Chestnut St.

20. FILED

Henry J. Lee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 18, 1932, to March 28, 1934*I last saw him live on *March 28, 1934* Death is saidto have occurred on the date stated above, at *6:30 A.* m.

The principal cause of death and related causes of importance were as follows:

Emphysema
Arteriosclerosis
Myocardial Insufficiency

Date of onset

2 yrs

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address)

Phyllis
Balt. City Md

M. D.

OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1934

99853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.2. FULL NAME *Leslie M. Ginn*(a) Residence: No. *626 W. Franklin* St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) *Nov. 24, 1846*7. AGE Years *87* Months *4* Days *1* If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *ood*

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *?*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *?*17. INFORMANT *Regards* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Home* Date *Nov 29, 1934*19. UNDERTAKER (Address) *...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 25, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 7*, 1932, to *March 25, 1934*I last saw him alive on *March 25, 1934*. Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Myocardial Transmural

Data of onset

2 yrs

Other contributory causes of importance:

Senility

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify ____

(Signed) *Phagel* M. D.(Address) *Balt. City Hosp*

OCCUPATION is very important. See instructions on back of certificate.

29 1934

0254

Registrar.

E 99854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Robert (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 20, 18737. AGE Years 58 Months 3 Days 6 11. LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Joseph Russell 14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME Clara Sundall 16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Friends (Address) Bald City Hosp.18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date Mar 29, 193419. UNDERTAKER (Address) Thompson & Williams

20. FILED

29 1934

0253

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 193422. I HEREBY CERTIFY, That deceased died from Disease 60 to March 26, 1934I last saw her alive on March 26, 1934 Death is said to have occurred on the date stated above, at 425A

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Thompson & Williams
Bald City Hosp.

M. D.

99855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99855

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 Ward)Length of residence in city or town where death occurred Life yrs. mos. da. How long in S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2216 Druid Hall

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/34

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Roy Johnson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ruth Crell

16. BIRTHPLACE (city or town) (State or country) So. Carolina

17. INFORMANT Ruth Crell

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's CollegeDate May 29, 193419. UNDERTAKER Thurston Williams

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 193422. I HEREBY CERTIFY, That I attended deceased from 3/27 to 3/27 1934

I last saw him alive on 3/27 1934 Death is said to have occurred on the date stated above, at 11 7 m.

The principal cause of death and related causes of importance were as follows:

Chorea

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Barry(Address) Baltimore City

M. D.

29 1934

Thurston Williams0252

OCCUPATION is very important. See instructions on back of certificate.

Czaja
HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99856

E 99856

CERTIFICATE OF DEATH.

✓ 93-001
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3038 Dillon St 1-01 Ward 1-01)2-FULL NAME Mary Czaja(a) RESIDENCE NO. 3038 Dillon St. Ward 1-01(Usual place of abode) Baltimore Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

FemaleWhiteMarried6a If married, widowed, or divorced HUSBAND of (or) WIFE of Karol Czaja6 DATE OF BIRTH (month, day, and year) 1871

7 AGE

Years

Months

Days

IF LESS than 1 day.....hrs. or.....min.

63

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

10 NAME OF FATHER Michael Stefan11 BIRTHPLACE OF FATHER (city or town) Poland

(State or country)

12 MAIDEN NAME OF MOTHER Regina Kojaske13 BIRTHPLACE OF MOTHER (city or town) Poland

(State or country)

PARENTS

14

Interment (Address) Mary Czaja 3038 Dillon St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 193417 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

Inquest and that said deceased came to death (Inquest, autopsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) W. J. J. J. J. M. D.

(Coroner)

3/29/34 (Address) 1205 W. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Date of Burial 4/2 193420 UNDERTAKER John J. Duda ADDRESS 2811 Hudson

R 29 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99857

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Iris Ave.

St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Lee Ray

(a) Residence: No. 1017 Iris Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles H. Ray

6. DATE OF BIRTH (month, day, year) December 26, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME ? Williams

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Jennie Carr

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs Edith Megenhardt (Address) 918 Iris Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mountain View Date Mar 31, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to March 28, 1934.

I last saw her alive on March 28, 1.30 pm Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of spine

Date of onset

Other contributory causes of importance:

Emphysema

Name of operation

yes X Ray Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

29 1934

E 99858

99858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilman St. 14 - 8A)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Pinder

(a) Residence: No. 648 Mosher

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced

HUSBAND of (last wife of)

Elizabeth Pinder (Deceased)

6. DATE OF BIRTH (month, day, year) 2/8/61

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

73

1

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Market (State or country) Maryland

FATHER

13. NAME William Pinder

14. BIRTHPLACE (city or town) Eastern Market (State or country) Maryland

MOTHER

15. MAIDEN NAME Jean Simson

16. BIRTHPLACE (city or town) Eastern Market (State or country) Maryland

17. INFORMANT Mrs. Emma Conner (Daughter)

(Address) 1719 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date 3/30

1934

19. UNDERTAKER The Daniel Easton

(Address) 1719 Madison Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1934

22. I HEREBY CERTIFY. That I attended deceased from 3/17, 1934, to 3/27, 1934

I last saw him alive on 3/27, 1934. Death is said to have occurred on the date stated above, at 8:25 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio-renal vascular Disease

Date of onset

1 yr

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Cason C. Johnson

M. D.

(Address)

632 Baker St

29 1934

89859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 4-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Howard Lee Hatwood(a) Residence: No. 1612 Division St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 6/327. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
2 3 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME William Hatwood14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Edna Coplin16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Edna Coplin Hatwood
(Address) 1612 Division St

18. BURIAL, CREMATION, OR REMOVAL

Interment in 3/30 1934

19. UNDERTAKER

(Address) Samuel T. Hemmley
578 W. Baltimore St

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27/34

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
???

Other contributory causes of importance:

Empyema of left lung
Thrombosis of left pulmonary
Artery - both secondary

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John H. Davis M. D.(Address) 508 E. 11th St

99860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99860

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. *361 Hoffman St.* Ward *17-01*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *361 Hoffman St.* Ward *17-01*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*21. DATE OF DEATH (month, day, year) *Mar 26*, 19 *31*

22. I HEREBY CERTIFY, that I attended deceased from

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

19 to 19

I last saw him alive on *January*, 19

Death is said

to have occurred on the date stated above at

6. DATE OF BIRTH (month, day, year) *Nov 29 1907*

The principal cause of death and related causes of

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 *3* *27*importance were *Sudden*

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (city or town) (State or country) *Berlyn Md*13. NAME *John W. Purnell*Name of operation *Plumb* Date of14. BIRTHPLACE (city or town) (State or country) *Somerset Co Md*What test confirmed diagnosis? *Plumb* (If there an autopsy?) *No*15. MAIDEN NAME *Mary Butler*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Plumb* Date of injury *19*16. BIRTHPLACE (city or town) (State or country) *Somerset Co Md*Where did injury occur? *Plumb*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

17. INFORMANT *Mary B. Purnell*

place

18. BURIAL, CREMATION, OR OTHER *Buried*

Manner of injury

19. UNDERTAKER *Crown Funeral*

Nature of injury

20. ADDRESS *818 Drury St*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chuck* M. D.

(Address)

297934

99861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99861

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Robert W. Bogge(a) Residence: No. *223 S. Greene* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 4-1846*7. AGE Years *88* Months *0* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Mar. 1930*

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) *Va*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Robert H. Bogge (Son)*(Address) *223 S. Greene St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Linda Park*Date *March 31, 1934*19. UNDERTAKER *John H. Kery, Sons Inc.*(Address) *21 S. Greene St.**Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is saidto have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *3/28, 1934*

Accident, suicide, or homicide

Where did injury occur?

Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Home*Manner of injury *Fell down stairs*Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

No If specify(Signed) *Agene Jellrs*(Address) *2739 Eastern Ave.*M. D. *Corone*

29 1934

E 99862

99862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Hope Street St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Elizabeth Kruegel

(a) Residence: No. 1917 Hope Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) n 110w

5a. If married, widowed, or divorced HUSBAND of George Kruegel (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1865.

7. AGE 68 Years 4 Months 2 Days If LESS than 1 or 2 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME (Unknown) Reese

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Stanley Geissinger (Address) 3312 Clifftmont Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date March 31, 1934

19. UNDERTAKER George D. Ruth Inc (Address) 1735 Washington St. Huntington Park, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on about 7 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Embolism

Date of onset

Other contributory causes of importance:

Undetermined

Name of operation Date of

What test confirmed diagnosis? inquiry there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

R29 1934

E D. 99863

E 99863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 W. Fairmount Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gertrude Wendler

(a) Residence: No.

2729 W. Fairmount Ave. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of

John H. Wendler

6. DATE OF BIRTH (month, day, year)

Apr 24 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

84 79

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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

Feb 1934

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

"

15. MAIDEN NAME

"

16. BIRTHPLACE (city or town) (State or country)

"

17. INFORMANT

John H. Wendler

(Address) 2729 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto

Date Mar 31 1934

19. UNDERTAKER

Wm Cook

(Address)

1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29 1934

22. I HEREBY CERTIFY That I attended deceased from

March 8 1934 to March 29 1934

I last saw her alive on March 28 1934 Death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

acute myocarditis

Date of onset

3/8/34

Other contributory causes of importance:

Arterio Sclerosis

1930

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D. M. D.

(Address)

108 N Fulton Ave

M. D.

M. D.

M. D.

MAR 30 1934

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Broadway St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1526 N Broadway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 30 1870

7. AGE Years 63 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

13. NAME William H. Chappell

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME Martha Phillips

16. BIRTHPLACE (city or town) (State or country) Eagle Creek N.C.

17. INFORMANT (Address) 1526 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 1217 S. Cal St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27 1934

22. I HEREBY CERTIFY That I attended deceased from

3-20-34 to 3-27-34

I last saw him alive on 3-26-34 Death is said

to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 7 days

Other contributory causes of importance:

Acute Cardiac Dilatation 1 day

Name of operation Core Date of 20

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. [Signature] M. D.

27-34 for N. B. [Signature]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*

Registered No.

CITY OF BALTIMORE: (No. *12-01* St. *12-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. *1* mos. *1* ds.2. FULL NAME *James Sawson Harris*

(a) Residence: No.

Sawson, Md

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 23, 1878*7. AGE Years *55* Months *6* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Patent Sawyer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *Dec. 1933*
11. Total time (years) *042* ment in this occupation12. BIRTHPLACE (city or town) *Washington, D.C.*
(State or country)13. NAME *James Sawson Harris*14. BIRTHPLACE (city or town) *Washington, D.C.*
(State or country)15. MAIDEN NAME *Annie Virginia Robinson*16. BIRTHPLACE (city or town) *Martinsburg, W. Va*
(State or country)17. INFORMANT *Rec of Record*
(Address)18. BURIAL, CREMATION, OR REMOVAL *DC*Place *St. Luke's Hospital* Date *Nov 31, 1934*19. UNDERTAKER *Seeley & Co*
(Address) *1120 E. Baltimore St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 29, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 6, 1934* 19 to *Mar. 29, 1934* 19I last saw him alive on *Mar 29, 1934*. Death is said to have occurred on the date stated above, at *2:25 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of the Common Bile Duct*Date of onset
1929 Q2

Other contributory causes of importance:

*Empyema of pleura, right
lung abscess, right*Date of onset
March '34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Richard France*

M. D.

(Address) *Union Memorial Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1934

E 99866

E 99866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. --- mos. --- da. How long in U. S. If of foreign birth " yrs. --- mos. --- da.

2. FULL NAME

Thomas Johnson.(a) Residence: No. 203 E. Lafayette Ave. St., --- Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced5a. If married, widowed, or divorced HUSBAND of Aceline Johnson. (or) WIFE of6. DATE OF BIRTH (month, day, year) May 12, 18717. AGE Years 62 Months 10 Days 15 If LESS than 1 day, --- hrs. or --- min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Exterminator. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---12. BIRTHPLACE (city or town) Boonsville, Ind. (State or country)13. NAME Willard F. Johnson.14. BIRTHPLACE (city or town) Boonsville, Ind. (State or country)15. MAIDEN NAME McCoy.16. BIRTHPLACE (city or town) Boonsville, Ind. (State or country)17. INFORMANT Clarence F. Johnson. (son) (Address) 613 Third St. N. W. Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Int. Oliver Date 3/21/3419. UNDERTAKER Bernard E. Hall (Address) 1000 S. Race St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1934 1922. I HEREBY CERTIFY, That I attended deceased from --- 19, to --- 19.I last saw him alive on --- 19. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Name of operation None Date of ---What test confirmed diagnosis Inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: --- Date of injury --- 19.Accident, suicide, or homicide? ---Where did injury occur? --- (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place ---Manner of injury ---Nature of injury ---24. Was disease or injury in any way related to occupation of deceased? ---(Signature) Otto M. Reinhardt (Address) 1017 E. Charles St.

Coroner

M. D.

MAR 30 1934

OCCUPATION is very important. See instructions on back of certificate.

M. 99867

E 99867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Calhoun

St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virgil G. Pittman

(a) Residence: No. 414 S. Calhoun

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced LILLIE HUSBAND of (or) WIFE of Lottie B. Pittman

6. DATE OF BIRTH (month, day, year) Feb. 5. 1873

7. AGE Years 61 Months Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black Smith 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy Yard 10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (city or town) Pierce Cliff Mo. (State or country)

13. NAME Samuel P. Pittman 14. BIRTHPLACE (city or town) Pierce Cliff MO. (State or country)

15. MAIDEN NAME Carrie Norfolk 16. BIRTHPLACE (city or town) Pierce Cliff MO. (State or country)

17. INFORMANT Mrs. Lottie B. Pittman. (Address) 414 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date March. 30. 1934

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3. 27. 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1933, to Mar. 27, 1934

I last saw him alive on Mar. 27, 1934 Death is said to have occurred on the date stated above, at 3. P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Bladder Indefinite

Other contributory causes of importance:

Exhaustion s/s/s/y

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify R.P.P. Campbell M. D. 3/29/34 (Address) 1644 Harwood St

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

MAR 30 1934

M. D. H. E 99868

E 99868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4201 Summerfield Place* St.,(Usual place of abode) *City*

Ward.

(If non-resident give city or town and State)

Registered No. *179*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *8-23-80*7. AGE Years *53* Months *8* Days *5* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md.*

FATHER

13. NAME *Edward F. Rohlfing*14. BIRTHPLACE (city or town) (State or country) *Germany*

MOTHER

15. MAIDEN NAME *Katherine Danner*16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT

(Address) *431 Bosley Ave. Towson*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Feb 18 1934*

19. UNDERTAKER

(Address) *1900 East Ave. Baltimore*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-28-34*, 1922. I HEREBY CERTIFY. That I attended deceased from *3-24-34*, 19, to *3-28-34*, 19.I last saw her alive on *3-28-34*, 19. Death is said to have occurred on the date stated above, at *9:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
S. coli septicemia*

Date of onset

*3-19-34**3-27-34*

Other contributory causes of importance:

*Aspirin poisoning, chronic (?)
(Headache powder)*

Name of operation

Date of

What test confirmed diagnosis? *none* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1934

E 99869 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99869

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2769 Tivoli* St., *9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2769 Tivoli* St., *9-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 21 - 1857*7. AGE Years *77* Months *8* Days *8* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Henry Leger*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Elizabeth Schott*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Emma Vinny*(Address) *2769 Tivoli*

18. BURIAL, CREMATION, OR REMOVAL

Place *Trinity Cera* Date *Mar 31, 1934*19. UNDERTAKER *Mr. Mrs. John W. Teufel, Jr.*(Address) *801 W. Fayette St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 29, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan 1930* to *March 28, 1934*I last saw her alive on *March 28, 1934* Death is said to have occurred on the date stated above, at *6:45* a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis
Chronic Interstitial nephritis

Date of onset

*1930**1930*

Other contributory causes of importance:

Gallstones
Secondary anemia
*Senility & Atherosclerosis*Name of operation *None* Date of *March 29, 1934*What test confirmed *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *March 28, 1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Walter Anderson* M. D.(Address) *3001 Shannon Drive*

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1934

E 99870

E 99870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Cedarsdale 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 3502 Cedarsdale St., _____ Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or race White 5. Single, Married, Widowed, Married6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Mary E. Lange6. DATE OF BIRTH (month, day, year) Jan 22, 18747. AGE Years 60 Months 2 Days 6 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fin. Sec. for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year) _____11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME August Lange14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Elizabeth16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT (Address) Mary E. Lange
3502 Cedarsdale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Mar 31, 193419. UNDERTAKER (Address) Mr. & Mrs. John W. Diefel, Son
801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

suicide
by
cyanide of Potassium

Date of onset

Other contributory causes of importance:

Name of operation Regular

Date of

What test confirmed the diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicideWhere did injury occur? 3502 Cedarsdale (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Link

Coroner

M. D.

(Address)

E 99871

E 99871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. 12 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Mrs Laura Gordon

(a) Residence: No.

Lock Raven, Md

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color *Wh* Race 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *Oct 28, 1859*

7. AGE Years Months Days 117 5 6 5 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Huf* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home* 10. Date deceased last worked at this occupation (month, day, year) *3.18.34* 11. Total time (years) spent in this occupation *✓*12. BIRTHPLACE (city or town) *Lock Raven Md.* (State or country)13. NAME *Thomas Smith*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Mary Sanders*16. BIRTHPLACE (city or town) *Md* (State or country)17. INFORMANT *Mercy Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Western Bern* Date *April 1934*19. UNDERTAKER *John Burns Sons* (Address) *Towson Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3.30.34*, 1922. I HEREBY CERTIFY. That I attended deceased from *3.18.34* to *3.30.34*, 19I last saw her alive on *3.30.34*, 19. Death is said to have occurred on the date stated above, at *6:45* a. m.

The principal cause of death and related causes of importance were as follows:

*Ruptured Gall Bladder*Date of report *3.18.34*

Other contributory causes of importance:

*Pulmonary edema*Name of operation *Gall Bladder Repair* Date of *3.18.34*What test confirmed diagnosis? *Operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Joseph V. [Signature]

M. D.

(Address)

Mercy Hospital

330 1334

Thomas Smith

E 99872

E 99872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N) 100 Harford Rd. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME George Jorgensen

(a) Residence: No. 7100 Harford Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of Elizabeth K. Jorgensen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep't 23/1881

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 52 6 4

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Cement Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna (Address) 7100 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Louden Park Cem Date 3/30/34 19

19. UNDERTAKER Leonard A. Kuch (Address) 5543 Harford Rd. City

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27/34. 19

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934 to March 27, 1934. I last saw him alive on March 27, 1934. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset March 24

Other contributory causes of importance:

Broncho Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd. City

E 99873 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99873

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1084 Belle St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1084 Belle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race R 5. Single, Married, Widowed or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE 67 1/2 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John R. Henton (Address) 1084 Belle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-30, 1934

19. UNDERTAKER Mrs R. A. Elliot

(Address) 1124 N. Calhoun St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/34

22. I HEREBY CERTIFY, That I attended deceased from 3/27/34, 19 to 3/27/34, 19

I last saw him alive on 3/27/34 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Ruebol stroke 3/24/34

Other contributory causes of importance:

High blood pressure

Name of operation None Date of 14

What test confirmed None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. Elliot M. D.

(Address) 524 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

R 30 1934

E 99874

E 99874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto city* Ward)Registered No. *137*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Antonio Peter*(a) Residence: No. *721*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *1872*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *62* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lab.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Bright*13. NAME *Joseph*14. BIRTHPLACE (city or town) (State or country) *Bright*15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) (State or country) *Bright*17. INFORMANT *Joseph* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Acad. Hall* Date *3/30* 19*34*19. UNDERTAKER *J. J. Fisher* (Address) *1013 18 Light St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/23* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3/16* 19*34* to *3/23* 19*34*I last saw him alive on *3/23* 19*34* Death is said to have occurred on the date stated above, *11:20 am*

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy? Date of onset

Other contributory causes of importance:

Uremia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. J. Fisher* M. D.(Address) *Balto City*

OCCUPATION is very important. See instructions on back of certificate.

5.3

MAR 30 1934

B 1268-9
E 99875

E 99875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 West St St. 24 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
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5a. if married, widowed, or divorced
HUSBAND of
 (or) **WIFE** of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	10	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation.

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

13. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) *T*

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1934

22. Sept. 195 HEREBY CERTIFY, That I attended deceased from Mar 28 1973 to Mar 28 1974

I last saw him alive on Mar 28, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follow:

Acute Cardiac Neutrophils 3/15/17

(Other contributory causes of importance)

Name of operation..... Date of.....

What test confirmed diagnosis *Amel* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If no. /specy

(Signed) _____ M. D.

(Address) 19. N. Madison St.

OCCUPATION is very important. See instructions on back of certificate.

52

82

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E 99877

E 99877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. 41-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 43 yrs. 1 mos. 0 ds.

2. FULL NAME

Mr. Harry L. Edwards(a) Residence: No. 1002

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Kathleen Edwards</u>

6. DATE OF BIRTH (month, day, year) Feb. 19, 1890

7. AGE	Years <u>43</u>	Months <u>1</u>	Days <u>10</u>	If LESS than 1 day..... hrs. or..... min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Social Worker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>086</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec 2/33</u>

11. Total time (years) spent in this occupation <u>10 yrs</u>
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12. BIRTHPLACE (city or town) Shurbrook
(State or country) Canada13. NAME Leland A. Edwards14. BIRTHPLACE (city or town) Springfield
(State or country) Vermont15. MAIDEN NAME Bertha Gordon16. BIRTHPLACE (city or town) Shurwood
(State or country) Canada17. INFORMANT Mrs. Kathleen Edwards (wife)
(Address) 1002 Madison Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Newport, Vermont Date Apr 2/34 1919. UNDERTAKER Stewart & Mason Company
(Address) 108 W. North Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 193422. I HEREBY CERTIFY, That I attended deceased from March 15, 1934 to March 29, 1934I last saw him alive on March 29, 1934 Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease with Decompensation Date of onset 6 hrs

Other contributory causes of importance:

Pulmonary Edema 4 daysName of operation None Date of —What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify —

(Signed)

John H. Brown M. D.
(Address) West Baltimore Gen. Hosp.

M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

MAR 29 1934

E 99879

E 99879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da.

How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. *1600 E. Fayette*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *10/31/1860*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>73</i>		<i>5</i>	<i>4</i>	<i>28</i>

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto., Md.*
(State or country)13. NAME *Not known*14. BIRTHPLACE (city or town) *Not known*
(State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Not known*
(State or country)17. INFORMANT *Worst Clerk*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Catholic Cem.*Date *3/30/34*19. UNDERTAKER *Joseph A. Taylor*(Address) *Superior & Fayette*

20. FILED

R 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/28*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3/8*, 19*34*, to *3/28*, 19*34*I last saw him alive on *3/8*, 19*34*. Death in said to have occurred on the date stated above, at *4 P.* m.

The principal cause of death and related causes of importance were as follows:

*Lobar Pneumonia
Empyema
Septicemia*

Date of onset

Other contributory causes of importance:

*Arteriosclerotic Cardio-vascular
Disease: Pulmonary Disease,*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

E 99880 HEALTH DEPARTMENT—CITY OF BALTIMORE 99880

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 So Stricker St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eugene Vincent Fitzpatrick
(a) Residence: No. 336 So Stricker St., 19-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 21-1911

7. AGE Years 22 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Patrick Fitzpatrick

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Lora Corroth

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Patrick Fitzpatrick
(Address) 336 So Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery 2/31/34

19. UNDERTAKER John J. Sullivan
(Address) Fulton + Franklin

20. FILED Huntington Hillman, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritic Granuloma

March 29-34

Other contributory causes of importance:

Sub-Acute Nephritis

1 Year

Name of operation Inguir

March 28-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. L. Valentine D. D.
(Address) 16 So. Howard

AR 301834

E 99881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 709 Albendale St. 16-01 Ward)

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No. 709 Albendale St. 16-01 Ward

(Usual place of abode)

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, white

5-Single, Married, or Divorced, (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward H. Pory

6-DATE OF BIRTH (month, day and year) Jan. 5, 1860

7-AGE

74 yrs. 2 mos. 24 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House wife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

9-BIRTHPLACE (city or town) (State or Country). Severn, Md.

10-NAME OF FATHER, John Gardner

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Emily

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md.

14-

(Informant) Louise Pory Moran (Address) 709 Albendale St.

15-

Huntington Williams, R.D.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 29, 1934

17- I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to March 29, 1934, that I last saw her alive on March 28, 1934 and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. 2 mos. 7 ds. Acute Dilatation

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Personal inq. (Signed) Geo. E. Wells M. D. (Address) 410 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Friends Ch. Co. & Co.

DATE OF BURIAL

3/31, 1934

20-UNDERTAKER

ADDRESS

P. V. Richey 1532 Holla St.

Instructions on back of certificates.

R 301934

M. D. B. **99882****E 99882**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. **7-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Betty Lou Williams(a) Residence: No. **706 N Bond St.**

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

3-26-31

7. AGE

Years
3

Months

Days

2If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)**md**

FATHER

13. NAME

Joseph Williams14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

Annie Smith16. BIRTHPLACE (city or town)
(State or country)**md**

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Wt Calvary CemeteryDate **3. 31**

1934

19. UNDERTAKER

(Address)

Mrs. L. H. Bailey**1421 Jefferson St**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 28, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 16, 1934, to March 28, 1934I last saw her alive on **March 28, 1934**. Death is said to have occurred on the date stated above, at **5:50 p. m.**

The principal cause of death and related causes of importance were as follows:

**Lobar pneumonia
Purpura hemorrhagica**

Date of onset

7-8**3.23**

Other contributory causes of importance:

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John H. Warrington

M. D.

(Address)

Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it can be read by all. See instructions on back of certificate. OCCUPATION is very important.

APR 30 1934

E 99883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99883

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred. yrs.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town,
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town,
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town,
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

March 15, 1934, to March 28, 1934.

last saw him alive on March 18, 1934. Death is said
to have occurred on the date stated above, at 7:20 p.m.The principal cause of death and related causes of
importance were as follows:Chronic Glomerular
Nephritis & Uremia

Date of onset

?

Other contributory causes of importance:

Chronic Myocardial Disease

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

30 1934

19

Registrar

E 99884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99884

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3560 Horton Ave ST. 25-01 WARD)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? 30 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed6a If married, widowed, or divorced, name of (or) WIFE of Henry L. Whittington6 DATE OF BIRTH (month, day, and year) Feb. 20-18427 AGE Years 92 Months 1 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert County Md (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) Calvert Co. Md. (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Calvert County Md (State or country)

14

Informant

(Address)

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-3417 I HEREBY CERTIFY, That I attended deceased from 3-22, 1934, to 3-28, 1934.that I last saw him alive on 3-28, 1934.and that death occurred, on the date stated above, at 11.0 P. m.

The CAUSE OF DEATH* was as follows:

arterio-sclerotic Cardio-
vascular disease
myocardial degeneration
14 months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 5 yrs. mos. ds.18 Where was disease contracted? no
If not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

, 19 (Address) 570 Baltimore Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Cedar Hill (Brooklyn Md.)March 31, 1934

20 UNDERTAKER

ADDRESS

Milton Schilling1122 E. Monmouth

Important. See instructions on back of certificates.

R301834

E 99885

E 99885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Broadway ST 8-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

James A. Lawrence

(a) RESIDENCE NO.

505 N. Broadway ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLottie C. Lawrence6 DATE OF BIRTH (month, day, and year) Oct 19 - 1866

7 AGE

67

Years

Months

5

Days

10If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workClerk(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

W. Vernon Mills
Howard Co.9 BIRTHPLACE (city or town,
State or country)W. Vernon Mills
Howard Co.
Md.

10 NAME OF FATHER

George Lawrence11 BIRTHPLACE OF FATHER (city or town,
State or country)Md.

12 MAIDEN NAME OF MOTHER

Jane Conway13 BIRTHPLACE OF MOTHER (city or town,
State or country)Md.

14

Informant

(Address)

Mrs Lottie C. Lawrence
505 N. Broadway

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-34

17

I HEREBY CERTIFY, That I attended deceased from

Mar. 26, 1934, to Mar 29, 1934,that I last saw him alive on Mar. 29, 1934and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cor. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)A. Cardiac Distress

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed)

Walter W. White Jr

M. D.

3/30, 1934 (Address) 2801 W Park St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Berkwood Cemetery3-31-34

20 UNDERTAKER

ADDRESS

Wendell E. Humphreys 505 N Broadway

important. See instructions on back of certificates.

R 30 1934

H. E. to Williams

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 9988666 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No.)

St. *7-91* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. *14* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Judge Wm M Stokes

(a) Residence: No.

Hartsville South

Ward.

Carolina

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *D*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10-15-1886*

7. AGE Years *47* Months *5* Days *14* If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *att'y at Law* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *042* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) *S Car* (State or country)

13. NAME *W M Stokes*

14. BIRTHPLACE (city or town) *S Car* (State or country)

15. MAIDEN NAME *Mary Walters*

16. BIRTHPLACE (city or town) *S Car* (State or country)

17. INFORMANT *Records*

18. BURIAL, CREMATION, OR REMOVAL (Address) *JOHNS HOPKINS HOSPITAL*

19. UNDERTAKER *Joseph Adams*

Place *Mc Bee St* Date *3/30/34*

19. UNDERTAKER *Joseph Adams*

Place *Mc Bee St* Date *3/30/34*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1934* to *March 29, 1934*

I last saw him alive on *March 29, 1934* Death is said to have occurred on the date stated above, at *11:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Acute adrenal insufficiency, Tuberculosis? 3 days Pyrophosphorus, right 2 yrs.

Other contributory causes of importance:

Tbc. of right kidney 1930 Tbc. of 3rd & 4th lumbar vertebrae 1918 Pulmonary Tuberculosis old

Name of operation *Nephrostomy, right* Date of *3/28/34*

What test confirmed diagnosis? Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *Hugh J. Jewett* M. D.

(Address) *Johns Hopkins Hospital*

E 99887

E 99887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Fernhill Ave)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4307 Fernhill Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Schmidt

6. DATE OF BIRTH (month, day, year) June 7/1861

7. AGE 72 Years 9 Months 21 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katie Schmidt (Address) 4307 Fernhill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem Date Mar 31 1934

19. UNDERTAKER Philip Hennig (Address) 2016 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 - 1933, to Mar 28 - 1934

I last saw him alive on Mar 27/34 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset July 1933

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Hennig M. D.

(Address) 2913 E Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1934

99888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Barrington Road St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret M. Korn

(a) Residence: No. 3810 Barrington Road St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Oscar Korn
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month, day, year) March 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph A. Williams

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Mary A. Smith

16. BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

17. INFORMANT Mr. Joseph Cohn
(Address) 3810 Barrington Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 31, 1934

19. UNDERTAKER Joseph H. Cook
(Address) 1063 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 16 to March 30, 1934

I last saw her alive on March 29, 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion March 30, 1934
Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles E. Williams M. D.

(Address) Fair Ave. & Conkling St.

OCCUPATION is very important. See instructions on back of certificate.

31 1934

E 99889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Woeller.

(a) Residence: No. 1356 Towson St. St. _____ Ward. _____
(If non-resident give city or town and State)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~XXXXXXXXXX~~ Katherine Woeller.
~~HUSBAND OF~~
~~XXXXXXXXXX~~

6. DATE OF BIRTH (month, day, year) September 23, 1863

7. AGE Years 70 Months 6 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME August Woeller.

14. BIRTHPLACE (city or town) Germany.
(State or country)

15. MAIDEN NAME Anna Hinterlauer.

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Katherine Woeller. (wife)
(Address) 1356 Towson St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/31 1934

19. UNDERTAKER Margaret Flynn
(Address) 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, 5.35 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage.
Probable fracture of the skull.
Accidental fall down cellar steps.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 3/28/34 19____

Where did injury occur? 1356 Towson St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall down cellar steps.

Nature of injury Probable fracture of skull.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D.
(Address) 1017 E. Morris St. Coroner

APR 31 1934

E 99890 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99890

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3550 N. 9th St. Brooklyn)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Alexander T. Johnson

(a) Residence: No. 3550 N. 9th

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Ella N. Johnson

6. DATE OF BIRTH (month, day, year) Dec 3rd 1865

7. AGE Years 68 Months 3 Days 27 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 10. Date deceased last worked at this occupation (month and year) Mar 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Brooklyn (State or country) Md

13. NAME Jerome Johnson

14. BIRTHPLACE (city or town) Prince George's (State or country) Md

15. MAIDEN NAME Eliza A. Maloune

16. BIRTHPLACE (city or town) Prince George's (State or country) Md

17. INFORMANT Mrs Ella N. Johnson (Address) 3550 N. 9th St Brooklyn18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Mar 31st 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1933, to March 28, 1934.

I last saw him alive on March 28th, 1934 Death is said to have occurred on the date stated above, at 9.45 A. M.

The principal cause of death and related causes of importance were as follows: Chronic aortic insufficiency chronic interstitial nephritis Date of onset 1/8/33

Other contributory causes of importance: Uraemia 1 week

Name of operation Date of

What test confirmed diagnosis? P. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Heibel M. D.

3/30/34 (Address) 1224-1226 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

MAR 31 1934

✓ E 99891

E 99891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 228-N. Pine ST., 4-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Christina Burrell

(a) RESIDENCE NO.

228-N. Pine ST.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20 yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female

Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

unk.

6 DATE OF BIRTH (month, day, and year)

1871

7 AGE

Years

Months

Days

If LESS than 1 day, hrs or min.

63

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Frederick Md.

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md.

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md.

14

Informant (Address)

Corine Bibbens 722 N. Pine St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

3/29 1934

17

I HEREBY CERTIFY, That I attended deceased from

1/20 1924, to 3/29 1934

that I last saw her alive on

3/28 1934

and that death occurred, on the date stated above, at

6 a. m.

The CAUSE OF DEATH was as follows

Heart Disease
Heart Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Kernal Mould

(duration) yrs. mos. 3 ds.

18 Where was disease contracted (if not at place of death?)

736 W. 4th St.

Did an operation precede death? 200 Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

3019

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt Calvary Cem

20 UNDERTAKER

Samuel J. Remick

DATE OF BURIAL

4/2 1934

ADDRESS 578

TION is very important See instructions on back of certificates.

R 31 1934

99892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Edmondson Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

1625 Edmondson Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced, (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 19 18687. AGE Years 65 Months 3 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME Jerry Downer14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Madonna Hancy16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Alice Jones(Address) 1625 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Laurel Cem. Date 3/31 193419. UNDERTAKER Daniel T. Hensley(Address) 538 N. E. Hensley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 193422. I HEREBY CERTIFY, That I attended deceased from March 22, 1934 to March 28, 1934I last saw him alive March 28, 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhage

Date of onset

March 21, 1934

Other contributory causes of importance:

Hypertension1933Name of operation none

Date of

What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 31 1934

99893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99893

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Mulberry St. Ward)Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1318 Mulberry St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 9, 18727. AGE Years 71 Months 6 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Lafayette La. (State or country)13. NAME Allen B. Traylor14. BIRTHPLACE (city or town) Lafayette La. (State or country)15. MAIDEN NAME Traylor16. BIRTHPLACE (city or town) Lafayette La. (State or country)17. INFORMANT Allen B. Traylor (Address) 1318 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 1st, 193419. UNDERTAKER Joseph A. Lively (Address) 407 N. Mount Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 193422. HEREBY CERTIFY, That I attended deceased from July 16, 1932 to Mar 28, 1934I last saw him alive on Mar 28, 1934 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

Admission
Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chis. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Frank B. Traylor
627 Schuyler St.

31-1934

Thurston Williams

OCCUPATION is very important. See instructions on back of certificate.

99894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore

St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Partlow

(a) Residence: No. 1701 Bruce

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

A. A.

Married

5a. If married, widowed, or divorced

HUSBAND of

WIFE of

Eliza Partlow

6. DATE OF BIRTH (month, day, year)

8/24/1885

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48

48

7

4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

South Carolina

FATHER

13. NAME

Allen Partlow

14. BIRTHPLACE (city or town) (State or country)

unk

MOTHER

15. MAIDEN NAME

unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

Eliza Partlow (Wife)

(Address)

1701 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date April 12, 1934

19. UNDERTAKER

(Address)

Joseph A. Smith

401 N. Mount Street

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

2/2

1934

to

3/28

1934

I last saw him alive on 3/28, 1934. Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia
Hypertension
Chr. Nephritis

Date of onset

3/1/34

142

142

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Carson C. Johnson

M. D.

(Address) 632 Baker St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement on back of certificate. See instructions on back of certificate.

R 31 1934

99895

HEALTH DEPARTMENT—CITY OF BALTIMORE

99895

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2130 Stockton St Baltimore

CITY OF BALTIMORE: (No.

2430 Stockton St. 15-01 Ward)

Length of residence in city or town where death occurred

5 mos.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Bernard Conway

(a) Residence: No.

2430 Stockton St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct. 1933

7. AGE

Years

Months

Days

If LESS than 4 day. hrs. or min.

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Oliver Conway

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Ethel Hunsley

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Ethel Conway

(Address)

2430 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 31, 1934

19. UNDERTAKER

V. G. Brooker

(Address)

1463 J. Carey St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

3-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 3/15/1934 to 3-30-34, 1934

I last saw him alive on 3-29-34, 1934. Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
1 day duration

Date of onset

3/29/34

Other contributory causes of importance:

Coryza, Bronchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm. R. Boykin

M. D.

(Address)

1512 E. Lincoln St.

State CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate.

R31 1034

HEALTH DEPARTMENT—CITY OF BALTIMORE

99897

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *15-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *7* mos. *0* ds. How long in U. S. If of foreign birth? *7* yrs. *7* mos. *0* ds.

2. FULL NAME

Archer Lovett(a) Residence: No. *1824 Woodway St.* St., *15-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *70* Months *70* Days *0* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Georgia*

FATHER

13. NAME *Willie Lovett*14. BIRTHPLACE (city or town) (State or country) *Georgia*

MOTHER

15. MAIDEN NAME *Sophie Jones*16. BIRTHPLACE (city or town) (State or country) *Georgia*17. INFORMANT *Amalie Wilder*(Address) *1824 Woodway St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *mt Auburn Cemetery* Date *Mar 31, 1934*19. UNDERTAKER *Thomas E. Kelson*(Address) *1303 Presstman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 29*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *1934* to *1934*I last saw him alive on *1934* Death is said to have occurred on the date stated above, at *8:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis

Other contributory causes of importance:

Name of operation *Chloroform* Date of *29*What test confirmed diagnosis *Chloroform* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. E. Kelson* M. D. (Address) *1303 Presstman St*

Coroner

OCCUPATION is very important. See instructions on back of certificate.

MAR 31 1934

99898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 99898

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Madison ST. 13-01 WARD)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. 3 mos 4 ds.

How long in U. S., if of foreign birth?

yrs. mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

Colored

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

March 26, 1930

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

4

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Balto Md.

10 NAME OF FATHER

Not known

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

Pauline Garrett

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Balto. Md.

14

Informant
(Address)Pauline Garrett
2329 Madison St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 30, 1934

17

I HEREBY CERTIFY, That I attended deceased from

March 27, 1930, to March 30, 1934

that I last saw him alive on

March 30, 1934

and that death occurred, on the date stated above, at 8:15 P. M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

Charles J. [Signature] M. D.
871 [Signature]

19

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Mt. Auburn cemetery

Mar 31 1934

20 UNDERTAKER

Thomas E. Kelson

ADDRESS

1303
Piermont St.

Cross of Death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

R 31 1934

E 99899 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 S. Ashaw St. 16-01 Ward)

Registered No. ✓

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 2748 Riggs Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Nicholas Schaefer (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-20-1874

7. AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME McKenna

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Edward G. Schaefer (Address) 2748 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date 3/29/1934

19. UNDERTAKER John J. Cowan & Son (Address) 201 N. Hollis St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/1934

22. HERBERT CERTIFY, That I attended deceased from 3/15/1934 to 3/29/1934

I last saw him alive on 3/29/1934 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

debility of aged

Other contributory causes of importance: Debility of aged

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Joseph Zonkey M. D.

(Address) 441 S. Ellwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 31-1934

E 99900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 99900

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 W. Lexington St. 18 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Porter

(a) Residence: No. 1032 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1902

7. AGE Years 32 Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard Co. Md. (State or country)

13. NAME Ursula Porter

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Harriet Smith

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Alciah Hardy (Address) 1032 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Mar 31 1934

19. UNDERTAKER A. Jones (Address) 14 S. Gilman St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28/34, 1934

22. I HEREBY CERTIFY. That I attended deceased from 2/14/1934 to 3/28/34, 1934

I last saw h. alive on 3/28/34, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pul. Phthisis
(Clinical)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard Perry M. D.

(Address) 910 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

MAR 31 1934

99901 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *1223 Mt Royal St*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *40* yrs. *10* mos. *10* ds. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* ds.

2. FULL NAME

(a) Residence: No. *1223 Mt Royal*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of: *John*
(or WIFE of: *John*)6. DATE OF BIRTH (month, day, year) *1867*7. AGE *67* Years Months Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Author*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Began Nj*
(State or country)13. NAME *John A. White*14. BIRTHPLACE (city or town) *Michigan*
(State or country)15. MAIDEN NAME *State Lucas*16. BIRTHPLACE (city or town) *Michigan*
(State or country)17. INFORMANT *Chel White*
(Address) *1223 Mt Royal*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hopkins* At *Board* Date *March 31* 19*34*19. UNDERTAKER *Hopkins*
(Address)

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) *Mar 30* 19*34*21. I HEREBY CERTIFY That I attended deceased from *19* to *19*I last saw him alive on *Aug 19* 19*34* Death is said to have occurred on the date stated above, at *10* m.The principal cause of death and related causes of importance were as follows: *Suicide*

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *1934*What test confirmed diagnosis? *Regular* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Suicide*Accident, suicide, homicide Date of injury *Mar 30* 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Hopkins*

(Address)

Coroner

M. D.

R31 1934

E 99902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99902

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 867 W. Franklin St. 18-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 867 W. Franklin St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widow</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSolomon B. Cornish6. DATE OF BIRTH (month, day, year) May 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>10</u>	<u>28</u>	

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) West River
(State or country) md.13. NAME Arthur Brown14. BIRTHPLACE (city or town) West River
(State or country) md.15. MAIDEN NAME Christian Carroll16. BIRTHPLACE (city or town) West River
(State or country) md.17. INFORMANT Mary Snowden (daughter)
(Address) 867 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Mar 31, 193419. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1934I HEREBY CERTIFY, That I attended deceased from
March 18, 1934, to Mar 29, 1934I last saw him alive on March 28, 1934. Death is said
to have occurred on the date stated above, at 1:30 m.The principal cause of death and related causes of
importance were as follows:Broncho-Pneumonia
acute hepatitis

Date of onset

3/20/343/23/34

Other contributory causes of importance:

Diabetes Mellitus

?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. _____ If so, specify _____

(Address) U. Gibson Porter M. D.
4822 Roland Ave.

MAR 31 1934

Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99903

CERTIFICATE OF DEATH

210-001

E 99903

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hospital* St. *101* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. *1507* St. *101* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Emmie W. Sapp*6. DATE OF BIRTH (month, day, year) *May 14, 1868*7. AGE Years *65* Months *10* Days *15* If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *28 1/2*12. BIRTHPLACE (city or town) *Balto Co. Md*
(State or country)

FATHER

13. NAME *B. F. Sapp*14. BIRTHPLACE (city or town) *Balto Co. Md*
(State or country)

MOTHER

15. MAIDEN NAME *Ann Litsinger*16. BIRTHPLACE (city or town) *Penn*
(State or country)17. INFORMANT *George Sapp*(Address) *1507 101st St*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Mar 31, 1934*19. UNDERTAKER *Wm. J. Tuckman & Son*(Address) *101st St & Ave*

20. FILED

MAR 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

inguy, 19____, to ____ 19____I last saw him alive on *inguy*, 19____. Death is saidto have occurred on the date stated above, at *10:24 p.m.*

The principal cause of death and related causes of importance were as follows:

*Multiple Fractures**Broncho Pneumonia*

Date of onset

*10/18/33**3/26/34*

Other contributory causes of importance:

*Automobile Accident*Name of operation *none*Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *10/18, 1933*Where did injury occur? *North Ave & McMechens*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *street*Manner of injury *Struck by auto while*Nature of injury *walking across street*

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify _____(Signed) *Joseph P. Brown*(Address) *2202 E. Woodmont*

Coroner

M. D.

E 99904

E 99904 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 N. Rayson St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 252 N. Rayson St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Alice Shaw Graves
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 30, 1934.

I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 8:10 am.

The principal cause of death and related causes of importance were as follows:

Renushegin
Antonio Schlemm

Other contributory causes of importance:

Coronary Lesions

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Ray McLean M. D.
John Rayson M. D.

Registrar

(Address)

MAR 31 1934

99906

HEALTH DEPARTMENT—CITY OF BALTIMORE 99906

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 9 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1100 Mc Culloch St., 11-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Trababe6. DATE OF BIRTH (month, day, year) ?7. AGE ? Years ? Months ? Days If LESS than 1 day, ? hrs. or ? min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina13. NAME Charles Bennett14. BIRTHPLACE (city or town) (State or country) 2. C.15. MAIDEN NAME Harold ?16. BIRTHPLACE (city or town) (State or country) 2. C.17. INFORMANT Records (Address) Balt. City Hosp.18. BURIAL, CREMATION, OR REMOVAL Place Mc Culloch Date Mar 31, 193419. UNDERTAKER (Address) Mc Culloch

20. FILED

MAR 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 193422. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to March 29, 1934I last saw him live on March 29, 1934 Death is saidto have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Phogel M. D.(Address) Balt City Hosp

99907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4312 Norfolk B* St., *3* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Richmond Va* St., *15-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *Widowed*
HUSBAND of (or) WIFE of *Stice*6. DATE OF BIRTH (month, day, year) *21 Feb 1876*7. AGE Years *58* Months *1* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *66*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *New Brunswick*
Geo Van Liew
*N.J.*13. NAME *Antonia Burk*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) *J. H. Conner*
4312 Norfolk

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) *1217 St. Paul*
Huntington Pillinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 31 1934*22. I HEREBY CERTIFY That I attended deceased from *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *1* m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Sudden

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *19*What test confirmed diagnosis? *Regular* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If no, specify *FT Luk*(Signed) *FT Luk*
(Address) *Coroner*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

R31 1934

E 99908

99908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital*)St. *14-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Wayside Charles County, Md.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
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6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1857*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>77</i>				

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT (Address) *John H. Wood*18. BURIAL, CREMATION, OR REMOVAL Place *Wayside* Date *March 31, 1934*19. UNDERTAKER (Address) *Huntt & Sons*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 29, 1934* to *March 30, 1934*I last saw him alive on *March 30, 1934* Death is said to have occurred on the date stated above, at *10:30* m.

The principal cause of death and related causes of importance were as follows:

Angina of R. ventricle

Other contributory causes of importance:

*Generalized Atherosclerosis*Name of operation *Amputation* Date of *3/29/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) *Dr. H. H. Higgins* M. D.(Address) *Provident Hospital*

31 1834

M. D. **E 99909****E 99909**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5714 Park Heights Ave. Ward)Length of residence in city or town where death occurred 9 yrs. 6 mos. 1 da. How long in U. S. If of foreign birth? 9 yrs. 6 mos. 1 da.

2. FULL NAME

(a) Residence: No. 5714 Park Heights Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
5a. If married, widowed, or divorced HUSBAND of <u>Henry C. Dibble</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Oct. 26, 1862</u>		
7. AGE	Years <u>71</u>	Months <u>5</u>
	Days <u>5</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>None</u>
	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town) (State or country) <u>Norwich</u>
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FATHER	13. NAME <u>James H. Hubbard</u>
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MOTHER	14. BIRTHPLACE (city or town) (State or country) <u>N.Y.</u>
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MOTHER	15. MAIDEN NAME <u>Lydia E. Kennedy</u>
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MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>N.Y.</u>
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17. INFORMANT (Address) <u>Mr. J. C. Hubbard</u> <u>5714 Park Heights Ave.</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Norwich N.Y.</u> Date <u>April 1, 1934</u>
--

19. UNDERTAKER (Address) <u>1024 11th St. S.W.</u> <u>North & 11th Sts.</u>
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 193422. I HEREBY CERTIFY. That I attended deceased from Oct. 1933 to March 31, 1934I last saw her alive on Mar 30, 1934. Death is said to have occurred on the date stated above, at 5.50 a.m.

The principal cause of death and related causes of importance were as follows:

<u>Bi lateral gangrene</u> <u>both feet</u>	Date of onset <u>Oct</u> <u>1933</u>
--	--

Other contributory causes of importance:

arterio sclerosis
angina pectoris

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If no, specify _____

(Signed) Arthur H. H.(Address) 2004 E. Charles

M. D.

State cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AR 31-1934

E 99910

E 99910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Richard M. Daniel

Canney, Maryland St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 15, 1913

7. AGE Years 0 Months 5 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md.

13. NAME Charles M. Daniel

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Chas. M. Daniel (Address) Canney Balto Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Apr 3, 1934

19. UNDERTAKER Frederick Lazzarini (Address) 7401 Belair Rd.

20. FILED R 1 - 1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to March 31, 1934.

I last saw him alive on March 31, 1934. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Stitis media
2. Pharyngitis - acute
3. Bronchitis
4. Bacteriophage pneumonia terminal

Other contributory causes of importance:

1. Enterocolitis

Name of operation

Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Wagnell

M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

E 99911 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3303 Lerch Drive* ^(Hamilton) Ward *2*)

Length of residence in city or town where death occurred *48* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Eleanor L. Schmitt

(a) Residence: No. *3303 Lerch Drive* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of *J. Henry Schmitt*

6. DATE OF BIRTH (month, day, year) *Sept. 5 1885*

7. AGE *48* Years *6* Months *25* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *27*

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)

13. NAME *Christian Mubly*

14. BIRTHPLACE (city or town) *Balto Md.* (State or country)

15. MAIDEN NAME *Sarah Bauer*

16. BIRTHPLACE (city or town) *Balto Md.* (State or country)

17. INFORMANT *J. Henry Schmitt* (Address) *3303 Lerch Drive*

18. BURIAL, CREMATION, OR REMOVAL *Emmanuel Ceph* Date *April 3 1934*

19. UNDERTAKER *Mrs Chas. A. J. Rohde* (Address) *2327 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 1 1933* to *3/30/34* 19

last saw him alive on *3/30/34* 19 Death is said to have occurred on the date stated above, at *11:45 AM.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast ?

Other contributory causes of importance:

Name of operation *Radical Breast* Date of *?*

What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm Zeller* M. D.

(Address) *5100 Harford Rd*

APR 1 - 1934

E 99912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.2. FULL NAME *Mr. Walter Chandler*(a) Residence: No. *Calvert + 31st St. (Calvert, County)* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced *Carrie Bartlett* HUSBAND of *Mrs. Walter Chandler*6. DATE OF BIRTH (month, day, year) *Mar. 29, 1855*7. AGE Years *79* Months *0* Days *12* If LESS than 1 day, — hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Dorchester, Mass.* (State or country)13. NAME *Erasmus Chandler*14. BIRTHPLACE (city or town) *Woodstock, Conn.* (State or country)15. MAIDEN NAME *Anne Arnold*16. BIRTHPLACE (city or town) *Rhode Island* (State or country)17. INFORMANT *Hospital record*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Daniel Pidge* Date *4/2* 193419. UNDERTAKER *Henry V. Meeks & Son*(Address) *805 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 21, 1934* to *March 31, 1934*I last saw him alive on *March 30, 1934* Death is saidto have occurred on the date stated above, at *7:55 a.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease & congestive failure

Date of onset

9 mos. ago

Other contributory causes of importance:

*Perforating gastric ulcer**3-29-34**(S)*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France* M. D.(Address) *Union Memorial Hospital*

Information should be carefully supplied. AGE should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R 1-1934

E 99913

E 99913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2575 W Fayette St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

Catherine A Walsh

(a) Residence: No. 2575 W Fayette St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Thomas J Walsh (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Oct 29 1869		
7. AGE Years 64 Months 5 Days 01	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Matthew Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget M. Finella

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos Walsh
(Address) 2575 W Fayette18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 1/4/2 193419. UNDERTAKER George A. Fairlie
(Address) 700 W Fayette

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to March 30 1934

I last saw h. alive on March 30 1934. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis
Arteriosclerosis
Myocardial degeneration

Date of onset

Other contributory causes of importance:

Myocardial failure
Hypertensive congestion

Name of operation none Date of

What test confirmed diagnosis? Clinch Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George A. Fairlie M. D.

(Address) 700 W Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1 - 1934

E 99914

E 99914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-01 St., 7-01 Ward)Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 1 yrs. 10 mos. 10 ds.2. FULL NAME Alfred Malstrom(a) Residence: No. 2935 Mc Elderry St., 7-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Bessie (Webster) (or) WIFE of6. DATE OF BIRTH (month, day, year) 7/14/887. AGE Years 45 Months 8 Days 17 If LESS than 1 day, 17 hrs. or 17 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) ind (State or country)13. NAME Frank Malstrom14. BIRTHPLACE (city or town) Sweden (State or country)15. MAIDEN NAME Mary Meehan16. BIRTHPLACE (city or town) ind (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL 4/3/34Place Holy Redeemer Date 4/3/3419. UNDERTAKER George J. P. Smith(Address) 2935 Mc Elderry St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 193422. I HEREBY CERTIFY, That I attended deceased from March 29th, 1934, to March 31st, 1934.I last saw him alive on March 31st, 1934. Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset 3/23/34

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19Where did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? noIf so, specify None(Signed) Harry D. Stebbins(Address) 111 Johns Hopkins Hospital

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PR 1-1934

M. D. E 99915

E 99915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward 9-01)Length of residence in city or town where death occurred 40 yrs. mos. 00 ds. How long in U. S. If of foreign birth? 3 yrs. 00 mos. 00 ds.

2. FULL NAME

Joseph Shephard Shallcross

(a) Residence: No.

1417-Holbrook Street St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed. Married (Write the word)5a. If married, widowed, or divorced
HUSBAND of Mary A. (Nagle)
(or) WIFE of6. DATE OF BIRTH (month, day, year) 10/27/18727. AGE Years 61 Months 5 Days 3 If LESS than 1 day 12:30 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Poster9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Advertising

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheeling,
(State or country) W. Va.13. NAME Henry C. Shallcross14. BIRTHPLACE (city or town) Wheeling
(State or country) W. Va.15. MAIDEN NAME Rebecca (Shallcross)16. BIRTHPLACE (city or town) Washington,
(State or country) D.C.17. INFORMANT Mrs. Mary A. Shallcross
(Address) 1417-Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/2/34 1919. UNDERTAKER George J. Pugh
(Address) 1235

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 19 Death is saidto have occurred on the date stated above, at 00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Infarction
due to Haemorrhage of Myocard
and Aorta

Other contributory causes of importance:

Emphysema

Name of operation

Date of

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) R. M. D.(Address) 1305 N. Patterson Park

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly translated. See instructions on back of certificate. OCCUPATION is very important.

PR 1-1934

Registrar.

E 99916

E 99916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 E. North Ave St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Henry Baker

(a) Residence: No. 1232 E. North Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Emma Baker (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1860.

7. AGE 73 Years 6 Months 12 Days If LESS than 1 yr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME (Unknown)

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mary A. Wilson (Daughter) (Address) 1232 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 2, 1934

19. UNDERTAKER George J. Puth Sr. (Address) 1730 Madison Ave. Baltimore, Md.

20. REGISTRAR (Address) 1216 W. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1934 to Mar 30, 1934

I last saw him alive on Mar 29, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Hypertension

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

FILED 121-1934

M. D. E 99917

E 99917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 Hanover St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William A. Jacobs

(a) Residence: No. 1645 Hanover St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) July 12, 1866

7. AGE Years 67 Months 8 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John E. Jacobs

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Jacobs. 1645 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Place and Date April 3 1934

19. UNDERTAKER A. H. Jacobs & Co. 38 E. Grand Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1934 to Mar 31, 1934.

I last saw him alive on Mar 31, 1934. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia and Atelectasis

Date of onset

5/20/34

Other contributory causes of importance:

Ethinostein 2 days.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. H. Campbell M. D. 1644 Hancock St.

26. FILED PR 1-1234

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E^M 99918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99918

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Bernard St. St. 12-01 Ward)
Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOAN D. CERRATO.

(a) Residence: No. 2808 Bernard St.
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24th, 1933

7. AGE Years 11 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Pasquale Cerrato

14. BIRTHPLACE (city or town) Penna.
(State or country)

15. MAIDEN NAME Mary Crispino

16. BIRTHPLACE (city or town) Penna.
(State or country)17. INFORMANT Pasquale Cerrato
(Address) 2808 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 2nd, 1934

19. UNDERTAKER Chas. P. Grace & Son
(Address) 118 W. Mt. Royal Ave.

FILED

APR 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 31st, 1934.

I last saw her alive on March 31, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Whooping cough (not yet well)

Measles Epidemic

Date of onset

3/27/34

Other contributory causes of importance:

Tonic convulsions + high fever
meningitis?

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. W. Keown
1938 Linden Ave

M. D.

Information should be carefully supplied. AGE should be stated in years, months, and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 99919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99919

CERTIFICATE OF DEATH

1—PLACE OF DEATH

Baltimore, Md

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2700 E. Preston ST., 8-01 WARD)

2—FULL NAME

May Ernest Schofield

(a) RESIDENCE NO.

2700 E. Preston St.

ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

Life time

How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed,
or Divorced, (write the word)

Married

6a If married, widowed, or divorced

(or) WIFE of

Ernest L. Schofield

6 DATE OF BIRTH (month, day, and year)

Sept 4, 1884

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

49

46

27

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

10 NAME OF FATHER

Peter Hogan

11 BIRTHPLACE OF FATHER (city or town)
(State or country)Bulfin
Ireland

12 MAIDEN NAME OF MOTHER

Catherine Kane

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Saul Rock
Ireland

14

Informant

Sister

(Address)

2700 E. Preston St

15

File

R1-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 31, 1934

17

I HEREBY CERTIFY, That I attended deceased from

Sept.

1932, to

Mar

1934.

that I last saw her alive on

Mar 24

1934

and that death occurred, on the date stated above, at

3:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration)

Suddenly

yrs.

mos.

da.

CONTRIBUTORY
(Secondary)

Vascular Sclerosis

(duration)

yrs.

mos.

da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Frank J. Geraghty

M. D.

19

(Address)

Blackstone Apt.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

MOVAL

St Vincent's Cemetery

4/3/34

20 UNDERTAKER

Chas. P. Ward & Son 1131 Mt. Royal

M. D. R. 1263-4
E 99920

E 99920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430/ Kirkleigh Villa 27-01

Length of residence in city or town where death occurred: 40 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Kirkleigh Villa St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Dec 25-1860		
7. AGE Years 73 Months 3 Days 6 If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) Boston Mass		
FATHER	13. NAME Bernard M. Enroe	
	14. BIRTHPLACE (city or town) (State or country) Ireland	
MOTHER	15. MAIDEN NAME Margaret Ward	
	16. BIRTHPLACE (city or town) (State or country) Ireland	
17. INFORMANT Sisters (Address) Kirkleigh Villa		
18. BURIAL, CREMATION, OR REMOVAL Place Cathedral A.M. Date April 2, 1934		
19. UNDERTAKER (Address) Chas. J. Enroe & Son 118 N. Mt. Vernon Ave. Baltimore, Md.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to Feb 3, 1934

I last saw him alive on Feb 21, 1934. Death is said to have occurred on the date stated above, 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Other contributory causes of importance:

Coronary Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

J. Enroe J. Enroe M. D.

(Address) 608 Somerset Road

Date of onset
March 31, 1934

1934

Registrar.

E 99921

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99921

CERTIFICATE OF DEATH.

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *734 N. Carrollton* ST. *16-01* WARD)2. FULL NAME *Lawrence Robinson*(a) RESIDENCE NO. *734 N. Carrollton* ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred *Life* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *Colored*5 Single, Married, Widowed, or Divorced, (write the word) *married*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary*6 DATE OF BIRTH (month, day, and year) *July 8 - 1890*

7 AGE

Years *43*Months *8*Days *21*

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Joiner*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *MD*10 NAME OF FATHER *Lawrence Robinson*11 BIRTHPLACE OF FATHER (city or town) (State or country) *MD*12 MAIDEN NAME OF MOTHER *Unknown*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *MD*

14

Informant (Address) *Mary Robinson*
734 Carrollton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *March 29 1934*17 I HEREBY CERTIFY, That I attended deceased from *March 27*, 1934, to *March 29*, 1934.that I last saw him alive on *29*, 1934and that death occurred, on the date stated above, at *9 A* m.

The CAUSE OF DEATH* was as follows:

Pneumonia(duration) yrs. mos. ds. *5*

CONTRIBUTORY (Secondary)

(duration) *10* yrs. *6* mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *None* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Physical Exam*(Signed) *J. J. H. [Signature]*, M. D.

, 19

(Address) *5414 Reisterstown Rd*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

UNDERTAKER *Mrs. George H. Holla*ADDRESS *1631 Druid Hill*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PR 1-1934

Filed

19

Registrar

E 99922

E 99922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 McHenry St. ST. 20-01 WARD)

2. FULL NAME William A Schotta

(a) RESIDENCE NO. 2129 McHenry
(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

Mrs. Minnie M. Schotta

6 DATE OF BIRTH (month, day, and year)

June 20th 1878

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

55

9

20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Chalker

(b) General nature of industry, business, or establishment in which employed (or employer)

Balto City 186

(c) Name of employer

Water Dept

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md

PARENTS

10 NAME OF FATHER

George Schotta

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Pa

12 MAIDEN NAME OF MOTHER

Catharine Knaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Pa

14

Informant (Address)

Mrs. Minnie M. Schotta 2129 McHenry St.

15

Filed

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Mar 30, 1934

17

I HEREBY CERTIFY, That I attended deceased from

July 1933, to Mar. 30, 1934

that I last saw him alive on Mar. 30, 1934

and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death?

At home

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical findings

(Signed)

Benjamin Hecker

M. D.

19

(Address)

2030 Williams Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

Western Cemetery

April 2, 1934

20 UNDERTAKER

ADDRESS

George L. Schmal

2001 E. Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 1 - 1934

E D. 99923

E 99923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4701 Harford Road* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *4701 Harford Road* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widower</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mary J. Hall</i>		
6. DATE OF BIRTH (month, day, year) <i>March 18-1850</i>		
7. AGE	Years <i>84</i>	Months <i>-</i>
	Days <i>12</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) *Baltimore Co. Md.*13. NAME *James Hall*14. BIRTHPLACE (city or town)
(State or country) *Maryland*15. MAIDEN NAME *Eliza Taylor*16. BIRTHPLACE (city or town)
(State or country) *Maryland*17. INFORMANT *Bruce L. Hall*
(Address) *4701 Harford Road*18. BURIAL, CREMATION, OR REMOVAL
Place *Rorraine* Date *April 2, 1934*19. UNDERTAKER *Horace H. Burges*
(Address) *3631 Franklin Road*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Dec 18, 1933* to *Mar 30, 1934*I last saw him alive on *Mar 29, 1934* Death is said to have occurred on the date stated above, at *2 A.* m.

The principal cause of death and related causes of importance were as follows:

Chronic myocardial disease 2 yrs
Chronic arteriosclerosis 2 yrs

Date of onset

Other contributory causes of importance:

*Pulmonary edema**1 day*

Name of operation

Date of

What test confirmed diagnosis? *Physicist's report*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm. H. H. H.*

M. D.

(Address) *4116 Northern Parkway*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 1-1934

M. D. B. 1268-9
E 99924

E 99924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hopt. 14-01* St., *14-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *506 Gold St.* St., *14-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *6-19-7*7. AGE Years *62* Months *7* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *seamstress*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *7*10. Date deceased last worked at this occupation (month and year) *7* 11. Total time (years) spent in this occupation *7*12. BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *James Edwards*14. BIRTHPLACE (city or town) *Virginia* (State or country)15. MAIDEN NAME *7*16. BIRTHPLACE (city or town) *Virginia* (State or country)17. INFORMANT *Balto City Hopt* (Address) *14-01*

18. BURIAL, CREMATION, OR REMOVAL

Place *Gold St. 14-01* Date *4/12* 193319. UNDERTAKER *308 E. Light St.* (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-29*, 193422. I HEREBY CERTIFY, That I attended deceased from *3-5*, 1934, to *3-29*, 1934I last saw him alive on *3-29*, 1934. Death is said to have occurred on the date stated above, at *140 m.*The principal cause of death and related causes of importance were as follows: *Pne* Date of onset*Carcinoma of Cervix 16*
was
*ago.*Other contributory causes of importance: *Broncho-pneumonia 2 days*
previous

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. J. Barry* M. D.(Address) *Balto City Hopt*

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. 1934

E 99925

E 99925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 16-01 Ward) 23

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Ernest Hadrick(a) Residence: No. 607 Carralton ave St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 4-17-337. AGE Years _____ Months 11 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) md13. NAME Ernest Hadrick14. BIRTHPLACE (city or town) _____ (State or country) md15. MAIDEN NAME Matilda Robinson16. BIRTHPLACE (city or town) _____ (State or country) md17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Buried in Johns Hopkins - Feb 193419. UNDERTAKER Geo. H. A. Carlson(Address) 1735 Carralton ave20. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 193422. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to March 31, 1934.I last saw him alive on March 31, 1934. Death is said to have occurred on the date stated above, at 12³⁰ A. m.

The principal cause of death and related causes of importance were as follows:

Diffuse tuberculous pneumonia
(secondary, to malaria)

Date of onset

3/9/34

Other contributory causes of importance:

Miliary Tuberculosis, Acute Feb '34Name of operation None Date of NoneWhat confirmed diagnosis? Brill's Stomach Distention Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Arthur M. Hurd(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99926

E 99926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Woodlea Road ST. 27-01 WARD)2 FULL NAME Harry Woodworth Hinkley(a) RESIDENCE NO. 3810 Woodlea Road ST. 27-01 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 00 mos. 00 ds.How long in U. S., if of foreign birth? 00 yrs. 00 mos. 00 ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced

HUSBAND of Katherine Smoot Hinkley6 DATE OF BIRTH (month, day, and year) October 12, 18747 AGE Years 59 Months 5 Days 17 If LESS than 1 day, 00 hrs. 00 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066(b) General nature of industry, business, or establishment in which employed (or employer) Clothing business

(c) Name of employer

9 BIRTHPLACE (city or town) Eastport, Maine (State or country)10 NAME OF FATHER James Hinkley

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Eastport, Me.12 MAIDEN NAME OF MOTHER Mellie A. Hinkley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Eastport, Me.14 Informant Mr. Katherine S. Hinkley (Address) 3810 Woodlea Rd.

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1934

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to March 29, 1934, that I last saw him alive on March 29, 1934, and that death occurred, on the date stated above, at 9:00 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease(duration) 10 yrs. 00 mos. 00 ds.CONTRIBUTORY (Secondary) Coronary Thrombosis(duration) 00 yrs. 00 mos. 19 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of 00Was there an autopsy? NoWhat test confirmed diagnosis? Clinical course(Signed) A. S. Chayant M. D. March 29, 1934 (Address) 6205 York Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL London Park

DATE OF BURIAL

4/2 19 34

20 UNDERTAKER

ADDRESS

Harry H. Witzke, 4101 Edmondson Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 1 - 1934

E 99927

E 99927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 Edmondson 16-01 Ward)Registered No. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Robert Edward Wood(a) Residence: No. 2834 Edmondson Ave St., 16-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Joseph Wood (or) WIFE of Joseph Wood6. DATE OF BIRTH (month, day, year) June 9 - 18777. AGE Years 60 Months 9 Days 12 If LESS than 1 day, 12 hrs. or 12 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME Joseph E. Wood14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Margaret Airey16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Mrs. Joseph Barranco (Address) 436 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Hills Cem. Date April 3, 193419. UNDERTAKER Wm. J. Super (Address) 1600 N. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 193422. I HEREBY CERTIFY, That I attended deceased from March 15, 1933 to March 30, 1934I last saw him alive on March 30, 1934 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma at base of tongue.

Date of onset

Other contributory causes of importance:

Uremia
Renal hypostheniaName of operation Uremia Date of UremiaWhat test confirmed diagnosis? Uremia Was there an autopsy? Uremia

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Uremia Date of injury Uremia, 19 UremiaWhere did injury occur? Uremia (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place UremiaManner of injury UremiaNature of injury Uremia

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify Uremia(Signed) S. H. Barranco M. D.(Address) 436 E. Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1 - 1934

M. D. E 99928

E 99928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Gwynndale Ave. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5306 Gwynndale Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

5a. If married, widowed, or divorced: HUSBAND of (and WIFE of) Babette Menne

6. DATE OF BIRTH (month, day, year) Dec 10, 1857

7. AGE Years Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Menne

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Bette Menne

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 2, 1934

19. UNDERTAKER Josiah Syfer

(Address) 1624 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Feb 28, 1934

I last saw him alive on July 19, 1933. Death is said to have occurred on the date stated above, at 1-30 p.m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage

Other contributory causes of importance: Arterio Sclerosis

Name of operation: Unknown

Date of onset: July 1933

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Smith M. D. (Address) 4309 Federal Avenue

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1 - 1934

E 99929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99929

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *5515 Stonington Ave* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Howard Dorsey Thompson

(a) RESIDENCE NO.

5515 Stonington Ave

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *5* yrs. *1* mos. *1* da. How long in U. S., if foreign birth? *1* yrs. *1* mos. *1* da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6 If married, widowed, or divorced

HUSBAND of

(not WIFE of)

Mrs. Annie E. Thompson

6 DATE OF BIRTH (month, day, and year)

April 1, 1854

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*74**11**30*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self.

9 BIRTHPLACE (city or town)

(State or country)

Montgomery Co. Md.

10 NAME OF FATHER

Nathan Thompson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Montgomery Co. Md.

12 MAIDEN NAME OF MOTHER

Ruth Hawkins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Montgomery Co. Md.

14

Informant

(Address)

*Henry Dille**3374 Monroeville Ave.*

15

Filed

PR 1 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

March 31, 1934

17

I HEREBY CERTIFY, That I attended deceased from

February 15, 1934, to March 31, 1934

that I last saw him alive on

*March 30, 1934*and that death occurred, on the date stated above, at *8.15 a* m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic(duration) *5* yrs. *1* mos. *1* da.CONTRIBUTORY
(Secondary)*Angina Pectoris*(duration) *—* yrs. *—* mos. *—* da.18 Where was disease contracted
if not at place of death?

Did an operation precede death?

No Date of *✓*

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical Methods

(Signed)

George C. Shannon, M. D.

Address

700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Druid Ridge Cem.

DATE OF BURIAL

April 3, 1934

20 UNDERTAKER

Joseph Syfer

ADDRESS

1600 W. North

E 99930

E 99930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Greenmount Ave. St. 12-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Nellie A. Gildenfennoy(a) Residence: No. 1302 Greenmount Ave St., 12-21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Thomas F. Gildenfennoy6. DATE OF BIRTH (month, day, year) Oct. 29, 18787. AGE Years 55 Months 5 Days 1 If LESS than 1 day,.....hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Joseph T. Smith14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Mary A. O'Hare16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Jos. T. Smith
(Address) 1200 Glyndonn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 2, 193419. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-34

22. I HEREBY CERTIFY That I attended deceased from

3-1-34 to 3-30-34I last saw him alive on 3-28-34 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
Myocarditis
Coronary Artery Disease

Date of onset

May 31-34

Other contributory causes of importance:

arteriosclerosisName of operation none Date 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (Violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1-1934

✓ 82-001
Registered

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Hilda Smith Webster*

(a) Residence: No. 4096 E 2nd St. Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/ 1934

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (month, day, year)

The principal cause of death and related causes of importance were as follows:

Date of onset

Central Kentucky

Other contributory causes of importance:

7. Adderwood shrews	6 mo
Molecular mass excursion	6 mo

12. BIRTHPLACE (city or town)
(State or country) *Baltimore*
Md

13. NAME *Godfrey Smith*

14. BIRTHPLACE (city or town)
(State or country) *Baltimore Md*

15. MAIDEN NAME Margaret Harrison

16. BIRTHPLACE (city or town)
(State or country) *Baltimore, Md.*

17. INFORMANT Edmond L. de Gaudin
(Address) 409 E. 72nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date April 2, 1933

19. UNDERTAKER *Mary M. Wedelund*
(Address) *101 E. 23rd St.*

20. FILED IN

Name of operation _____ Date of _____

What test confirmed diagnosis? *Wet mount* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of decedent?

If no, specify - 100%

(Signed) James H. Hill, M. D.

(Address) پتہ: لاہور، پاکستان

E 99932

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 So Calhoun St., 19-01 Ward)Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 317 So Calhoun St., Ward. (Usual place of abode) (If non-resident give city or town and State)Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 1, 19347. AGE Years Months Days If LESS than 1 day hrs. or min. 2 1 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland13. NAME Edward L. Bourke14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland15. MAIDEN NAME Edna M. Davis16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland17. INFORMANT Mr. Edward L. Bourke (Address) 317 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 2, 193419. UNDERTAKER Joseph B. Cook (Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronch. PneumoniaMarch 24-31

Other contributory causes of importance:

No primary infections detectedName of operation Inguinal Date of March 31, 34What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. H. Valentine D.(Address) 16 So. Boston

CAUSE OF DEATH IN PLAIN TERMS: See instructions on back of certificate. OCCUPATION is very important.

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APR 2 - 1934

E 99933

E 99933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *15-01* Ward)Length of residence in city or town where death occurred *45* yrs. *more* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1736 N. Monroe* St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced *Leah*
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1863*7. AGE Years *71* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *old*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Unknown* *Born in Moscow*
14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Unknown* *Savate Leah*
16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Bernard. Parelhoff*
(Address) *Cor Wilkins ave + Brunswick St*18. BURIAL, CREMATION, OR REMOVAL *Abraham Friendship Cemetery* Date *April 2, 1934*19. UNDERTAKER *Jos. Levinson & Bros*
(Address) *1127 E. Balto St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 30th, 1933* to *March 31, 1934*
I last saw him alive on *March 31, 1934* Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic myocarditis
Cardiac hypertrophy + dilatation
Cardiac insufficiency

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *cl* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Henry B. Makover* M. D.(Address) *Sinai Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

M. E. 99934

E 99934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. General Hospital

CITY OF BALTIMORE: (No. _____)

St. 21-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Willis Cameron

(a) Residence: No. 1215 S. Carey St.

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If ~~married~~ widowed, ~~married~~ HUSBAND of Estella Mae Cameron6. DATE OF BIRTH (month, day, year) Jan 25th 1863

7. AGE 71 Years 2 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wheel wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Hill Wagon Works

10. Date deceased last worked at this occupation (month and year) 3-28-34 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cincinnati Ohio (State or country)

13. NAME Thomas Cameron

14. BIRTHPLACE (city or town) Cincinnati Ohio (State or country)

15. MAIDEN NAME Mrs. Karrow

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hosp. Records (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Frankfort Indiana Date April 3rd 1934

19. UNDERTAKER Wm. Cook (Address) 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-34 19

22. I HEREBY CERTIFY. That I attended deceased from 3-27-34 19 to 3-31-34 19

I last saw him alive on 3-31-34 19 Death is said to have occurred on the date stated above, at 8:15 PM

The principal cause of death and related causes of importance were as follows:

Cerebritis of rt. hand

Date of onset 3-26-34

Other contributory causes of importance: Streptococci Septicemia 3-26-34

Date of operation Inc. & drainage of hand Date of 3-29-34

Confirmed diagnosis Clinician as there was an autopsy: 210

If death was due to external causes (violence) fill in also the following: Accident

Accident Date of Injury 3-12-34-19

Did injury occur? At work? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury Cut by saw (not dirt)

Nature of Injury Laceration of finger

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. H. M. D. (Address) Md. Gen. Hospital

APR 2 - 1934

E 99935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99935

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 15-01* (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. *Life* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3204* *Vickers* *Rd.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *75* Months *9* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1* *34*22. HEREBY CERTIFY, That I attended deceased from *Feb 18* 19 *34* to *April 1* 19 *34*I last saw her alive on *April 1* 19 *34* Death is saidto have occurred on the date stated above, at *9:35* A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
to congestive failure *2 mo?*

Other contributory causes of importance:

Smoking

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

APR 2 - 1934

M. D. E 99936

E 99936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 E. 31st St., 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 407 E. 31st St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of William P. Ely

6. DATE OF BIRTH (month, day, year) Mar 11th 1854

7. AGE Years 75 Months 0 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

13. NAME Daniel Ekshart

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Rachel McConnell

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT F. E. Ely (Address) 405 E. 31st St.18. BURIAL, CREMATION, OR REMOVAL Place Wind-hill Buried Date April 4th 1934

19. UNDERTAKER Wm Cook (Address) 1217 S. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to March 26, 1934.

I last saw him alive on March 26, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Mild cystitis, severe heart, with angina pectoris.

Date of onset

Feb 15-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Strickler M. D.

(Address) 632 Towson at Bets Mt

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PR 2-1934

M. D. **E 99937****E 99937**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. **BALTIMORE, MD.** St. **27-01** Ward)Registered No. **108**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **Leh** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Robert Lytle**(a) Residence: No. **819 Patapsco** St., Ward. **X**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) **Dec 30th 1932**7. AGE Years **1** Months **3** Days **0** If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation **X**12. BIRTHPLACE (city or town) **Balto** (State or country) **MD.**FATHER 13. NAME **Charles M. Lytle**
14. BIRTHPLACE (city or town) **Pittsburg** (State or country) **Pa**MOTHER 15. MAIDEN NAME **Margaret Bock**
16. BIRTHPLACE (city or town) **New York** (State or country) **N. Y.**17. INFORMANT **Elizabeth Porter**
(Address) **819 Patapsco St**18. BURIAL, CREMATION, OR REMOVAL
Place **Parkwood** Date **Apr 2nd 1934**19. UNDERTAKER **Way Cook**
(Address) **1217 St. Paul St**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **March 30, 1934**22. I HEREBY CERTIFY, That I attended deceased from **March 21, 1934** to **March 30, 1934**I last saw him alive on **March 30, 1934**. Death is said to have occurred on the date stated above, at **11¹⁵ p. m.**

The principal cause of death and related causes of importance were as follows:

1. **Pneumonia - lobar**
2. **Emphysema**

Other contributory causes of importance:

Date of onset

Name of operation **✓** Date of **✓**What test confirmed diagnosis? **clinical** Was there an autopsy? **no**23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) **St. Joseph's Hospital** M. D.(Address) **ST. JOSEPH'S HOSPITAL**
BALTIMORE, MD.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

E 99938

E 99938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Clarkson St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katherine Marie Mooney

(a) Residence: No.

1419 Clarkson

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE ofArthur Mooney

6. DATE OF BIRTH (month, day, year)

June 10 1906

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

27919

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

FATHER

13. NAME

William T. Ford

14. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

MOTHER

15. MAIDEN NAME

Frances Ford

16. BIRTHPLACE (city or town) (State or country)

Annapolis Md.

17. INFORMANT (Address)

Arthur Mooney
1419 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 2nd 1934

19. UNDERTAKER (Address)

Wm Cook
1217 St Paul St
Baltimore

20. FILED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 29 1934

22.

I HEREBY CERTIFY, That I attended deceased from

Jan 111934to March 291934I last saw him alive on March 29 1934. Death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

7-1-33

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis? Spurium Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Chester Riland

M. D.

(Address)

2532 Edmondson Ave

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. E 99939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99939

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____)

St. *27-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Theresa Petro*(a) Residence: No. *3709 Belvedere Ave*

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *6-2-19*7. AGE Years *14* Months *9* Days *29* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) *Maryland*13. NAME *Vincent Petro*14. BIRTHPLACE (city or town) _____
(State or country) *Italy*15. MAIDEN NAME *Frances Laduca*16. BIRTHPLACE (city or town) _____
(State or country) *New York*17. INFORMANT *Petrels*
(Address) *JOHNS HOPKINS HOSPITAL*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery* Date *4/5*19. UNDERTAKER *Verma Lemmon*
(Address) *4611 Parkgate*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-1-1934*22. I HEREBY CERTIFY, That I attended deceased from *3-11-1934* to *4-1-1934*I last saw him alive on *4-1-1934* Death is said to have occurred on the date stated above, at *6:30 P. m.*

The principal cause of death and related causes of importance were as follows:

Hodgkins disease

Date of onset

3 yrs +

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Josef J. Bergmeyer*(Address) *Johns Hopkins Hospital*

M. D.

APR 2 • 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E 99940

E 99940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *University Hospital Baltimore Md.*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *14* mos. *4* ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *Annapolis Boul.* St., *Ward.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Hattie E. Jones*6. DATE OF BIRTH (month, day, year) *1890*7. AGE Years *44* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Truck Driver*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *023*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Pennsylvania*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Pa.*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Pa.*17. INFORMANT *William S. Leaverton*(Address) *752 Louisiana St.*18. BURIAL, CREMATION, OR REMOVAL *London Park* Date *April 7* 19 *34*19. UNDERTAKER *John O. Mitchell & Sons Inc.*(Address) *1900 Eutaw Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30, 1934*22. I HEREBY CERTIFY. That I attended deceased from *March 14, 1934* to *March 30, 1934*I last saw him alive on *March 30, 1934*. Death is said to have occurred on the date stated above, at *9:25 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of caecum
Abscess of anterior abdominal wall
Fecal fistula*

Date of onset

Other contributory causes of importance:

Name of operation *Kober operation for cancer of caecum* Date of *3-15-34*What test confirmed diagnosis? *Pathology* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *James J. Moore*

M. D.

(Address) *University Hospital**Baltimore Md.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A3

12-10-34

E 99941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99941

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Longwood St. St. 16-01 Ward)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John W. Bauer

(a) Residence: No. 1302 Longwood St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of Elizabeth Borgman (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 27, 1854

7. AGE Years 79 Months 6 Days 2 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Bauer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME -----

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMANT Mrs. Eleanor Welden (Address) 1302 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Cemy. Date 3/2/34 19

19. UNDERTAKER John O. Mitchell (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/34 19

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1934 to Mar. 29, 1934

I last saw him alive on Mar. 29, 1934 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum

Date of onset

Sept. 1931

Other contributory causes of importance:

Arteriosclerosis

Name of operation Proctectomy Date Oct. 31.

What test confirmed diagnosis? Micro. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward J. Novak M. D.

(Address) Med. Arts Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. E 99942

E 99942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Eastern Ave - 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ida May Smith(a) Residence: No. 3017 Eastern Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Wm M. Smith
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 2nd 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>52</u>		<u>10</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	10. Date deceased last worked at this occupation (month and year)	<u>X</u>
	11. Total time (years) spent in this occupation	<u>X</u>

12. BIRTHPLACE (city or town) Balto
(State or country) md13. NAME John Price14. BIRTHPLACE (city or town) Balto
(State or country) md15. MAIDEN NAME Wilhelmina Korrner16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Wm M. Smith
(Address) 3017 Eastern Ave18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Apr 2nd 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30th 193422. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934, to Mar 30, 1934I last saw her alive on Mar 30, 1934 Death is said to have occurred on the date stated above, at 7:55 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma right breast with general metastasis

Date of onset

6 yrs

Other contributory causes of importance:

Name of operation Amp Breast Date of 1928What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Chas Reinhardt M. D.(Address) 104 W Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99943

E 99943

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 241 S. Castle Street St. 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Weaver

(a) Residence: No. 241 S. Castle Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Weaver

6. DATE OF BIRTH (month, day, year) March 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	-	20		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Justis Weaver

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Catherine Springer

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Mrs. Mary Weaver (Wife)
(Address) 241 S. Castle Street18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date April 2, 193419. UNDERTAKER John M. Weber
(Address) 421 S. Chester St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 29, 1934 to March 30, 1934

I last saw him alive on March 29, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Heart Disease

Other contributory causes of importance:

Date of onset

1929

orn

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St.

APR 2 - 1934

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99944

99944

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 E. Baltimore St. St. 15-01 Ward)

Registered No. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 23 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frank R. Davenport.

(a) Residence: No. 3819 Ridgewood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~XXXXXXXXXX~~
 HUSBAND of Helen Davenport.
~~XXXXXXXXXX~~

6. DATE OF BIRTH (month, day, year) February 15, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	15		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Douglass

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Co. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia, Pa.
(State or country)

13. NAME Thomas Davenport.

14. BIRTHPLACE (city or town) England.
(State or country)

15. MAIDEN NAME Mary. Mondett.

16. BIRTHPLACE (city or town) Ireland.
(State or country)17. INFORMANT Dorothy Davenport. (daughter)
(Address) 3819 Ridgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 2, 1934

19. UNDERTAKER
(Address)Wm. J. Tiekner & Son
1017 E. Charles St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt

Coroner

M. D.

Address 1017 E. Charles St.

APR 2 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99945

E 99945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613.8. Clinton St. 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Helen B. Frazier.(a) Residence: No. 613. S. Clinton. St., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of single
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 28th 19147. AGE Years Months Days If LESS than
19 9 2 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Andrew Frazier.14. BIRTHPLACE (city or town) Balto, Md.
(State or country)15. MAIDEN NAME Barbara Riedel.16. BIRTHPLACE (city or town) Balto, Md.
(State or country)17. INFORMANT Andrew Frazier (Father)
(Address) 613. S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 3 193419. UNDERTAKER Lilly & Jailer Inc.
(Address) 453 S. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 193422. I HEREBY CERTIFY, That I attended deceased from Dec. 23 1933 to March 30 1934I last saw her alive on March 30 1934 Death is said to have occurred on the date stated above, at 2pm. m.

The principal cause of death and related causes of importance were as follows:

CHRONIC SUPPURATION OF
LEFT CHEST WALL
OSTEOMYELITIS 11 & 12TH Ribs

Date of onset

March 1934APRIL 1934

Other contributory causes of importance:

Secondary Anemia
Phlebitis of both femoral
veinsMarch 1934Feb. 1934Name of operation Incision & drainage of abscess July 15, 1933
of 11 & 12 ribs Date of op. July 15, 1933What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Louis F. Klimes M. D.(Address) 2623 E. Monument

APR 2 - 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99946

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Andrew W. Shimmick*(a) Residence: No. *812 S Bouldin* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Lucia A. Shimmick* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 7, 1894*7. AGE Years *39* Months *6* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fireman* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *City Fire Dept* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Sebastian Shimmick*14. BIRTHPLACE (city or town) *md.* (State or country)15. MAIDEN NAME *Pideler*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Lucelia Shimmick* (Address) *812 S Bouldin St*18. BURIAL, CREMATION, OR REMOVAL Place *Garfield Park* Date *Apr 4, 1934*19. UNDERTAKER *Julius L. Ziegler* (Address) *409 S. E. Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 31, 1934*

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at *5:00 P. M.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis Coronary Thrombosis
Stenorrhage due to ruptured
aortic valve

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? *Heart* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury , 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. H. Shimmick* M. D. (Address) *305 N. Bouldin St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99947

CERTIFICATE OF DEATH

E 99947

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Jackson
818 Harford Ave

(a) Residence: No. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13/1913

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
20 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles Jackson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Holmes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Jackson (sister)
(Address) 1407 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date April 2 1934

19. UNDERTAKER Edw. Bryan
(Address) 1631 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death in said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound of left femoral vein

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury, Mech 25/34 Baltimore, Md.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Home- stabbed by Thornton

Manner of injury Williams

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify (Signed) J. H. Williams M. D.
(Address) 508 E. Pratt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED 1934

E 99948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99948

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *111 W. Lantry* St., *26-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *111 W. Lantry* St., *26* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced: HUSBAND of *Late Wm. T. York* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 2nd 1871*7. AGE *66* Years *5* Months *28* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ind.*13. NAME *John W. Wood*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Sarah Harris*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT *William York*(Address) *111 W. Lantry St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood Cemetery* Date *April 2, 1937*19. UNDERTAKER *Gilley & Butler, Inc.*(Address) *704 S. J. Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30, 1937*22. I HEREBY CERTIFY, That I attended deceased from *Feb 1932* to *March 30, 1937*I last saw him alive on *March 30, 1937* Death is said to have occurred on the date stated above, at *11 a. m.*

The principal cause of death and related causes of importance were as follows:

*Age Palm Ordina
Chr Myocarditis*Date of onset *3/29*

Other contributory causes of importance:

*Cancer of the Esophagus
and Stomach**2/10*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)
(Signed) *Thos. J. Soder*

M. D.

(Address) *38238 Baltor*

Information should be carefully supplied. AGE, among other things, is a factor in the state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1937

B 99949 HEALTH DEPARTMENT—CITY OF BALTIMORE 99949

CERTIFICATE OF DEATH

Registered No. **11-001**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **847 Clifford** St., **18-01** Ward)

Length of residence in city or town where death occurred **4** yrs. **+** mos. **+** ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME **Louise Johnson**

(a) Residence: No. **847 Clifford** — St., — Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **Col** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

5a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **— 1881**

7. AGE Years **53** Months **+** Days **+** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **@ home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Dan's Quarter**
(State or country) **Maryland**

13. NAME **George Edward**

14. BIRTHPLACE (city or town) **Dan's Quarter**
(State or country) **Maryland**

15. MAIDEN NAME **Mary Jane Johnson**

16. BIRTHPLACE (city or town) **Dan's Quarter**
(State or country) **Maryland**

17. INFORMANT **Samuel Johnson**
(Address) **847 Clifford**

18. BURIAL, CREMATION, OR REMOVAL
Place **Mt. Zion Cnty** Date **4/2** 19**34**

19. UNDERTAKER **Walter B. Brown**
(Address) **1347 W. 1st St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **3-29-34**

22. I HEREBY CERTIFY That I attended deceased from **3/19/34** to **3/29/34**

I last saw her alive on **3/29/34** Death is said to have occurred on the date stated above, at **3:30 p.m.**

The principal cause of death and related causes of importance were as follows:

acute pneumonia Date of onset **14 days**

Other contributory causes of importance:

Stroke

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) **Dan Johnson** M. D.

(Address) **142 W. 1st**

Registrar.

APR 2 - 1934

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 99950

E 99950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12 E Chase* St. *11-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *20* yrs. *0* mos. *0* ds.2. FULL NAME *Josephine Lanahan Reeder*(a) Residence: No. *12 E Chase* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Oliver Reeder*6. DATE OF BIRTH (month, day, year) *About 8/24*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *About 80 0 0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William Lanahan*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*15. MAIDEN NAME *Mary Jackson*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md*17. INFORMANT *M. Q. Howard Reeder* (Address) *101 Charles St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Mount* Date *Apr 27/34*19. UNDERTAKER *Howard M. Moore* (Address) *103 W. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar 15* 19*33* to *March 31* 19*34*I last saw him alive on *March 31* 19*34* Death is said to have occurred on the date stated above, at *12:15* A.M.

The principal cause of death and related causes of importance were as follows:

*Arterio sclerosis
Coronary dilatation
Chronic nephritis*

Date of onset

several years

Other contributory causes of importance:

*myocarditis**Mar 15 1933*Name of operation *none*

Date of

What test confirmed diagnosis? *—* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *John T. Friedman* M. D.(Address) *1013 4th Charles St*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FILED
APR 2 - 1934

Registered

E 99951 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99951

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 E. Hoffman St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Meta Miller

(a) Residence: No. 2220 E. Hoffman St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Martin Miller (or) WIFE

6. DATE OF BIRTH (month, day, year) Sept 20, 1867

7. AGE Years 66 Months 6 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Henry C. Sauerland Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bettie Schmidt

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Henry C. Sauerland (Address) 3027 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cline Date Apr 2 - 1934

19. UNDERTAKER John C. Cline (Address) 2008 E. Baltimore Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 30, 1934.

I last saw her alive on March 30, 1934. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis

Date of onset

1930

"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert G. Singmaster M. D.

(Address) 1613 E. North Ave.

APR 2 - 1934

Register

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99952

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Bonnal St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. 2 mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 522 Bonnal

(Usual place of abode)

St., ____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6 - 19347. AGE Years ____ Months 2 Days 25 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto13. NAME John Kurz14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME Anna Mohr16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT John Kurz(Address) 522 Bonnal

18. BURIAL, CREMATION, OR REMOVAL

Place Coke LawnDate Apr 2, 193419. UNDERTAKER John W. W. W.(Address) 2101 E. E. E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Mar 30, 1934, to Mar 31, 1934.I last saw him alive on Mar 31, 1934. Death is saidto have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Acute pneumonia

Date of onset

3/30/34

Other contributory causes of importance:

Broncho pneumonia3/30/34

Name of operation. ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury. ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Alvin B. Leman M. D.(Address) 718 N. Patterson St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

E 99953

HEALTH DEPARTMENT—CITY OF BALTIMORE E 99953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 Woodbourne Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Burns

(a) Residence: No. 512 Woodbourne Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Robert E. L. Burns (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 2, 1872

7. AGE Years 62 Months 2 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York, Pa. (State or country)

13. NAME John T. Schieswohl

14. BIRTHPLACE (city or town) York, Pa. (State or country)

15. MAIDEN NAME Elizabeth Hufiman

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Robert E. L. Burns (Address) 512 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Marys, Govans Place Date Apr. 3, 1934

19. UNDERTAKER A. S. Marshall (Address) 3539 Falls Road.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from over 3 yr., 19, to Mar 31, 1934

I last saw h. alive on Mar 31, 1934 death is said to have occurred on the date stated above, at 20 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas approx 2 yr

Other contributory causes of importance:

Gen Carcinoma 3 mos

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Marshall, M. D.

(Address) 5600 York Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

E 99954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99954

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* Ward *2-01*Registered No. *107-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 1/2* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? *4 1/2* yrs. *4* mos. *4* ds.

2. FULL NAME

(a) Residence: No. *2102 Oak* St., *1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Samie*6. DATE OF BIRTH (month, day, year) *?*7. AGE *61* Years Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Va*13. NAME *James*14. BIRTHPLACE (city or town) (State or country) *? Va*15. MAIDEN NAME *Catherine* *?*16. BIRTHPLACE (city or town) (State or country) *? Va*17. INFORMANT *Records* (Address) *Bald. City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Primarily Burial* Date *April 4, 1934*19. UNDERTAKER *James H. Chase & Son* (Address) *638 N. E. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 16, 1932* to *March 31, 1934*I last saw him alive on *March 31, 1934* Death is said to have occurred on the date stated above, at *130 p.m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia, general

Date of onset

8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phagel* M. D.(Address) *Bald. City Hosp*

APR 2 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99955

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *Good Shepherd Hosp 19-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3102 S. Vincent*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color of hair *Brn* 4. Color of eyes *Blu* 5. Single, Married, Widowed, Divorced, Write the word *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Wilbur*6. DATE OF BIRTH (month, day, year) *Nov 1908*

7. AGE

Years *25*Months *4*

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *70*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto*

FATHER

13. NAME *Harry Watson*14. BIRTHPLACE (city or town) (State or country) *Balto*

MOTHER

15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *Balto Md*

17. INFORMANT

(Address) *Wilbur Wilkerson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Auburn*Date *April 2, 1934*

19. UNDERTAKER

(Address) *411 S. Gilman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar 30, 1934*

22. I HEREBY CERTIFY That I attended deceased from

19. *February* 19. *1934* Death is saidI last saw h. alive on 19. *February* 19. *1934*

to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

*Accident
Toxemia
2nd degree burns*

Other contributory cause of importance

*Exposure hot sea
fell on neck & shoulder*

Name of operation

What test confirmed diagnosis

23. If death was due to natural cause (violation) fill in also the following:

Accident, suicide, or homicide

Where did injury occur *3102 S. Vincent*

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Lusk*(Address) *3102 S. Vincent*

M. D.

APR 2 - 1934

19. *Huntington*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

99956

HEALTH DEPARTMENT—CITY OF BALTIMORE

99956

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square* St. *13-01* Ward)Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *3410 Chestnut* St., *13-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of *Jesse Blurbhlin*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 14, 1860*7. AGE Years *73* Months *9* Days *10* If LESS than 1 day, *16* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) (11. Total time (years) spent in this occupation)12. BIRTHPLACE (city or town) *Carroll Co., Md.*
(State or country)13. NAME *Fredrick Gover*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Mary Gosnell*16. BIRTHPLACE (city or town) *Md.*
(State or country)17. INFORMANT *Mrs. Andrew Myers*
(Address) *807 N. Fulton Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Mary's Cemetery* Date *April 2, 1934*19. UNDERTAKER *Margaret J. Flynn*
(Address) *1420 North*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3-30*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3-16* to *3-30*, 19*34*I last saw him alive on *3-30*, 19*34*. Death is said to have occurred on the date stated above, at *11:15 P.* m.

The principal cause of death and related causes of importance were as follows:

Anterior elongation
Arteriosclerosis
Date of onset *?*

Other contributory causes of importance:

Cyclitis
Cataracts
Myopia
Date of onset *?*Name of operation *Clinical* Date of *no*What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *no*, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. H. [Signature]* M. D.(Address) *Franklin Square, Md.*

APR 2 - 1934

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99957

E 99957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Caroline St. WARD 6-01)2-FULL NAME Elizabeth Berry(a) RESIDENCE NO. 407 N. Caroline St. WARD 6th

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE col.5 Single, Married, Widowed, or Divorced, (write the word) Widowed6 If married, widowed, or divorced HUSBAND of (or) WIFE of no body6 DATE OF BIRTH (month, day, and year) 28 Dec. 1888

7 AGE

Years

Months

Days

LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Widow(b) General nature of industry, business, or establishment in which employed (or employer) Ladies Hair(c) Name of employer Julius Furman9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.10 NAME OF FATHER Geo. Berry11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.12 MAIDEN NAME OF MOTHER Harnett Foster13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14

Informant (Address) John F. Berry
407 N. Caroline St.

15

Filed

APR 2 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-3417 I HEREBY CERTIFY, That I attended deceased from December 1933 to March 1934 that I last saw her alive on 30 Mar. 1934and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

Paralytic method
neuropathic, etc.

CONTRIBUTORY (Secondary)

Several months
(duration) yrs. mos. ds.18 Where was disease contracted If not at place of death? Baltimore, Md.Did an operation precede death? No Date of March 1934Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mayfield Boyd(Address) 411 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Laurel Cem.

DATE OF BURIAL

Apr 4, 1934

20 UNDERTAKER

James A. StaysADDRESS 142W. Hill

Physicians should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

E 99958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

711 N Caroline St.

Ward)

Length of residence in city or town where death occurred ³⁴ yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Thomas Brooks

(a) Residence: No.

711 N Caroline

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M

e

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

unknown

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

approx 66

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Laborer steel mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va

13. NAME

unknown

14. BIRTHPLACE (city or town) (State or country)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

unknown

17. INFORMANT

(Address)

Ida Smith 711 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place

Ashbury

Date

4-3-34

19. UNDERTAKER

(Address)

R. A. Ellis 1129 N. Caroline

20. FILED

H. E. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

March 30, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 1933 to March 30, 1934.

I last saw him alive on March 29, 1934 Death is said

to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

March 29, 1934

Other contributory causes of importance:

Nephritis Hypertension

1 yr.

Name of operation

no physical

Date of

What test confirmed diagnosis? Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

R. J. Young

M. D.

(Address)

1129 N. Caroline St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 99959

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital 15 Ward*)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3804 Towanda ave* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *157-003*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3-30-34*7. AGE Years Months Days If LESS than
2 1 1 day. hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Franklin Square Hospital*
(State or country)13. NAME *Carl Solomon*14. BIRTHPLACE (city or town) *Balto Md*
(State or country)15. MAIDEN NAME *Esther Brill*16. BIRTHPLACE (city or town) *Balto Md*
(State or country)17. INFORMANT *Carl Solomon*
(Address) *3804 Towanda ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Beaumont Cemetery* Date *April 2, 1934*

19. UNDERTAKER

(Address) *1127 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-1-34*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3-30-34*, 19*34*, to *4-1-34*, 19*34*.I last saw him alive on *4-1-34* @ *10:45 P.M.* Death is said to have occurred on the date stated above, at *11:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Congenital Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. D. ...*

M. D.

(Address) *817 ...*

APR 2 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Houser St., 25-01 Ward)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 633 Houser St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/1/34

7. AGE Years Months Days If LESS than 1 day, 7 hrs. or 50 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Henry Spence14. BIRTHPLACE (city or town) Cambden (State or country) N. C.15. MAIDEN NAME Wentilia Peterson16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland17. INFORMANT Wentilia Spence (Address) 633 Houser St

18. BURIAL, CREMATION, OR REMOVAL

Place mt. Zion chrch Date 4/2 193419. UNDERTAKER Walter B. Spriggs (Address) 139 W. Hamlet St.

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 193422. I HEREBY CERTIFY, That I attended deceased from 4/1/1, 1934 to 4/1, 1934I last saw him alive on 4/1, 1934 Death is saidto have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Dandure M. D.(Address) University Hospital

APR 2 - 1934

M E 99961

E 99961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 16-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3407* *Levittown* (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *June*6. DATE OF BIRTH (month, day, year) *March 14, 1872*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *62* *17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bricklayer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *611*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Thomas Leonard* 14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Lally Barnes* 16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *West Lawn* Date *April 4, 1934*19. UNDERTAKER *Mrs. E. W. Miller & Son* (Address) *2334 Jefferson St.*20. FILED *1934* *Health Department*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 29, 1934* to *April 1, 1934*I last saw him alive on *April 1, 1934* Death is said to have occurred on the date stated above, at *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver; alcoholism

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

P. H. Hargis

M. D.

Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

99962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99962

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 E. Monument St. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Thomas J. J. Burton

(a) Residence: No. 2404 E. Monument St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Emma L. Burton
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 6-1862

7. AGE 72	Years	Months	Days	If LESS than 1 day, hrs. or min.
			24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Thomas Burton

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Ellen Hatten

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Emma L. Burton (Wife)
(Address) 2404 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Immanuel Cem. Date April-2-34

19. UNDERTAKER Mrs. C. Miller
(Address) 334 E. Monument St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1934 to Mar 30 1934

I last saw him alive on Mar 28 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Arteriosclerosis Chronic
myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Allen B. Rimmer

M. D.

(Address) 715 N. Pat Pham

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

APR 2-1934

131✓E 99963

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

(Address) 5086 North Ave

APR 2 - 1934

M. D. E 99964

E 99964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sydenham Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 13-01 Ward

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lorrie Brooks

(a) Residence: No.

3512 Poole St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (Write the word)

Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Baby

6. DATE OF BIRTH (month, day, year)

April 28, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

11

43

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Edward L. Brook

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Mary Wilhelm

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Edward L. Brook

(Address)

3512 Poole St.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

(Address)

3418 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 16, 1934, to April 1, 1934

I last saw deceased alive on April 1, 1934 Death is said

to have occurred on the date stated above, at 12:58 a.m.

The principal cause of death and related causes of importance were as follows:

Measles
Bronchopneumonia
R. Otitis Media
R. acute MastoiditisDate of onset
16 days
2 days
6 days
2 days

Other contributory causes of importance:

Name of operation

Mastoidectomy

Date of

3/3/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Kasowachman
Sydenham Hospital

M. D.

(Address)

APR 2 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

✓ E 99965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ E 99965

93-103

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 E. Balto. ST. 6-01 WARD)

2. FULL NAME

Joseph George Hoffman

(a) RESIDENCE No.

3008 E. Balto. ST. 6-01 WARD
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of _____
or WIFE of _____

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1868

7 AGE Years 65 Months 3 Days 29 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Postmaster's Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) Post-office 086
(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) Liberystown, Md
(State or country)

10 NAME OF FATHER John Henry Hoffman

11 BIRTHPLACE OF FATHER (city or town) Kellerstown Pa
(State or country)

12 MAIDEN NAME OF MOTHER Rose Marie Adams

13 BIRTHPLACE OF MOTHER (city or town) Heron Pa
(State or country)

14 Informant Mrs. Sallie Hoffman
(Address) 3008 E. Balto. St.

15 Filed 19 APR 2 1934 Regist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to April 1 1934, that I last saw him alive on April 1 1934, and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:
Heart blood, chr. myocarditis, mitral insufficiency, chr. passive congestion & anasarca

(duration) yrs. 4 mos. 0 ds.
CONTRIBUTORY Coronary embolism
(Secondary) (duration) yrs. 1 mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin. data
(Signed) Lehman M. D.
, 19 (Address) 3008 E. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL. St. Peter's Cem. Libertytown DATE OF BURIAL Apr. 3 1934

UNDERTAKER Powell & Albright ADDRESS 2 Woodboro

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

99966

STATE OF MARYLAND—CERTIFICATE OF DEATH

E 99966

1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

If more space needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

R 2 - 1934

E 99967 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99967

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Hillen St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter Carey Cathcart(a) Residence: No. 128 N. Hillen St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 18-18877. AGE Years 52 Months 9 Days 13 If LESS than 1 day,h.m. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 1712. BIRTHPLACE (city or town) Baltimore (State or country) Md13. NAME Joseph W. Cathcart14. BIRTHPLACE (city or town) Baltimore (State or country) Md15. MAIDEN NAME Mary E. Winters16. BIRTHPLACE (city or town) Baltimore (State or country) Md17. INFORMANT Mrs. Mary E. Cathcart (Address) 128 N. Hillen St

18. BURIAL, CREMATION, OR REMOVAL

Place Louis Park Date Apr. 3 3419. UNDERTAKER John J. Jones (Address) North Avenue20. FILED John J. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 16, 1933 to March 31, 1934I last saw him alive on March 31, 1934 Death is saidto have occurred on the date stated above, at 12:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

12-15-33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archibald Davis M. D.(Address) 800 N. 38th St

N. B.—WRITE PLAINLY, WITH CARE. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

E 99968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 Lancaster St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 15 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence: No. 1736 Lancaster St., 7-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Mary Niemier
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE <u>45</u>	Years <u>45</u>	Months	Days	If LESS than 1 day: <u>hrs.</u> or <u>min.</u>
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Joe Niemier14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mary Niemier
(Address) 1736 Lancaster

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 13, 3419. UNDERTAKER W. J. O'Connell
(Address) 1930 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw h. alive on, 19 19. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation by Illuminating Gas.

Suicide

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 3/29, 1934Where did injury occur? 1736 Lancaster
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Asphyxiation Gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) W. J. O'Connell M.D. M. D.
(Address) 1305 N Patterson Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. If DEATH is due to external causes, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

99969

174 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

birth ⁴ 1 yrs. mos. ds.

(a) Residence: No. 1604 Cypress St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from
 19..... to..... 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 2.42 m. +.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to multiple stab wounds

Other contributory causes of importance:

Name of operation	Date of
ONE	

What test confirmed diagnosis? neuro Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Homicide

Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur?.....
(Specify city or town, county, and State)

Manner of Injury _____
 Nature of Injury _____ Hunting Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) Otto M. Reinhardt _____ M. D.
2/84 (Address) 1017 E. Charles St. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

99970

CERTIFICATE OF DEATH

E 99970

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-01* Ward)Registered No. *210-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. -- mos. *1* da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME

Stewart Huey

(a) Residence: No.

Ruxton, Md.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----		
6. DATE OF BIRTH (month, day, year) April 12, 1907		
7. AGE Years 26	Months 11	Days 19
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) **Riderwood**
(State or country) **Maryland**13. NAME **J. Wistar Huey**
14. BIRTHPLACE (city or town) **Philadelphia**
(State or country) **Penna.**15. MAIDEN NAME **Florence S. Greene**
16. BIRTHPLACE (city or town) **Philadelphia**
(State or country) **Penna.**17. INFORMANT **J. Wistar Huey**
(Address) **Ruxton, Md.**18. BURIAL, CREMATION, OR REMOVAL
Woodlands Cemetery
Place *Philadelphia, Pa.* Date *4/4* 19*34*19. UNDERTAKER *Henry W. Meeks and Son*
(Address) *805 N. Calverton Ave.*20. **APR 2 - 1934**
Registrar. *[Signature]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **April 1, 1934**

22. I HEREBY CERTIFY, That I attended deceased from

Wagon, 19*34*, to *Wagon*, 19*34*.I last saw him alive on *Wagon*, 19*34*. Death is said to have occurred on the date stated above, at *Wagon* m.

The principal cause of death and related causes of importance were as follows:

Fractured Cervical Vertebrae

Other contributory causes of importance:

*Automobile Accident*Name of operation *none* Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide *accident* Date of injury *4/1* 19*34*Where did injury occur? *Calvert & Monument St.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Auto, he was driving*Nature of injury *collided with another auto*24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify *✓*(Signed) *Joseph Pokorny* M. D.
(Address) *2200 E. Maryland St.*

Via B. & O. Railroad Escort - J. Wistar Huey

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99971

99971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mary M. Cecil

St. 27-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary M. Cecil

(a) Residence: No.

6111 Glen Oak Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	John M. Cecil
--	---------------

6. DATE OF BIRTH (month, day, year) Oct. 19 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	12		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	At Home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centerville Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Florence M. Cecil
(Address) 3803 Juniper Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date April 3/34

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933, to March 31, 1934. I last saw him alive on March 31, 1934. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic myocorditis

Date of onset

1932

Other contributory causes of importance:

Chronic bronchitis and emphysema

1930

Name of operation: none Date of

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: No

(Signed) A. J. Gordy

(Address) 1000 E. Baltimore Ave.

E 99972 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5013 Eugene Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

John L. Glen

(a) Residence: No. 5013 Eugene Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1856

7. AGE Years Months Days If LESS than 1 day,.....hrs. or.....min.
77 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood Handle Packer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME James Glen
14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT M. Janet Powell
(Address) 5013 Eugene Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 4/3/34, 19.

19. UNDERTAKER Leonard J. Buck
(Address) 5305 Harford Rd.

FILED

PR 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1934 to March 31, 1934
I last saw him alive on March 28, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation M.D. Date of

What test confirmed diagnosis? Clinical Where an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1812 Broadway

E 99973 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 16-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *17 1/2* yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *North Point* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, divorced, or separated, name of HUSBAND of (or) WIFE of *Charles Clabon (dead)*
Bessie Clabon (dead)

6. DATE OF BIRTH (month, day, year) *?*

7. AGE *74* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Pittsburgh Co Va*

13. NAME *Richard Clabon*

14. BIRTHPLACE (city or town) (State or country) *Pittsburgh Co Va*

15. MAIDEN NAME *Sophie* ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT *Friends* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL *St. Mary's Cemetery* Date *April 2, 1934*19. UNDERTAKER *Frederick 1515 Mt. Eden St* (Address)20. *PR 2 - 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 29* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *December 26, 1932* to *March 29, 1934*I last saw him alive on *March 29, 1934* Death is said to have occurred on the date stated above, at *9:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia
Hypertension
Atherosclerosis*(Other contributory causes of importance: *Senility*)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *P. H. Hargis*

M. D.

(Address) *Balt City Hosp.*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)Length of residence in city or town where death occurred *life* mos. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *705 W Fayette* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
-----------------------	----------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of *Barbara*
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 22, 1861*

7. AGE <i>72</i>	Years	Months <i>10</i>	Days <i>8</i>	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Bucklayer</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>oil</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

FATHER	13. NAME <i>Charles Rainey</i>
	14. BIRTHPLACE (city or town) (State or country) <i>Ind.</i>

MOTHER	15. MAIDEN NAME <i>Elizabeth Krentler</i>
	16. BIRTHPLACE (city or town) (State or country) <i>N.Y.</i>

17. INFORMANT (Address) *Records
Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL
Place *J. B. Med College* Date *April 2, 1934*19. UNDERTAKER (Address) *General*20. FILED *1934-0257*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 24, 1934* to *March 30, 1934*I last saw him alive on *March 30, 1934* Death is said to have occurred on the date stated above, *11:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
to congestive failure
Hypertension*

Other contributory causes of importance:

Date of onset

*3 mos
?*

Name of operation Date of *No*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *I. P. Howell* M. D.(Address) *Balt City Hosp*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934-0257

E 99975 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99975

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Carlos Terrace Ward 12-11)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Haskins(a) Residence: No. 1614 Carlos Terrace Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30, 19347. AGE Years Months Days If LESS than 1 day, 6 hrs. or min. 0 0 0 0 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) Baltimore (State or country) md.13. NAME James Johnson14. BIRTHPLACE (city or town) Unknown (State or country)15. MAIDEN NAME Laurine Haskins16. BIRTHPLACE (city or town) King William Co. (State or country) Va.17. INFORMANT Laurine Haskins (Address) 1614 Carlos Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place St. Med. Hall Date April 2, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 193422. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 to March 30, 1934I last saw him alive on March 30, 1934 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital atelectasis

Other contributory causes of importance:

maternal syphilis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

(Address) 518 MADISON AVENUE

PR 2 - 1934

0260

N. B.—WRITE PLAINLY, WITH UNFADING INK.—PRINT NAME OF DECEASED IN FULL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99976

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Good Shepherd Hospital* St. *17* Ward)Registered No. *34*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1213* St. *17* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

3-9-24, 1924, to March 27, 1924

I last saw him alive on March 27, 1924 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Coronary Myocarditis

Date of onset

9-11-23
London

Other contributory causes of importance:

Cerebral Hemorrhage

3-7-24

Name of operation

None

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

The Honorable
0282

E 99977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-01 Ward)Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 954 Forrest St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Hunt Married6. DATE OF BIRTH (month, day, year) — — ?7. AGE Years 48 Months 2 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Erica Hunt - wife(Address) 121 Winton St

18. BURIAL, CREMATION, OR REMOVAL

Place Med. College Date April 2, 1934

19. UNDERTAKER

(Address) Huntington Park, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30th, 193422. I HEREBY CERTIFY, That I attended deceased from March 10th, 1934, to March 30th, 1934I last saw him alive on March 30th, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
(Arterio Sclerosis basis)

Other contributory causes of importance:

Broncho Pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Aubrey

M. D.

(Address) 3012 Northway Drive

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

0263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99978

CERTIFICATE OF DEATH

E 99978

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1644 N. Smallwood* St., *15-01* Ward)Length of residence in city or town where death occurred *48* yrs. *131* mos. *131* ds. How long in U. S. If of foreign birth? *78* yrs. *131* mos. *131* ds.

2. FULL NAME

(a) Residence: No. *1644 N. Smallwood* St., *15-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
5a. If married, widowed, or divorced HUSBAND of <i>Leah</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>7-6-1880</i>		
7. AGE <i>53</i>	Years <i>53</i>	Months <i>8</i>
	Days <i>25</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Trover</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-1-34*, 1922. I HEREBY CERTIFY That I attended deceased from *31 30*, 19*34* to *4 11*, 19*34*I last saw him alive on *31 31*, 19*34* Death is said to have occurred on the date stated above, at *4 A.* m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Chronic Nephritis

Date of onset

Chronic

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Dart & Van Allen*

M. D.

(Address) *142 N. Jee*

APR 2 - 1934

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 W. Lafayette St., 16-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1637 W. Lafayette St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *George King*6. DATE OF BIRTH (month, day, year) *3/15/81*7. AGE Years *53* Months *-* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *037*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Rose W. King*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *A. A. Co*13. NAME *Martha King*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Bernice Stewart*16. BIRTHPLACE (city or town) (State or country) *Ma.*17. INFORMANT *George King* (Address) *1637 W. Lafayette St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. L. Brown* Date *4/3/34*19. UNDERTAKER *Edw. W. Brown* (Address) *638 N. E. Brown*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/18*, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar 5, 1934, to *Mar 31*, 1934I last saw him alive on *Mar 31*, 1934, Death is saidto have occurred on the date stated above, at *1 p.* m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

3/25/34

Other contributory causes of importance:

*La grippe**3/5/34*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

C. H. P. King
*1536 W. Lombard St.**JK*

APR 2 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99980

99980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland General Hospital*
 CITY OF BALTIMORE: (No. *5-01* St. *5-01* Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME *Cecilia Patricia O'Keefe*

(a) Residence: No. *4022 Eversman Ave.* St., ... Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar. 6, 1934*

7. AGE Years Months Days If LESS than
25 1 day... hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

13. NAME *Joseph A. O'Keefe*

14. BIRTHPLACE (city or town) *Penn.*
 (State or country)

15. MAIDEN NAME *Alma Bruder*

16. BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

17. INFORMANT *Hospital Records*
 (Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Vincent's April 3, 1934

19. UNDERTAKER *John J. Mervin*
 (Address) *1247 J. J. Mervin Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/31* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from
3-30 19*34* to *3-31* 19*34*

I last saw her alive on *3-31* 19*34*. Death is said
 to have occurred on the date stated above, at *6:25 P.M.*

The principal cause of death and related causes of
 importance were as follows:

Bronchial pneumonia

Date of onset

3/24/34

Other contributory causes of importance:

None

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of
 information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of
 OCCUPATION is very important. See instructions on back of certificate.

PR 2-1834

99981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St.* Ward)Length of residence in city or town where death occurred *38* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1746 Park Ave* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, HUSBAND of *J. Allen Moon* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 7-1855*7. AGE Years *78* Months *3* Days *24* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Phila. Pa* (State or country)13. NAME *Joshua F. Fivoe*14. BIRTHPLACE (city or town) *N. Y.* (State or country)15. MAIDEN NAME *Mary E. German*16. BIRTHPLACE (city or town) *Del.* (State or country)17. INFORMANT *Mrs. Mary M. Parrish* (Address) *1746 Park Ave*18. BURIAL, CREMATION, OR REMOVAL *Greenboro Ind* Date *April 3*, 19*34*19. UNDERTAKER *Chas. S. Black*20. FILE *47 W. D. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1 - 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Fractured right femur 3/25/34

Other contributory causes of importance:

Broncho-pneumonia 3/27/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *3/25 1934*Where did injury occur? *Balto. Md* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down stairs*Nature of injury *Fractured femur*

24. Was disease or injury in any way related to occupation of deceased?

No If so specify(Signed) *Carver Feller* M. D.(Address) *3707 Eastern Ave.*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 2 - 1934

E 99982

H 99982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Franklin St. St. 17-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MAGDELENA ABERLEY.

(a) Residence: No. 626 W. Franklin St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22nd, 1860

7. AGE Years 73 Months 10 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mabel V. Kelly (Address) 626 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 4th, 1934

19. UNDERTAKER Chas. P. Evans & Son (Address) 118 W. Mt. Royal Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1934

I HEREBY CERTIFY. That I attended deceased from Jan. 1930 to April 1st, 1934. I last saw him alive on April 1st, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1/1/30

Other contributory causes of importance:

Arteriosclerosis

1/1/30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. H. Magnus M. D.

(Address) 141 East 11th St.

March 26 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR-2-1934

E 99983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99983

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-01* St. *Lifetime* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *415 N. Mulberry* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of *Rose M. Donahue* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jun 27-1869*7. AGE Years *65* Months *2* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*13. NAME *Thomas J. Donahue*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Elizabeth Carney*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *Mrs. Rose M. Donahue* (Address) *415 N. Mulberry St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Catholic Cemetery* Date *April 15, 1934*19. UNDERTAKER *George H. Evans & Son* (Address) *118 N. Mt Royal ave*20. *Thurston Williams, Reg.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3 / 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3 / 30, 1934* to *3 / 31, 1934*I last saw him alive on *3 / 31, 1934* Death is said to have occurred on the date stated above, at *10¹⁰ AM*.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

*Uremia*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *H. V. J. Zimmerman* M. D.(Address) *University of Maryland*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 2 - 1934

99984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 20 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Herbert Adkins

(a) Residence: No. 2320 E. Biddle

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 22 1932

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

20

8

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Alice E. Adkins

16. BIRTHPLACE (city or town) (State or country)

Salisbury, Md.

17. INFORMANT

Mrs. Alice E. Adkins

(Address)

2320 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet

Date Apr 3, 1934

19. UNDERTAKER

(Address)

John J. Denny

715 Light St.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 24, 1934, to March 31, 1934

I last saw him alive on March 31, 1934 Death is said

to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Lobar pneumonia

2. Otitis media

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis clinical where an autopsy? h

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ST. JOSEPH'S HOSPITAL M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-01 St., 170 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? 2 yrs. 11 mos. 17 ds.2. FULL NAME Sarah Hurley(a) Residence: No. Vienna 1 Md St., 170 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6. If married, widowed, or divorced (or) WIFE of <u>Levin Hurley</u>		
6. DATE OF BIRTH (month, day, year) <u>3/6/80</u>		
7. AGE <u>54</u>	Years <u>53</u>	Months <u>26</u>
Days <u>26</u>		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Wm. Daylon14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Mary Foreman16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Vienna Md Date April 4 193419. UNDERTAKER H. B. Mulroughby
(Address) Hurley St. Vienna, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 193422. I HEREBY CERTIFY, That I attended deceased from Feb 14 1934 to April 2 1934I last saw her alive on April 2 1934. Death is said to have occurred on the date stated above, at 10 a m.The principal cause of death and related causes of importance were as follows: Hypertension
Stroke & cerebral hemorrhage Date of onset 3-28
treatment. Ulcerative Colitis 2 yrs?
multiple polyps of colon
cardiac debility following 3-12-34
ileostomyOther contributory causes of importance: Em. emaciation & debility 1 yr?Name of operation Ileostomy Date of 3-12-34What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edw. Samuel Ross M. D.(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 2 - 1934

M. D. B. E-99986

E 99986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 McHenry St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 736 McHenry St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Martha Stewart

6. DATE OF BIRTH (month, day, year) June 1865

7. AGE 68 Years 109 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. guard at City Jail
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME Arthur Stewart

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann King

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT M. Elick Stewart (Address) 858 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 4/4/1934

19. UNDERTAKER John J. Conroy (Address) 612 Hollup St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/1934

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1934 to April 1 1934. Last saw him alive on April 1 1934. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

3/30/34

Other contributory causes of importance:

Cardio-Vascular Renal Disease
Cerebral of Liver
Carcinoma of Prostate

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Joseph H. Paukatis M. D.
(Address) 679 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

M. D. 1934
E 99987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99987

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St., 11-01 Ward)

Length of residence in city or town where death occurred: 20 yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Joseph Hagerty

(a) Residence: No.

Riverview, Md

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Catherine's Hook.

6. DATE OF BIRTH (month, day, year)

1887

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

77

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hatter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Washington, D. C.

FATHER

13. NAME

James Hagerty

14. BIRTHPLACE (city or town) (State or country)

Dublin, Ireland

MOTHER

15. MAIDEN NAME

Mary Hughes

16. BIRTHPLACE (city or town) (State or country)

Dublin, Ireland

17. INFORMANT

Mr. Rottley A. Boudry

(Address)

801 K. Ave. Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Cem. Date April 5, 1934

19. UNDERTAKER

John O. Mitchell & Sons Inc.

(Address)

1900 E. Main Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/2

1934

22. I HEREBY CERTIFY, That I attended deceased from

3/18/34

19

to

4/2/34

19

I last saw him alive on 4/2/34 19 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

3/10/34

Other contributory causes of importance:

General arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

APR 3 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 99988

E 99988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Haltbrook cor Ellamont

CITY OF BALTIMORE: (No. Prince of Peace Church Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Robert Kell

(a) Residence: No. 3818 Sequoia Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Alice Lampton
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1861

7. AGE Years 72 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

13. NAME Robert Kell

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Mary Wilkinson

16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mrs. Alice L. Kell
(Address) 3818 Sequoia Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 4/3/34, 1919. UNDERTAKER John O. Mitchell & Co.
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 1934

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on Virginia Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 17 year

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH EXACTNESS. PHYSICIANS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

N. B. 29989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 29989

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *301* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *8* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *806 Eastern Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 12 1933*7. AGE Years Months Days If LESS than
8 *20*
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)13. NAME *John J. Dunphy*14. BIRTHPLACE (city or town)
(State or country) *Balto*15. MAIDEN NAME *Louise Dunphy*16. BIRTHPLACE (city or town)
(State or country) *Balto*17. INFORMANT *Senyue P. P. P.*(Address) *806 Eastern Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Baltimore* Date *April 3, 1934*19. UNDERTAKER *Marlin H. E. Dunphy*(Address) *31 S. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 2, 1934*22. I HEREBY CERTIFY. That I attended deceased from
*March 31, 1934, to April 2, 1934*I last saw him alive on *April 2, 1934* Death is said
to have occurred on the date stated above, at *5:00 a.m.*The principal cause of death and related causes of
importance were as follows:*Pneumonia
(type undetermined)*Date of onset
March

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Albert J. Himey, M. D.*(Address) *Sci. 1127*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

E 99990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99990

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Register St. 2-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 220 S. Register St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Kues6. DATE OF BIRTH (month, day, year) Jan 24 18807. AGE Years 54 Months 2 Days 8 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)13. NAME Frederick Kues14. BIRTHPLACE (city or town) Balto (State or country)15. MAIDEN NAME Mary J. Dunningan16. BIRTHPLACE (city or town) Balto Md (State or country)17. INFORMANT Dora Kues (Address) 220 S. Register St.18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 4 193419. UNDERTAKER Martin W. E. Duppel Inc (Address) 37 E. Cum St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1934

22. I HEREBY CERTIFY. That I attended deceased from ____ 19 ____ to ____ 19 ____

I last saw him alive on ____ 19 ____ Death is said to have occurred on the date stated above, at ____ a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Alcoholism

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____ 19 ____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. H. Keraga M.D. M. D.(Address) 305 N. Patterson Park Coroner

APR 3 - 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99991 HEALTH DEPARTMENT, CITY OF BALTIMORE E 99991

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 2-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1630 Bank

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Helen Nietman
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) July 21 1877

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>61</u>	<u>61</u>	<u>6</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country)13. NAME John Nietman14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Elizabeth Mousel16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Helen Nietman
(Address) 1630 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Burial Date April 3 193419. UNDERTAKER Martin H. E. Dieppel
(Address) 37 1st Ave. N. E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Clin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Hergatz M. D.(Address) 1805 N. Patterson Park

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

E 99992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99992

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth 42 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 906 N. Castle St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, Married (If married, write the word)5a. If married, widowed, or divorced HUSBAND of Katherine Kares (or) WIFE of6. DATE OF BIRTH (month, day, year) March 4/18567. AGE Years 78 Months 0 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Retired
9. Industry or business in which work was done, as silk mill, Shoemaker
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) Bohemia (State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Bohemia (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Bohemia (State or country)17. INFORMANT Frank Kares (Son) (Address) 906 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Dak Skill Date April 4, 193419. UNDERTAKER Marley W. B. Deppel Inc (Address) 37 E. Ann St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

Injured Spinal Cord (cervical) 3/26/34

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: accident 3/26/34
Accident, suicide, or homicide Baltimore, Md.Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home. Fell down steps of homeManner of injury leading to back yard while
Nature of injury carrying pail of water.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) [Signature] M. D. (Address) 506 E. North Ave

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 821 Eastern ave 3-01 Ward)
Length of residence in city or town where death occurred 46 mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.
2. FULL NAME Marco Decesare or Dicesare
(a) Residence: No. 821 Eastern ave Ward. (If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Louise (or) WIFE of		
6. DATE OF BIRTH (month, day, year) April 23 1881		
7. AGE 52	Years 11	Months 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Utah		
13. NAME Philip Decesare		
14. BIRTHPLACE (city or town) (State or country) Utah		
15. MAIDEN NAME Liboria Bilardo		
16. BIRTHPLACE (city or town) (State or country) Utah		
17. INFORMANT Louise Decesare (Address) 821 Eastern ave		
18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Church April 5, 1934		
19. UNDERTAKER Mary J. E. Dippel Inc (Address) 27 S. Center St		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from 3/26/34, 19 to 4/1/34, 19
I last saw h/w alive on 4/1/34, 19. Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:
Asthma
Date of onset 3/30/34
Other contributory causes of importance:
Cardiac Asthma
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Anthony J. Carozzo M. D.
(Address) 7244 S. Center St

APR 3 1934

Registrar

M. E. 99994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals* St. *16-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME *Leon Xedos*(a) Residence: No. *German Hill Rd* St. *North Pt Rd* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *w* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*6. DATE OF BIRTH (month, day, year) *Oct 9, 1927*7. AGE Years *6* Months *5* Days *22* If LESS than 1 day,.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md*13. NAME *Nicholas Xedos*14. BIRTHPLACE (city or town) (State or country) *Ohio, Greece*15. MAIDEN NAME *Flora Prosser*16. BIRTHPLACE (city or town) (State or country) *Elwood, Indiana*17. INFORMANT *Flora Xedos* (Address) *German Hill Rd*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cent.* Date *April 3, 1934*19. UNDERTAKER *George W. Zirkler* (Address) *127 E. Eager St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *injury*, 19....., to....., 19.....

I last saw h..... (alive on....., 19..... Death is said to have occurred on the date stated above at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

Automobile Accident

Name of operation..... Date of.....

What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of Injury *3/31, 1934*Where did injury occur? *North Pt Rd near Wood Rd* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

*Street Accident*Manner of Injury *Struck by auto while*Nature of Injury *walking on the road.*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.....(Signed) *Joseph P. Skowron*(Address) *2205 E. Madison St.*

M. D.

Coroner

APR 3 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. 12 E 88995

E 99995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *13* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *John Schwallenberg* *Annapolis, Md.* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *March 20, 1874*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 *0* *13* *14*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist (Retired)*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *131*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *August Schwallenberg*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Caroline Bohn*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Annapolis Md* Date *April 5, 1934*19. UNDERTAKER *B L Haffspring*
(Address) *annapolis md*20. FILED *APR 3 1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 20, 1934* to *April 3, 1934*I last saw him alive on *April 3, 1934* Death is said to have occurred on the date stated above, at *5:45 A. m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular
Renal Disease

Date of onset

22 years

Other contributory causes of importance:

Name of operation *Laboratory* Date ofWhat test confirmed diagnosis? *Was there an autopsy? No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *L. H. Burns* M. D.(Address) *Mercy Hospital*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

M. D. E 99996

E 99996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Lauretta Ave St. 20-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2306 W. Laurel St. Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, year) Nov 21 19327. AGE Years 1 Months 4 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Louis E. Strong14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Margaret Shuman16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Louis E. Strong
(Address) 2717 Lauretta Ave18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Bue Date 4/4 193419. UNDERTAKER Wm. H. Halentine
2326 E. Eden St.20. APR 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 193422. I HEREBY CERTIFY, That I attended deceased from March 27th 1934 to April 2nd 1934I last saw him alive on April 2nd 1934. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Charles Date of onset 3/24/34

Other contributory causes of importance:

Immunization 3/27/34Name of operation Date of What test confirmed diagnosis? Cholera Was there an autopsy? h23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Wm. H. Halentine M. D.(Address) 1701 N. Butler Ave

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 99997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99997

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Brookfield Ave. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth 40 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2113 Brookfield Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry6. DATE OF BIRTH (month, day, year) 18847. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Jacob Goldstein14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Jennie16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Harry Scherr(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER John J. Sullivan(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-34 1922. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to April 21 1934I last saw her alive on April 21 1934. Death is said to have occurred on the date stated above, at 11:40 m.

The principal cause of death and related causes of importance were as follows:

Generalized Pyospho-sarcoma

Date of onset

8/1/33

Other contributory causes of importance:

bone metastasisover4/1/34Name of operation Laboratory Date of doWhat test confirmed diagnosis? Laboratory Was there an autopsy? do

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Sullivan M. D.(Address) 100 & E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

FILE

John J. Sullivan

E 99998

E 99998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital 108

Registered No.

CITY OF BALTIMORE: (No.

21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs²⁷ mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Edward Miller

(a) Residence: No.

1016 Briscoe

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Dec 15 1931

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

2

3

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Ind.

MOTHER FATHER

13. NAME

Henry G. Miller

14. BIRTHPLACE (city or town) (State or country)

Balto Ind.

15. MAIDEN NAME

Ethel M. Hampton

16. BIRTHPLACE (city or town) (State or country)

Balto Ind.

17. INFORMANT

Henry G. Miller

(Address)

1016 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Olivet

Date

4/5/34

19. UNDERTAKER

(Address)

Bernard C. Harley

1000 S. Paca St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/2/34

19

22. I HEREBY CERTIFY, That I attended deceased from

3/31/34

19

to 4/2/34

19

I last saw him alive on

4/2/34

19

Death is said

to have occurred on the date stated above, at 7:20 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

3/28/34

Other contributory causes of importance:

Secondary anemia

?

Name of operation

Date of

No

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. W. L. Currie

M. D.

(Address)

So. Balto. Genl. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

E 99999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 99999

CERTIFICATE OF DEATH

Registered No. 89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Delores Young

(a) Residence: No.

1014 N. Chapel

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb 2/34

7. AGE

Years

Months

Days

If LESS than

1

29

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto., Md.

FATHER

13. NAME

Sandy Young

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Annie Jackson

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Annie Young

(Address)

1014 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date

4-4-34

19. UNDERTAKER

(Address)

Mrs R. A. Elliott

1129 N. Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 1/34

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on

19

Death is said

to have occurred on the date stated above, at 5.35 A.M.

The principal cause of death and related causes of importance were as follows:

Purulent Meningitis
Otitis Media

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. B. R. R.

508 E. 11th St.

M. D.

APR 3 - 1934

PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110 4. 00001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4601 Arabia Ave. St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4601 Arabia Ave. St. 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed or divorced HUSBAND of (or) WIFE of Edw. A. Schuman6. DATE OF BIRTH (month, day, year) Aug 3 - 18817. AGE Years 52 Months 7 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Carl Schmidt14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Schuman16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mr. Ray Pinkwood
(Address) 4601 Arabia Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Md. Date April 3, 193419. UNDERTAKER Edw. L. Kelly
(Address) 6411 Belair Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 193422. I HEREBY CERTIFY That I attended deceased from March 24, 1934 to March 30, 1934I last saw h. alive on March 30, 1934 Death is said to have occurred on the date stated above, at 12:28 A.M.

The principal cause of death and related causes of importance were as follows:

Acute, toxic Date of onset March 24, 1934Other contributory causes of importance: Acute Pericarditis 3-28-34

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. J. A. Meyer M. D.(Address) 551 N. Caroline St.

APR 3 - 1934

Huntington Williams

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain OCCUPATION is very important. See in str. certificate.

M. D. H. 13
F 00002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Presbury 22-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas H. Smith

(a) Residence: No. 312 S. Light

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1884

7. AGE Years 50 48 Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT H. Sander & Sons

(Address) 1910 Fleet St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Bury Date April 4, 1934

19. UNDERTAKER H. Sander & Sons Inc

(Address) 1700 Fleet St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to April 1, 1934

I last saw him alive on April 1, 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis

Date of onset

1 day

Other contributory causes of importance:

Hypertension

3 days

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address) 229 William St

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR3-1934

M. D. B. 1934 F 00003

HEALTH DEPARTMENT—CITY OF BALTIMORE F 00003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2903 Fleetwood Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Caroline*6. DATE OF BIRTH (month, day, year) *Oct 14, 1861*7. AGE Years *73* Months *5* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Not Specified*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *John Engelhardt*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Barbara Lang*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mercy Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Evangelical Bur* Date *April 4, 1934*19. UNDERTAKER *H. Sander Sons Inc* (Address) *1710 Fleet St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4.1.34*, 1922. I HEREBY CERTIFY. That I attended deceased from *2.28.34*, 19, to *4.1.34*, 19.I last saw him alive on *4.1.34*, 19. Death is said to have occurred on the date stated above, at *7:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Pancreas

Day of onset

Other contributory causes of importance:

*Carcinomatous**3.24.34*Name of operation *Gastro-Cholecystomy* Date of *3.10.34*What test confirmed diagnosis *Operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

M. D.

APR 3 - 1934

F 00004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No.

St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John F. Zimmermann

(a) Residence: No. 1802 Ashland Ave St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

white

widowed

6a. If married, widowed, divorced, or separated

HUSBAND of

(Name of deceased) Anna J. Zimmermann

6. DATE OF BIRTH (month, day, year)

Nov. 27 1854

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

79

4

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Belle, Md

FATHER

13. NAME

Henry Zimmermann

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

Dr. Thos. J. Zimmermann

(Address) 1802 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Church Date Apr. 4 1934

19. UNDERTAKER

Henry Brockhaus, Inc.

(Address) 1301 E. Eager St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29 1934 to April 1 1934

I last saw him alive on April 1 1934 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

1. Bronchial pneumonia
2. Bronchial asthma
3. Chronic myocarditis

Other contributory causes of importance:

1. Arteriosclerosis
2. Chronic nephritis

Name of operation

Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

APR 3 - 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. 805 N Caroline St., _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *12/19/30*7. AGE Years Months Days If LESS than 1 day. hrs. or min.
3 *3* *17 13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place *McCalvery Cem.* Date *4-6-1934*

19. UNDERTAKER

(Address) *Byron & Mamie H. Wright*
1218 McCalvery St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 2, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*March 29, 1934 to April 2, 1934*I last saw her alive on *Apr 2, 1934* Death is saidto have occurred on the date stated above, at *2 A* m.

The principal cause of death and related causes of importance were as follows:

Primary tuberculosis
Pulmonary tuberculosis
Tuberculosis cervical adenitis

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Arthur H. Hynd*(Address) *Johns Hopkins Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 000007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 000007

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; No. 1507 Jefferson ST. 6-01 WARD)

2-FULL NAME

Alberta Chew

(a) RESIDENCE No. 1507 Jefferson ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND or WIFE of

James Chew

6 DATE OF BIRTH (month, day, and year) May 5, 1867

7 AGE Years 66 Months 10 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Cambridge

10 NAME OF FATHER

William Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Cambridge

12 MAIDEN NAME OF MOTHER

Elija

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Cambridge

14

Informant (Address)

Mr. Mary Haultel 1507 Jefferson

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 31, 34

17 I HEREBY CERTIFY That I attended deceased from Jan. 29, 1934, to Mar. 31, 1934, that I last saw her alive on Mar. 31, 1934, and that death occurred, on the date stated above, at 12:50 A. M.

THE CAUSE OF DEATH* was as follows:

Acute Myocardial Infarction
Cerebral Apoplexy

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. L. Dwyer M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt Auburn Cem.

DATE OF BURIAL

4-3-34

20 UNDERTAKER

ADDRESS

Growthman & Knight 1212 E. Chase

APR 3 - 1934

00008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 E. Hamilton Ave. 26-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Pulket

(a) Residence: No. 4210 E. Hamilton Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Pulket

6. DATE OF BIRTH (month, day, year) Feb. 17 1877

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 57 1 17 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chaueffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James Pulket

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Pulket (Address) 4210 E. Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem Date April 6/34

19. UNDERTAKER (Address) 5305 Harford Rd.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1933 to April 2nd 1934

I last saw him alive on April 2nd 1934 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Hypertension
Chronic interstitial nephritis

Other contributory causes of importance:

Substernal hematoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. J. Parker M. D.

(Address) 119 N. Milton Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 3 - 1934

Filed on Thursday

F 00009 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00009

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 18-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Charles Edward Day

(a) Residence: No.

32 S. Schroeder

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31/33

7. AGE Years 3 Months 0 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. R. Day

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Florence Lumer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm R. Day (Address) 32 S. Schroeder St

18. BURIAL CREMATION, OR REMOVAL Place Mount Pleasant

19. UNDERTAKER George L. Schmitt (Address) 7101

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31/34 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows Hemorrhagic ileus (small intestine)

Other contributory causes of importance: Slight Pneumonia (both Lungs)

Name of operation Date of What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

APR 3 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

00010

F 00010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 2 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John Przybylski(a) Residence: No. 1111 S. Kenwood Ave. St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, ~~XXXXXX~~ HUSBAND of Agnes Przybylski
~~XXXXXX~~6. DATE OF BIRTH (month, day, year) January 10, 18867. AGE Years 48 Months 2 Days 23 If LESS than 1 day, hrs. or min. 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Md R.R. Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Michael Przybylski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Agnes Przybylski (wife)
(Address) 1111 S. Kenwood Ave.18. BURIAL, CREMATION, OR REBURYAL St. Stanislaus Cemetery
Place _____ Date April 5, 193419. UNDERTAKER Stephen J. Fralowski
(Address) 1000 S. Kenwood Ave.20. FILED 1111 S. Kenwood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

Color pneumonia

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Otho H. Reinhardt Coroner M. D.(Address) 1017 E. Charles St.

APR 3 - 1934

283676 HEALTH DEPARTMENT—CITY OF BALTIMORE

000111 OF DEATH ~~JOHNS HOPKINS HOSPITAL~~ CERTIFICATE OF DEATH

36 F 00011

CITY OF BALTIMORE: (No. _____)

St. 18-08 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Marie Thomas

(a) Residence: No.

229 N. Poppleton

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

June 18-1927

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7

- 9

- 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

O Key Thomas

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Edna Williams

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT (Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Buried in Date 4/4 1934

19. UNDERTAKER (Address)

Samuel G. Hemmick

578 N. B. Ave. Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-1-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1934 to 4-1-1934

I last saw her alive on 4-1-1934 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

Staphylococcus infection

Date of onset 2 weeks

Other contributory causes of importance:

Name of operation Incision multiple abscesses Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Arthur H. Hand

M. D.

(Address)

Johns Hopkins Hospital

PR 3-1034

HEALTH DEPARTMENT—CITY OF BALTIMORE

00012

00012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp. St. 17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

902 Modre

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M.* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Widower*6. DATE OF BIRTH (month, day, year) *April 15 1891*7. AGE *52* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *4/3*

1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 2* 19*34*22. I HEREBY CERTIFY That I attended deceased from *Mar. 29* 19*34* to *Apr. 2* 19*34*I last saw him alive on *April 2* 19*34* Death is said to have occurred on the date stated above, at *4:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hypertension

Date of onset

Other contributory causes of importance:

*Cerebral hemorrhage**3-29-34*Name of operation *None*

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

M.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 3 - 1934

Registrar

00013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6014 Smith Ave ST. 27-01 WARD)2. FULL NAME Edna Hollis Guider(a) RESIDENCE NO. 6014 Smith Ave ST. _____ WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 14 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced, (write the word) Single5a If married, widowed, or divorced HUSBAND of or WIFE of X6 DATE OF BIRTH (month, day, and year) Dec 18, 1881

7 AGE

Years 52Months 3Days 14If LESS than 1 day, hrs. or min. X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Librarian 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Enoch Pratt Free Library9 BIRTHPLACE (city or town) Baltimore
(State or country)10 NAME OF FATHER J. Charles Guider11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)12 MAIDEN NAME OF MOTHER Kate Wheat13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14

Informant Samuel M. Dell
(Address) 6014 Smith Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1934

17

I HEREBY CERTIFY, That I attended deceased from July, 1933, to Con. visit April, 1934, that I last saw her alive on April 2, 1934, and that death occurred, on the date stated above, at 5:25 P.m.

The CAUSE OF DEATH* was as follows:

Hypertensive heart disease(duration) Several yrs. _____ mos. _____ ds.CONTRIBUTORY (Secondary) Cerebral hemorrhage(duration) _____ yrs. 2 mos. _____ ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Examination(Signed) Levis P. Guider, M. D.4-2, 1934 (Address) 3002 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount CemeteryDATE OF BURIAL Apr 4, 193420 UNDERTAKER Stewart M. Munn CoADDRESS 10820 York

APR 3 - 1934

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00014

F 00014

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3-E-33rd St., 12-01 Ward)Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 72 yrs. 8 mos. 26 ds.2. FULL NAME Anne Elizabeth Tull(a) Residence: No. 3-E-33-St. St., Crisfield-Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of Alonso E. Tull
(or) WIFE of6. DATE OF BIRTH (month, day, year) July-7-1861

7. AGE

Years 72Months 8Days 26If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) none11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Tocomoke City
(State or country) Maryland

FATHER

13. NAME Littleton Jones14. BIRTHPLACE (city or town) Tocomoke Md
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Connor16. BIRTHPLACE (city or town) Tocomoke
(State or country) Maryland17. INFORMANT Mr. Carroll Crockett(Address) 3-E-33-St City

18. BURIAL, CREMATION, OR REMOVAL

Place Marion-MdDate Apr-3-3419. UNDERTAKER Stewart-McMen Co.(Address) 108 W North Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 193422. I HEREBY CERTIFY, That I attended deceased from 3/31, 1934, to 4/3, 1934.I last saw him alive on 4/3, 1934. Death is saidto have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, bilateralDate of onset 3/29/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Samuel Monson

M. D.

(Address) 1013 N. Charles St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13-1934

00015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *527-N-Pat* St. *17* Ward)Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *about 40 years* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *527-N-Pat* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Chinese* 5. Single, Married, Widowed, or Divorced (write the word) *Don't know*5a. If married, widowed, or divorced
HUSBAND of *None as far as known*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *About 1893*7. AGE *40* Years *0* Months *0* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Unknown*
(State or country) *China*13. NAME *Could not ascertain*14. BIRTHPLACE (city or town) *Could not ascertain*
(State or country)15. MAIDEN NAME *Could not ascertain*16. BIRTHPLACE (city or town) *Could not ascertain*
(State or country)17. INFORMANT *Pu Lu Association*
(Address) *507 W. Mulberry St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Maine* Date *Apr. 3/34*19. UNDERTAKER *Heurich Monko*
(Address) *108 W. Main St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 2nd* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

to 19

I last saw h. alive on *Friday* Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
1 year

Other contributory causes of importance:

Name of operation *Regular* Date of *19*What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. H. Smith* M. D.(Address) *Prison* Coroner

APR 3 - 1934

00016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 00016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *725 N. Collington Ave.*)2. FULL NAME *Frances Zelensky*(a) RESIDENCE NO. *725 N. Collington Ave.*

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *White*5 Single, Married, Widowed, or Divorced, (write the word) *Widow*5a If married, widowed, or divorced HUSBAND of (or) WIFE of *Alvin Zelensky*6 DATE OF BIRTH (month, day, and year) *Dec 20, 1857*

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*76**3**13*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housewife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Checo Slovakia*10 NAME OF FATHER *Dvorak*11 BIRTHPLACE OF FATHER (city or town) (State or country) *Checo Slovakia*12 MAIDEN NAME OF MOTHER *?*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Checo Slovakia*

14

Informant (Address) *Mary Buchanan*
725 N. Collington Ave.

15

Filed

19

Huntington Buchanan, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *April 2 1934*

17

I HEREBY CERTIFY, That I attended deceased from *Nov 10, 1933* to *April 2, 1934*, that I last saw *her* alive on *April 1, 1934*, and that death occurred, on the date stated above, at *10⁰⁰ A. M.* The CAUSE OF DEATH* was as follows:*Cardio Vascular Renal Disease.*

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death? *✓*Did an operation precede death? *No*Date of *✓*Was there an autopsy? *No*What test confirmed diagnosis? *None*(Signed) *Joseph Pokorny*

M. D.

19

(Address) *2200 E. Madison St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

APR 3 - 1934

F 00017

F 00017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital St., 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *2* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence No. *629 Woodington Road St.,* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Rose Imbroguaglio* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 7, 1893*7. AGE Years *40* Months *6* Days *24* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Barber*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *004*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Italy* (State or country)13. NAME *Salvatore Imbroguaglio*14. BIRTHPLACE (city or town) *Italy* (State or country)15. MAIDEN NAME *Cancella Dana*16. BIRTHPLACE (city or town) *Italy* (State or country)17. INFORMANT *Cancella Imbroguaglio* (Address) *629 Woodington Road*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *April 4, 1934*19. UNDERTAKER *Frank V. Pipitone* (Address) *2818 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from 19 *0* to 19 *0*I last saw him alive on *Inquiry*, 19 *0* Death is said to have occurred on the date stated above, at *0* m.

The principal cause of death and related causes of importance were as follows:

Uremic Coma

Other contributory causes of importance:

*Acute Nephritis*Name of operation *Inquiry* Date of *no*What test confirmed diagnosis *Inquiry* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19 0*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *Jeff S. Valente* (Address) *16 South Broadway* M. D. Coroner

OCCUPATION is very important. See instructions on back of certificate.

PR3-1934

F 00018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Herman G. Kelley

(a) Residence: No.

City Hospital St.

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 11, 1885*7. AGE Years *49* Months *48* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Engineer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *William J. Kelley*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Mary Shaulk*16. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)17. INFORMANT *William J. Kelley*
(Address) *1016 Wood Heights Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Marys* Date *Apr. 3, 1934*19. UNDERTAKER *Benjamin L. Sore*

(Address)

20. FILER *John H. Hays, Jr.*

21. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1, 1934*

22. I HEREBY CERTIFY that I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and stated causes of

decease were as follows

*Gun Shot Wound
through Head
Suicide*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: *suicide*
Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If

(Signature) *John H. Hays, Jr.* M. D.(Address) *3632 Roland Ave*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

R 3 - 1934

M. D. B. 1368-9

F 00019

F 00019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1331 W Pratt St* St., *19-01* Ward)Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1331 W Pratt St* St., *19-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed or divorced HUSBAND of *Clara P. (Harrell)* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 25 - 1874*7. AGE Years *60* Months *2* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Picture frame work*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *ast*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Washington D.C.* (State or country)13. NAME *John B. Mehter*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Louisa Reeder*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Mrs. Clara P. Mehter*(Address) *1331 W Pratt St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Cem* Date *April 15, 1934*19. UNDERTAKER *Geo L. Meyer Jr*(Address) *1312 Holling St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 26, 1934* to *Apr. 2, 1934*I last saw him alive on *Apr. 1, 1934* Death is said to have occurred on the date stated above, at *10:00 a.m.*The principal cause of death and related causes of importance were as follows: *Pulmonary Tuberculosis* Date of onset *1928*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____(Signed) *M. D. Phipps* M. D.(Address) *1324 W. Lombard*

R3-1834

00020

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00020

CERTIFICATE OF DEATH

182-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baugh Chemical Plant - 01* St. *East of Clinton St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *172 Orleans St.* St. *1* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *Unknown* 7. AGE Years *43* Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) *Mar 31, 1934* 11. Total time (years) spent in this occupation *2*12. BIRTHPLACE (city or town) *St. Mary's Cr.* (State or country) *Maryland*FATHER 13. NAME *Samuel Coates* 14. BIRTHPLACE (city or town) *St. Mary's Cr.* (State or country) *Maryland*MOTHER 15. MAIDEN NAME *Jennie Thomas* 16. BIRTHPLACE (city or town) *St. Mary's Cr.* (State or country) *Maryland*17. INFORMANT *Laura Coates* (Address) *1017 Irvin St. N.W. Washington*18. BURIAL, CREMATION, OR REMOVAL Place *Washington* Date *4-4-34*19. UNDERTAKER *Thos. Frasier* (Address) *389 R. 9. Ave. D. O.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on *February 11, 1934* Death is said to have occurred on the date stated above, at *11 a.m.*

The principal cause of death and related causes of importance were as follows:

Asphyxiation

Date of onset

*Mar 31, 1934*Other contributory causes of importance: *Smothered to death by fall of sand bank*Name of operation *Injury* Date of *20*What test confirmed diagnosis? *Injury* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* State of injury *Mar 31, 1934*Accident, suicide, or homicide? *Accident* State of injury *Mar 31, 1934*Where did injury occur? *Baugh Chem. Pl. Balto. Md.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Baugh Chemical Plant*Manner of injury *Sand bank caved in*Nature of injury *Asphyxiation*24. Was disease or injury in any way related to occupation of deceased? *Yes* If so, specify *Laborer sand pile*(Signed) *J. H. [Signature]* (Address) *16 South Broadway* Coroner

OCCUPATION is very important. See instructions on back of certificate.

N 3 - 1934

00021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital*)Length of residence in city or town where death occurred: yrs. *7* mos. *21* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Franklin Square Hospital*

(Usual place of abode)

Ward. *3158 Leeds Ave*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Infant*6. DATE OF BIRTH (month, day, year) *Aug. 10, 1933*7. AGE Years *7* Months *21* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Leroy Tyre*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Hazel L. Ryan*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Leroy Tyre*(Address) *3158 Leeds Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Star Cem* Date *April 3, 1934*19. UNDERTAKER *Mr. Katie R. Williams*(Address) *3122 S. Broadway St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *10* to *19*I last saw him alive on *Inquiry* Death is said to have occurred on the date stated above, at *6 A* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia March 20, 34

Other contributory causes of importance:

*No earlier infections Chorea Infant 1-34*Name of operation *Inguiring* Was there an autopsy? *no*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *John H. Valentine* M. D.(Address) *16 S. Broadway*

R3-1934

F 00022

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-001
Registered N

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 819 W. Franklin St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1934

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19__ to _____, 19__

I last saw him alive on Christmas, 19____. Death is said

to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Quercus lae. Libullatio Mus.

with Congestive	21
-----------------	----

Failure of 1932

Other contributory causes of importance:

Other contributors, causes or importance:

.....

Name of operation _____ Date of _____

What test confirmed diagnosis? Inquest Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? _____ (City, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury _____

24. Was disease or injury in any way related to occupation of decedent?

24. Was disease or injury in any way related to
 40 If A. specify yes

(Signed) John L. Vanden M.D.
Coroner
16 South Broadway

F 00023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 45-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Rosetta Jones*(a) Residence: No. *1412 2nd* St., *1412* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *James*6. DATE OF BIRTH (month, day, year) *June 30, 1892*7. AGE Years *07* Months *8* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Richmond Va.*13. NAME *Edward Foster*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Sarah Jones*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Records* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *Med College* Date *April 3, 1934*19. UNDERTAKER (Address) *General Burial & Cremation Co.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 29, 1934*22. I HEREBY CERTIFY, That attended deceased from *Dec. 8, 1933* to *March 29, 1934*I last saw her alive on *March 29, 1934* Death is said to have occurred on the date stated above, at *8:29 A.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Insufficiency
to congestive failure
Hypertension
Albinitis, arteriosclerotic*

Date of onset

*10 mos.**?**?*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Phagell* M. D.(Address) *Balt. City Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-1934

0270

00024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4808 Liberty Hts. Ave.* St. *28-01* Ward)Length of residence in city or town where death occurred *78* yrs. mos. ds. How long in U. S. If of foreign birth? *76* yrs. mos. ds.

2. FULL NAME

Mr. Casper Alt(a) Residence: No. *4808 Liberty Heights Ave.* St. *28-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *- & Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah - alt*6. DATE OF BIRTH (month, day, year) *- August 11, 1843*7. AGE Years *90* Months *7* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Grocer (Retired)*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *054*
10. Date deceased last worked at this occupation (month and year) *14 yrs ago* 11. Total time (years) spent in this occupation *50 yrs*12. BIRTHPLACE (city or town) *Germany*
(State or country) *Baden*13. NAME *Casper Alt*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Marie Edrig*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Carl Alt*
(Address) *4808 Liberty Hts. Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Woodsboro* Date *4/14/34*19. UNDERTAKER *Ellis S. White*
(Address) *2124 Madison Ave*

3-1834

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1, 1934*22. I HEREBY CERTIFY. That I attended deceased (from *April 1, 1934* to *April 1, 1934*)I last saw him alive on *April 1, 1934* Death is saidto have occurred on the date stated above, at *11:45 a.m.*

The principal cause of death and related causes of importance were as follows:

1. *Cerebral Hemorrhage* - *4/1/34*
2. *Arterio-sclerotic Cardiovascular Disease with Cardiac Decompensation* - *30-?*

Other contributory causes of importance:

1. *Generalized Sclerosis* - *?*Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Carl L. Chambers* M. D.(Address) *4804 Liberty Hts. Ave.*

00025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00025

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418-E. Lanvale Street, 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME

Mary Jane Fox

(a) Residence: No. 1418-E. Lanvale Street, Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Married (Write the word)
5a. If married, widowed, or divorced HUSBAND of John T. Fox (or) WIFE of		

6. DATE OF BIRTH (month, day, year) 6/28/1891

7. AGE 42	Years 9	Months 3	Days 3	If LESS than 1 X 2 X 3 X 2 X or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME James Doyle

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Gillespie

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT John T. Fox (Address) 1418-E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 4/4/34

19. UNDERTAKER Gentry J. Puth Dr. (Address) 1735-Adams Ave. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1933 to March 31, 1934

I last saw her alive on March 31, 1934 Death is said to have occurred on the date stated above, at 5:06 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma stomach Date of onset 1/9/33

Other contributory causes of importance:

Name of operation Gastroenterostomy Date Sept. 14/33

What test confirmed diagnosis Physical as there an autopsy? No

23. If death was due to external causes (violence) did in also the following?

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Dr. B. Sybert M. D.

(Address) 2802 Bayford Ave

OCCUPATION is very important. See instructions on back of certificate.

3-1934

F 00026

F 00026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416-Esther Place

St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Ignatius S. Lucas

(a) Residence: No.

3416-Esther Place

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed. Married (If married, write the word)

6a. If married, widowed, or divorced HUSBAND of Rosa E. (Stengel) (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/30/1867

7. AGE 66 Years 8 Months 1 Days 2 If LESS than 1 day XXXXX or min.

8. Trade, profession, or particular kind of work done, as spinner, Retired 9. Industry or business in which work was done, as silk mill, Watchman 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washn. D. C. (State or country)

13. NAME Frank Lucas

14. BIRTHPLACE (city or town) Washn. D. C. (State or country)

15. MAIDEN NAME Mary O'Sullivan

16. BIRTHPLACE (city or town) Washn. D. C. (State or country)

17. INFORMANT Mrs. Rosa E. Lucas (Address) 3416-Esther Place

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/4/34 19

19. UNDERTAKER (Address) 725 E. Ford Ave.

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to April 15, 1934

I last saw him alive on April 15, 1934 Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

Anemia 3-4 yrs Date of onset 3-20-34 ashar Pneumonic Edema lungs and Cardiac 3-31-34 paralysis

Other contributory causes of importance:

Arterio sclerosis 3-4 yrs

Name of operation none Date of

What test confirmed diagnosis Physical Examination Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. V. Clift

(Address) 5010 Greenleaf Road M. D.

R 3-1934

00027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 11-01*

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *47* yrs. mos. ds. How long in U. S. If of foreign birth *47* yrs. mos. ds.2. FULL NAME *William Jeffrey*(a) Residence: No. *829**Harbottle Ter*

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
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5a. If married, widowed, or divorced
HUSBAND of *Flurence*
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Dec. 2, 1868*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>64</i>		<i>3</i>	<i>24</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Plumber*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *059*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *England*13. NAME *William*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Sarah Walker*16. BIRTHPLACE (city or town) (State or country) *England*17. INFORMANT (Address) *Records*
Bald City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Co* Date *4/5* 193419. UNDERTAKER (Address) *Edw. L. Leland*
Wash Blvd

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 27, 1934* to *April 1, 1934*I last saw him alive on *April 1, 1934* Death is said to have occurred on the date stated above, at *12:40* pm.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
to congestive failure
Hypertension

Date of onset

3 yrs

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Phragie*(Address) *Bald City Hosp*

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

R 3 - 1934

F 00028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 St. Paul St. St. 12-21 Ward)Length of residence in city or town where death occurred 50 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME

Ellen Roberta Baye Gootie(a) Residence: No. 2108 St. Paul Street St. 12-21 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Prince B. Gootie (or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 7, 18707. AGE Years 63 Months 4 Days 26 If LESS than 1 day, 00 hrs. or 00 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Previously Housewife)9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Omaha Nebraska13. NAME Frederick R. Baye14. BIRTHPLACE (city or town) (State or country) Chester County Penna15. MAIDEN NAME Martha E. Bennett16. BIRTHPLACE (city or town) (State or country) Elkton Md17. INFORMANT Ms. J. L. Stranglin (daughter)(Address) 700 Whitmore Rd., Retreat, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 5, 193419. UNDERTAKER Chas. Grace & Son(Address) 118 W. North Royal Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 193422. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933 to April 2, 1934I last saw her alive on April 2, 1934 Death is said to have occurred on the date stated above, at 4:56 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma cervix uteri

Date of onset

July, '31

Other contributory causes of importance:

Cardio-vascular renal diseaseName of operation none Date of 00What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 00, 19 00Where did injury occur? 00 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Charles L. Mangel M. D.(Address) 1418 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3-1934 Franklin Williams, Jr.

F 00029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *8-01* *8-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *57* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2019 Cliftwood Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Chas R Dietrich*6. DATE OF BIRTH (month, day, year) *Jul 21 - 1876*7. AGE Years *57* Months *8* Days *12* If LESS than 1 day, hrs. or min. *13*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Thos Hall*14. BIRTHPLACE (city or town) *Md* (State or country)15. MAIDEN NAME *Mary Tucker*16. BIRTHPLACE (city or town) *Pa* (State or country)17. INFORMANT *Anna E Dietrich* (Address) *2019 Cliftwood Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *Apr 6, 1934*19. UNDERTAKER *John Allert* (Address) *2005 Belcamp**Huntington Pike, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar 26, 1934* to *April 3, 1934*I last saw her alive on *April 3, 1934* Death is said to have occurred on the date stated above, at *3:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Hemiplegia (Left)
Broncho-Pneumonia (Type undetermined)

Date of onset

*3-19-34**3-26-34*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Gustav Highstem* M. D.(Address) *Sun ai Hospital*

APR 3 1934

00030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Emsor St St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 50 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1209 Emsor St St. 10 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Cornelius Ryan</u>		

6. DATE OF BIRTH (month, day, year)	7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>Not known</u>	<u>About 75 yrs.</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	<u>None listed</u>	<u>None</u>

12. BIRTHPLACE (city or town) Ireland (State or country)

FATHER	13. NAME	<u>Thomas Slattery</u>
	14. BIRTHPLACE (city or town) (State or country)	<u>Ireland</u>

MOTHER	15. MAIDEN NAME	<u>Ellen Cefarick</u>
	16. BIRTHPLACE (city or town) (State or country)	<u>Ireland</u>

17. INFORMANT Thomas R. O'Keefe (Address) 1209 Emsor St.18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery, April 5, 193419. UNDERTAKER James W. Jenkins (Address) 324 E. 9th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd 193422. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to April 2, 1934I last saw him alive on April 2, 1934 Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 7/26/34

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. D. Sybert M. D.(Address) 3807 Highland Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3-1934

00031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Gilmore St. St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Maggie A. Brown

(a) Residence: No. 118 S. Gilmore St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1867.

7. AGE Years Months Days If LESS than 1 day, ____hra. or ____min. 66 3 16

8. Trade, profession, or particular kind of work done, as sponser, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)

13. NAME Joseph Massey

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. Mabel Griffith (Address) 107 S. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lytle Hill Md. Date April 4, 1934

19. UNDERTAKER 4101 Edmondson Ave. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1934

22. I HEREBY CERTIFY. That I attended deceased from Sept. 1933 to April 1, 1934

I last saw her alive on March 31, 1934 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of femur malignant

Other contributory causes of importance:

Hypertensive pneumonia 14 days

Name of operation Deep X-Ray Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kyper M. D.

(Address) 3321 Fresh Air Ave.

OCCUPATION is very important. See instructions on back of certificate.

R 3 - 1934

Huntington Williams, Jr.

F 00032

F 00032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *26-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3335 Kenyon Ave SE.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Leben Gallaway* (or) WIFE of *Leben Gallaway*6. DATE OF BIRTH (month, day, year) *Sept. 10, 1885*7. AGE Years *48* Months *6* Days *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Newspaper Carrier*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country) *MD.*13. NAME *John Gallaway*14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Mary Steiny*16. BIRTHPLACE (city or town) *Balto.* (State or country)17. INFORMANT *Mrs. Leben Gallaway* (Address) *3335 Kenyon Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Pk* Date *April 5, 1934*19. UNDERTAKER *Henry H. Witzel* (Address) *1411 E. ...*

20. FILED

23-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/2/34* 1922. I HEREBY CERTIFY, That I attended deceased from *4/1/34* 19 to *4/2/34* 19I saw him alive on *4/2/34* 19 Death is said to have occurred on the date stated above, at *1:05 p.m.*

The principal cause of death and related causes of importance were as follows:

Polar pneumonia

Date of onset

4/2/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Harold Starkhouse Jr.* M. D.(Address) *University Hospital.*

F 00033

00033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5515 Omaha Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry H. Nortrup

(a) Residence: No. 5515 Omaha Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Jeanetta Nortrup
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME Herman Nortrup

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Wallman

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Phillippi
(Address) 5515 Omaha Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date Apr. 4, 1934

19. UNDERTAKER Frederick Lassaboda
(Address) 7401 Belair Road

20. FILED

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1934, to March 31, 1934

I last saw him alive on Mar 31, 1934 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (acute)

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00034

00034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 E 21 ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anastasia Farrell(a) RESIDENCE NO. 717 E 21 ST., WARD

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed6 If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Farrell6 DATE OF BIRTH (month, day, and year) July 23, 18697 AGE 64 Yrs. 9 Mos. 9 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland10 NAME OF FATHER James Farrell11 BIRTHPLACE OF FATHER (city or town) England (State or country)12 MAIDEN NAME OF MOTHER May Williams13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14

Informant James Farrell (Address) 717 E 21 St

15

Filing

3-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1-193417 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1933, to April 1, 1934 that I last saw him alive on March 31, 1934and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis (decompensated)
adrenocortical hyperplasia
chronic pulmonary nephritis
(duration) yrs. 3 mos. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Autopsy and X-ray(Signed) Thos. J. Strauss, M. D.4-1, 1934 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Cathedral CemeteryApril 4, 1934
ADDRESS

20 UNDERTAKER

May W. Wadsworth501 E 22 St

00035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Riggs Ave St. 16-01 Ward)Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1930 Riggs Ave St., 16-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, divorced HUSBAND of (or) WIFE of Grace Armiger6. DATE OF BIRTH (month, day, year) April 9 18827. AGE Years 51 Months 11 Days 21 1/2 If LESS than 1 day, hrs. 2 or min. 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Not Known14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Ruth Zeller16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mr. Grace Armiger
(Address) 1930 Riggs Ave18. BURIAL, CREMATION, OR REBURYAL
Place Greenwood Cemetery Date 4/4 3419. UNDERTAKER George A. Fairley
(Address) 3000 Ave. Fayette20. FUNERAL Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 3422. I HEREBY CERTIFY, That I attended deceased from March 3 to April 1 1934I last saw him alive on April 1 1934 Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

Date of onset

3/3/34

Other contributory causes of importance:

Apoptotic pneumonia3/27/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place WV

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify WV
(Signed) John P. Bullock M. D.(Address) 4803 Park Heights Rd

3-1934

B. P. R.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00036

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (male) 4. Color or Race (white) 5. Single, Married, Widowed, or Divorced (write the word) (Child)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Child)

6. DATE OF BIRTH (month, day, year) (May 26, 1932)

7. AGE Years 1 Months 10 Days 7 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (Baltimore Ind.)

13. NAME (Mabel Henderson)

14. BIRTHPLACE (city or town) (State or country) (Baltimore Ind.)

15. MAIDEN NAME (Eva. Hasey)

16. BIRTHPLACE (city or town) (State or country) (Baltimore Ind.)

17. INFORMANT (Mabel Henderson)

(Address) (111 S. Paca St)

18. BURIAL, CREMATION, OR REMOVAL (Catholic) (Date) (4/4/34)

19. UNDERTAKER (Geo. H. Lermbach)

(Address) (25 N. Lombard St)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) (April 3, 1934)

22. I HEREBY CERTIFY, That (attended, deceased from) (Mend 14, 1934, to April 3, 1934)

I last saw him alive on (April 13, 1934) Death is said to have occurred on the date stated above, at (7:00) m.

The principal cause of death and related causes of importance were as follows:

(Scarlet Fever) (St. Louis) (Baltimore) (Chloroform)

Date of onset

(3/9)

(3/28)

(3/22)

Other contributory causes of importance:

Name of operation (none) Date of (none)

What test confirmed diagnosis (Clinical) Was there an autopsy (no)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(no) If so, specify

(Signed) (Geo. H. Lermbach)

(Address) (25 N. Lombard St)

OCCUPATION is very important. See instructions on back of certificate.

3-1834

00037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (N Baltimore City Hospital 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fannie King(a) Residence: No. 1427 Huxford Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If ~~married~~ widowed, or divorced Married (or) WIFE of Tyler King6. DATE OF BIRTH (month, day, year) Oct. 22, 18617. AGE Years 72 Months 5 Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress Making10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore Co. Md. (State or country)13. NAME Aquilla Galloway14. BIRTHPLACE (city or town) Bald. Md. (State or country)15. MAIDEN NAME Martha Curry16. BIRTHPLACE (city or town) Bald. Md. (State or country)17. INFORMANT Friends (Address) Bald. City Hosp.18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr 5th 193419. UNDERTAKER John Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 193422. I HEREBY CERTIFY, That I attended deceased from November 16, 1933 to April 3, 1934I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Hypertension

Date of onset

Other contributory causes of importance:

Smoking

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. Phagiel M. D.(Address) Bald. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R3-1034

Registrar.

00038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 E. Lombard St. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3608 E. Lombard St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ☒ Male ☐ Female 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

Samuel Hopkins

6. DATE OF BIRTH (month, day, year)

Nov 1 - 1883

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

50

45

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

housewife

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Samuel M. Edwards

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Mary Albert

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Thadys. Deming, 3728 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel

Date

April 5 - 1934

19. UNDERTAKER

(Address)

Wm. Cook, 1217 St. Paul St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 1933 to Present 1934

I last saw him alive on April 1, 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix & general metastasis

Date of onset

Other contributory causes of importance:

metastasis

Name of operation

Biopsy

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thomas S. Bouey, M. D.

(Address)

3632 Fred. Ave., Balt. Md.

Registrar

(K. Bowler)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R3-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1814* *Triguit* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, name of HUSBAND or WIFE *Louise Johnson*6. DATE OF BIRTH (month, day, year) *? About 1856*7. AGE Years *77* Months *78* Days *78* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bricklayer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Edler Johnson*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *? Ruhl*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Reeds* (Address) *Bald City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *April 4th 1934*19. UNDERTAKER *Joe Cook* (Address) *1217 St. Paul St*3-1834 *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 2 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 31 1934* to *April 2 1934*I last saw him alive on *April 2 1934* Death is said to have occurred on the date stated above, at *12:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia
Cerebral hemorrhage, left *1934*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Arrident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *P. Hagel* M. D.(Address) *Bald City Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 00040

00040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 St Paul St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 707 St Paul St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, Widowed6a. If ~~married~~, widowed, or divorced George B. Brecraft (or) WIFE of June 8th 18686. DATE OF BIRTH (month, day, year) June 8th 18687. AGE Years 65 Months 9 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Madison (State or country) MD13. NAME Fluency Mc Otter14. BIRTHPLACE (city or town) Madison (State or country) MD15. MAIDEN NAME Elizabeth Belleudre16. BIRTHPLACE (city or town) Madison (State or country) MD17. INFORMANT Mary Bell (Address) 707 St Paul St18. BURIAL, CREMATION, OR REMOVAL Southern M.E. Church Place Madison MD Date Apr 4th 193419. UNDERTAKER Wm Cook (Address) 1217 St. Paul St3-1934 Huntington Business, Inc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2nd 193422. I HEREBY CERTIFY, That I attended deceased from March 22nd 1934 to April 2nd 1934I last saw her alive on April 2nd 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
myocardial Failure

Date of onset

Other contributory causes of importance:

Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Walter John M. D.(Address) 102 E. 704 Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 00041

F 00041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1742 Normal Ave Ward 8-01)Length of residence in city or town where death occurred 63 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 1742 Normal Ave Ward 8-01

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White5. ~~Single~~ Married, Widowed, or Divorced (write the word)Married5a. If married, widowed, or divorced, name of HUSBAND of Jennie C. Kaur6. DATE OF BIRTH (month, day, year) May 26th 1848

7. AGE

85

Years

Months 10Days 6If LESS than 1 day, hrs. or min. 16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Kaur14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mc Gull16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Mrs Jennie C. Kaur(Address) 1742 Normal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto.Date Apr 4th 193419. UNDERTAKER Wm. Cogh(Address) 1217 St Paul st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2nd 193422. I HEREBY CERTIFY, That I attended deceased from May 1927 to April 2 1934I last saw him alive on April 1 1934. Death is said to have occurred on the date stated above, 10⁰⁰a m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

1927

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J S Handberg(Address) 4810 Belair Rd.

M. D.

R 4 - 1934

OCCUPATION is very important. See instructions on back of certificate.

F 00042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00042

CERTIFICATE OF DEATH

Registered No. 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 E Baltimore St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 39 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1121 E Baltimore St., Ward. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of H. Green

6. DATE OF BIRTH (month, day, year) 1849

7. AGE Years 80 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Green

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cecelia Green

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Hochman

(Address) 1015 W. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date April 4, 1934

19. UNDERTAKER Sol Lewin

(Address) 1121 E Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1230 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Senility

Date of onset

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. P. Harrison M. D.

(Address) 1305 N. Patterson Park W

R 4 - 1934

F 00043

F 00043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 N. Montford Ave. 6-a1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 242 N. Montford Ave. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color, or Race C 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen W. Woodford6. DATE OF BIRTH (month, day, year) 18687. AGE 65 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worcester, Mass. (State or country)13. NAME Batholomew Woodford14. BIRTHPLACE (city or town) Worcester, Mass. (State or country)15. MAIDEN NAME Ann Thomas16. BIRTHPLACE (city or town) Worcester, Mass. (State or country)17. INFORMANT Joseph W. Woodford Jr. (Address) 242 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Auburn Cem. 4-5 193419. UNDERTAKER Byron Thomas W. Wright (Address) 128 E. Mt. Vernon St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31 193422. I HEREBY CERTIFY, That I attended deceased from March 17 1934, to 3-31 1934.I last saw him alive on 3-31 1934. Death is said to have occurred on the date stated above, at 2:12 m.

The principal cause of death and related causes of importance were as follows:

Chr. Intestinal
neptus

Date of onset

?
Feb. 30

Other contributory causes of importance:

Exposure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. Compton M. D.(Address) 11134 Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

R4-1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St., 16-01 Ward)

Registered No. 157-00344

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Marian Darby

(a) Residence: No. 1311 W Lanvale

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

2-4-1933

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or min.

1

1

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind

13. NAME

John Darby

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Louise Montague

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Records

(Address)

JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Buried in Indian Country

Date

4/4

1934

19. UNDERTAKER

Thomas E. Nelson

(Address)

1303 Presetman St

20. FILED

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1, 1934

22. HEREBY CERTIFY, That I attended deceased from Feb 13, 1934, to Apr 1, 1934

I last saw her alive on Apr 1, 1934 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Exhaustion, hypertrophy of heart, heart failure

Date of onset

Capillary

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur H. Hurd M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

00045

00045

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JONES HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 16-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William Smith

(a) Residence: No. _____

1621 Riggs Avenue

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 12-25-337. AGE Years _____ Months 3 mos. Days 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Maryland13. NAME William Smith14. BIRTHPLACE (city or town) _____ (State or country) Maryland15. MAIDEN NAME Pearl Dixon16. BIRTHPLACE (city or town) _____ (State or country) North Carolina17. INFORMANT Records(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Int. bur. cemetery Date 4/4/3419. UNDERTAKER Thomas E. Kelson(Address) 1303 Presbiterian St4-1934 Thomas E. Kelson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-193422. I HEREBY CERTIFY. That I attended deceased from 3-29-1934 to 4-2-1934I last saw him alive on 4-2-1934 Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (acute primary)

Date of onset

3/4/34

Other contributory causes of importance:

Anemia
Prematurity
Pharyngitis7
5/1/34
3/4/34Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____(Signed) William H. Hurd(Address) Jones Hopkins Hospital

F 00046

F 00046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp 4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *3* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Maryann Poole(a) Residence: No. *New Windsor, Md* (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced *HUSBAND of John P. Poole* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1888-4-4*7. AGE Years *46* Months *-* Days *-* If LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Fredrick Co.* (State or country) *Maryland*13. NAME *John Moore*14. BIRTHPLACE (city or town) *Fredrick Co.* (State or country) *Maryland*15. MAIDEN NAME *Amelia C. Gosnell*16. BIRTHPLACE (city or town) *Fredrick Co.* (State or country) *Maryland*17. INFORMANT *John P. Poole* (Address) *P. O. New Windsor, Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Inganore Cemetery* Date *Apr. 27 - 1934*19. UNDERTAKER *W. M. Hartz* (Address) *Thurfield, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/4/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from

April 1, 19*34*, to *Apr. 4*, 19*34*I last saw him alive on *4/4/34*, 19 Death is saidto have occurred on the date stated above, at *3:43 a.m.*

The principal cause of death and related causes of importance were as follows:

*Menings-encephalitis*Date of onset *3/17/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard Stackhouse Jr.* M. D.(Address) *University Hospital*

APR 4 - 1934

F 00047

F 00047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Mary McKay Young

(a) Residence: No. 2900 Ailsa Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russell Young

6. DATE OF BIRTH (month, day, year) Dec. 4, 1854

7. AGE Years 79 Months 3 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME McKay

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Avis Donaldson (Address) 3503 Carsdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemy. 4/4/34 19

19. UNDERTAKER John O. Mitchell & Sons Inc. (Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934

I last saw her alive on April 2, 1934. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset Mar. 1-33

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? m

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 2604 Garrison Ave.

M. D.

27. FILED

19

R

OCCUPATION is very important. See instructions on back of certificate.

R 4 - 1934

F 00048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Broadway St. Ward 8-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 3 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Annis M. Cullum(a) Residence: No. 1209 Broadway St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Alexander W. Cullum (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 26 18807. AGE Years 53 Months 3 Days 7 If LESS than 1 day, ...hra. or ...min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Geo. Zuberline14. BIRTHPLACE (city or town) Balto Md. (State or country)15. MAIDEN NAME Mary Benton16. BIRTHPLACE (city or town) Balto Md. (State or country)17. INFORMANT Alexander W. Cullum (Address) 1209 Broadway18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 4/5/3419. UNDERTAKER Bernard C. Harb (Address) 1000 S. Park St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 193422. I HEREBY CERTIFY, That I attended deceased from December 7, 1933 to April 2, 1934I saw her alive on April 1, 1934 Death is said to have occurred on the date stated above, at 250 m.

The principal cause of death and related causes of importance were as follows:

Annis Myocarditis
Chronic Interstitial Nephritis
Cerebral Thrombosis
Left Thromboplegia

Date of onset

193019301/27/34

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis Chinist Were there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert K. Singewald M. D.(Address) 1613 E. North Ave

R 4 - 1934

M. D. B. 12-00049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00049

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 University Parkway 12-91 Ward)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1004 University Parkway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Mrs. Harry M. Benzinger

6. DATE OF BIRTH (month, day, year) January 12, 1857

7. AGE Years 77 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Frederick Benzinger

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Jessie Franklin

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Mr. Harry M. Benzinger (Address) 1004 University Parkway

18. BURIAL, CREMATION, OR REMOVAL Place City Hall (Date) April 5, 1934

19. UNDERTAKER J. A. Chataud (Address) 1300 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to April 3rd 1934

I last saw him alive on April 3rd 1934. Death is said to have occurred on the date stated above, at 6 AM.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Enlargement of Right Heart

Other contributory causes of importance: Arteriosclerosis - Kidneys

Name of operation: No Date of

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Chataud M. D.

(Address) 1300 N. Calvert St.

FILED 1934

OCCUPATION is very important. See instructions on back of certificate.

M. D. 1934 F 00050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lamar St., 11-01 Ward)

Length of residence in city or town where death occurred 93 yrs. 2 mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1327 Park Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced ~~Married~~ (or) WIFE of Frank H. Larned

6. DATE OF BIRTH (month, day, year) January 12, 1841

7. AGE 93 Years 2 Months 14 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME James Murray 14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sarah Biags Stump

16. BIRTHPLACE (city or town) Maryland, U. S. (State or country)

17. INFORMANT Charles W. Larned (Address) Baltimore, 1327 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date April 4, 1934

19. UNDERTAKER (Address) 20. SIGNATURE Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1934

22. I HEREBY CERTIFY, That attended deceased from Jan 23 to April 3, 1934

I last saw her alive on April 2, 1934. Death is said to have occurred on the date stated above at 6:30 AM.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio-sclerosis

Other contributory causes of importance:

Pulmonary Edema.

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. A. Hardy M. D.

(Address) 1403 Park Ave.

4-1934

OCCUPATION is very important. See instructions on back of certificate.

F 00051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00051

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No. 2 Monument St., 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 40 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME

Harry Katzen

(a) Residence: No.

1143 E. Baltimore St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Lena

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

55

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER MOTHER

13. NAME

Sam

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Ceelia

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Date 4/4/34 19
J. J. Jones, Inc.
1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/4/34, 1934 to 4/3, 1934.

I last saw him alive on 4/3, 1934. Death is said to have occurred on the date stated above, at 8:30 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Acute Cardiac Depletion
Pulmonary edema

Date of onset

4/3

4/3

Other contributory causes of importance:

Chr. Sympathetic Paralysis
Emphysema

Name of operation: Occlusory Date of 3/22/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Albert J. Hunselarb

M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

APR 4 - 1934

F 00058 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *17* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *40* mos. *40* ds. How long in U. S. If of foreign birth? *40* yrs. *40* mos. *40* ds.

2. FULL NAME

(a) Residence: No. *408 Druid Hill Ave* St., *17* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Morris*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *61* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Moses Wagenheim*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Rora*

16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT *Hospital records* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Hebrew Burial Society* Date *4/4/34*

19. UNDERTAKER *Jack Lewis Inc.* (Address)

20. FILED *PR 4-1934* 19 *34* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-4-1934*

22. I HEREBY CERTIFY, That I attended deceased from *3-10* 19*34* to *4-4* 19*34*

I last saw h. *4-4* alive on *4-4* 19*34* Death is said to have occurred on the date stated above, at *2:30* p.m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
hem. stroke left
hypertension essential
chronic myocarditis
bronchopneumonia type?

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *C. Kater Stein* M. D.

(Address) *1717 N. E. St.*

F 00053

F 00053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 18-01 Ward)Length of residence in city or town where death occurred 45 yrs. 4 mos. 1 da. How long in U. S. If of foreign birth? 45 yrs. 4 mos. 1 da.

2. FULL NAME

(a) Residence: No. 506 S. Fremont St., 45 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Augusta
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18787. AGE 56 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13412. BIRTHPLACE (city or town) (State or country) Russia13. NAME Abraham14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Sornak16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT wife
(Address)18. BURIAL, CREMATION, OR REMOVAL Interred Date 4/4/34 1919. UNDERTAKER J. E. T. T. T. T.
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 193422. I HEREBY CERTIFY, That I attended deceased from March 27 1934 to April 3 1934I last saw him alive on 4-3 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
myocardial infarction
broncho pneumonia 4 years?

Date of onset

Other contributory causes of importance:

Name of operation Amputation Date of hoWhat test confirmed diagnosis: Amputation Was there an autopsy? ho23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ho Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

ho If so, specify(Signed) Katzenstein M. D.
(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

PR4-1934

00054

HEALTH DEPARTMENT—CITY OF BALTIMORE 00054

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Length of residence in this town where death occurred

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St. 16 Ward 6

How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

782-001

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (Write)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years Months Days

Days

If LESS than 1 day,hra. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL OR REMOVAL Place

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY That I attended deceased from

19. to 19. Death is said

I last saw h. alive on 19. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D. Coronar

APR - 1934

Thinking to Philadelphia, Pa.

F. 00055

F. 00055

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2024 Boyd*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. Color or Race <i>W.</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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5a. If married, widowed, or divorced
WIDOWED
(or) WIFE of *Ernest Shifflett*6. DATE OF BIRTH (month, day, year) *April 20th 1915*

7. AGE <i>19</i>	Years <i>10</i>	Months <i>10</i>	Days <i>13</i>	If LESS than 1 day, hrs. or min. <i>14</i>
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Constance Shifflett*14. BIRTHPLACE (city or town) (State or country) *10th*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *10th*17. INFORMANT *Ernest L. Shifflett*(Address) *2024 Boyd St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Charlottesville Va* Date *April 4, 1934*19. UNDERTAKER *George L. Schwab*(Address) *2121 E. Endicott Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 30th 1934* to *April 3rd 1934*I last saw her alive on *April 3, 1934* Death is said to have occurred on the date stated above, at *3:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Measles
Bronchopneumonia

Date of onset

*3-30-34**9:30-34*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Amiel B. Rogers*(Address) *1212 N. E. St.*

M. D.

PR 4 - 1934

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

F 00056

F 00056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE:

Franklin Square Hospital 22-01 Ward

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

James R. Gardiner

(a) Residence: No.

528 So Hanover

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 10-1933

7. AGE Years 1 Months 1 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James Gardiner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lucy Shinderry

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT James Gardiner

(Address) 528 So Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 5 1934

19. UNDERTAKER John L. Miller

(Address) 2435 E. Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

April 1-34

Other contributory causes of importance:

no infection & severe emphysema

Name of operation Lunging

April 3-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so specify

(Signed) John L. Valentini M. D.

(Address) 16 So Broadway

R 4-1934

F 00057

F 00057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 E. Fayette St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 1/2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2411 E. Fayette St., 6-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced
HUSBAND of Fayette Kalbfus
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 11, 18487. AGE Years 85 Months 8 Days 23 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME John Kalbfus14. BIRTHPLACE (city or town) Washington
(State or country) D. C.15. MAIDEN NAME Elizabeth Slides16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT Miss Nellie M. Kalbfus
(Address) 2411 E. Fayette St.18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Bur. Date April 6, 193419. UNDERTAKER J. Spauler Sons Inc.
(Address) 710 E. Lexington St.20. FILER Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to April 3, 1934I last saw him alive on April 2, 1934 Death is said to have occurred on the date stated above, at 12 A. M.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis
Cholelithiasis
Cerebral ArteriosclerosisOther contributory causes of importance:
Myocardial Infarct
Pulmonary Edema

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. E. Keyes(Address) 106 N. Hollins Ave.

F 100058

HEALTH DEPARTMENT—CITY OF BALTIMORE 00058

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1553 n Gilmore St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1553 n Gilmore St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8, 1914

7. AGE Years 19 Months 7 Days 3 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Macklinburg Va

FATHER

13. NAME

Henry Baskerville

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Fannie Baskerville

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Fannie Baskerville 1553 n. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place

Day Cross Va Date April 4, 1934

19. UNDERTAKER

(Address)

Thomas E. Nelson 1303 Presnam St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1934

22. I HEREBY CERTIFY. That I attended deceased from Mar 3, 1934, to Apr 2, 1934

I last saw him alive on Apr 1, 1934. Death is said to have occurred on the date stated above, at 2:40 A. M.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
Phthisis

Other contributory causes of importance:

Date of onset

2/21/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. J. Halaker
175 P. Ave

M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

PR 4-1934

F 00059

F 00059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *224* *Laurens* St. *14-01* Ward)

Length of residence in city _____ where death occurred _____ yrs.

2. FULL NAME

(a) Residence: No. *224* *Laurens* St.,

Ward, _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* 5. Single, Married, Widowed or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Ellen Collier*6. DATE OF BIRTH (month, day, year) *Sept 28-1883*

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

*50**6**54*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in occupation *66**Salesman*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *John M. Collier*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Annie Shanks*16. BIRTHPLACE (city or town) (State or country) *Wm I Collier*17. INFORMANT (Address) *224 Laurens*

18. BURIAL, CREMATION, OR REMOVAL

Place *St Johns*Date *4-4*

1934

19. UNDERTAKER (Address) *V.P. Birmingham*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Sept 28-1934*

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

I last saw him alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cardiac Renal Disease
7 weeks

Other contributory causes of importance:

Name of operation *Regular*

Date of _____

What test confirmed diagnosis? _____ there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

M. D.

Coroner

PR4-1934

00061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00061

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospital

St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Virginia L Watts

(a) Residence: No.

1968 N Patterson Park Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore md

FATHER

13. NAME

Leo L Watts

14. BIRTHPLACE (city or town) (State or country)

Baltimore md

MOTHER

15. MAIDEN NAME

Fumamah L Rappaport

16. BIRTHPLACE (city or town) (State or country)

Baltimore md

17. INFORMANT

Walter Watts

(Address)

Harris

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Cem Date April 5, 1934

19. UNDERTAKER

(Address)

John W. W. 7008 Orleans St

20. FILED

R4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2:42:21 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. W. W. M. D. (Address) 1305 N Patterson Park Ave

00062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. 9-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John A. Hartner

(a) Residence: No.

Rosedale, Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of Mary Francis Hartner
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 4 - 1857

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

76

7

29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Motorman

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Retired 13 yrs

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Md

FATHER MOTHER

13. NAME

Don't know

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT

Mrs Ella Berr

(Address)

104 N East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Don't know

Date

Apr 7 1934

19. UNDERTAKER

(Address)

John W. W. W.

2000 E. E. E.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 3 1934

22. I HEREBY CERTIFY. That

attendee deceased from

January 9 1934

April 3 1934

I last saw him alive on

April 3 1934

to have occurred on the date stated above, at

3:10 P. M.

The principal cause of death and related causes of
importance were as follows:

1. Hypertrophy of prostate
2. Gynitis
3. Haemia
4. Chronic myocarditis

Other contributory causes of importance:

Date of onset

Name of operation

Prostatectomy

Date of

10

What test confirmed diagnosis

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. Maguneller

M. D.

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

APR 4 1934

F 00063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00063

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE:

ST.

WARD)

2—FULL NAME

(a) RESIDENCE NO.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced, (write the word)

Female Colored Married

a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Henson Cole

6 DATE OF BIRTH (month, day, and year)

5/14; 1864

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

69

810

18

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Domestic work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

House work

(c) Name of employer

At home

9 BIRTHPLACE (city or town,
(State or country))

Westminster Md

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (city or town,
(State or country))

unknown

12 MAIDEN NAME OF MOTHER

Mary Squire

13 BIRTHPLACE OF MOTHER (city or town,
(State or country))

Westminster Md

14

Informant

(Address)

Henson Cole Husband
822 W. Fairmont

15

Filed

Christina Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 1st 1934

17

I HEREBY CERTIFY That I attended deceased from

July 8th 1933 to April 1st 1934
that I last saw her alive on April 1st 1934

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 8 mos. 18 ds.

CONTRIBUTORY
(Secondary)

Myocarditis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Clinical

(Signed)

J. T. Linn

M. D.

4/4, 1934 Address)

522 W. Arling Ave

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Mt. Zion Cemetery

DATE OF BURIAL

April 4, 1934

20 UNDERTAKER

Mrs. Katie R. Williams

ADDRESS 3224
Schwartz St.

4-1934

00064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *W Hope Retreat 28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *38* yrs. *2* mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Georgie Hannah Robinson*(a) Residence No. *Mount Hope Retreat* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 11, 1857*7. AGE Years *76* Months *11* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *no*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Co. Md.* (State or country)13. NAME *James Robinson*14. BIRTHPLACE (city or town) *England* (State or country)15. MAIDEN NAME *Mary A. Lewis*16. BIRTHPLACE (city or town) *England* (State or country)17. INFORMANT *Mrs. Philip Wagner* (Address) *5917 Reisterstown Rd.*18. BURIAL, CREMATION, OR REMOVAL *DRUID RIDGE* Place *Druid Ridge* Date *4/6* 192919. UNDERTAKER *C. V. Sammon* (Address) *4616 Park Heights Ave. BALTA, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March* 1934 to *April 3* 1934I last saw her alive on *April 13* 1934 Death is said to have occurred on the date stated above, at *10 A* m.

The principal cause of death and related causes of importance were as follows:

General arterio sclerosis Date of onset
Senile dementia

Other contributory causes of importance:

Coronary thrombus 1 day
Rt Pulmonary infarction 1 day
*due to thrombosis*Name of operation *none* Date ofWhat test confirmed diagnosis *findings* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Raymond P. Alagia* D.
(Address) *3326 Reisterstown*

OCCUPATION is very important. See instructions on back of certificate.

R 4-1934

Registrar.

00065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

William Hickman Myers

(a) Residence: No.

Cardiff

(Usual place of abode)

Ind. St.

Word

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Emma Bennington
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-30-18827. AGE Years Months Days If LESS than 1 day, hrs. or min.
51 7 548. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco Store Proprietor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Store10. Date deceased last worked at this occupation (month and year) March, 1934 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) (State or country) York Co., Pa.13. NAME Jacob Myers14. BIRTHPLACE (city or town) (State or country) York Co., Pa.15. MAIDEN NAME Mary Ruff16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.17. INFORMANT Emma Myers
(Address) Cardiff, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cypressville Cem. Date Apr 7, 193419. UNDERTAKER Hubert P. Harkins
(Address) 25 Delta Pk.20. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 193422. I HEREBY CERTIFY. That I attended deceased from 4-1, 1934, to 4-4, 1934I last saw him alive on 4-3, 1934 Death is said to have occurred on the date stated above, at 7:54 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertensive heart disease
Atherosclerosis
Arteriosclerotic nephritis

Date of onset

Other contributory causes of importance:

Cerebral Accident
Intestinal Obstruction
Myocardial failure

3/2/34

3/2/34

3/2/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Richard France M. D.(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

00066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Poplar Grove St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rocco Di Cesare
1520 Poplar Grove

(a) Residence: No. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color and Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 19 1913

7. AGE 20 Years 7 Months 15 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Clerk-Drug Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept - 1930
11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Cesare Di Cesare Italy

14. BIRTHPLACE (city or town) Virginia Di Pietro (State or country)

15. MAIDEN NAME Italy

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Francesco Santilli (Address) 1520 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL April 5 1934 Holy Redeemer Place Date 19

19. UNDERTAKER Frank Della Noce (Address) 52 N. Morley St.

20. FILED 4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd, 1934

22. I HEREBY CERTIFY. That I attended, deceased from Oct 1, 1933 to April 3, 1934

I last saw him alive on April 1, 1934. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Femur

Date of onset

1932

Other contributory causes of importance:

General Sarcematosis

Name of operation Amputation of leg Date of 1934

What test confirmed diagnosis? Path. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signature) J. Stulverhauer M. D. (Address) 1901 Eutan Place

F 00067

00067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 837 S. Bond St.

CITY OF BALTIMORE: (No. ~~XXXXXX~~)St. ~~4-01~~ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Kordela

(a) Residence: No. 837 S. Bond St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Julia

Kordela

6. DATE OF BIRTH (month, day, year)

Unk.

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

60

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Track Walker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

B. O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).
(State or country)

Poland

FATHER

13. NAME Joseph Kordela

14. BIRTHPLACE (city or town).
(State or country)

Poland

MOTHER

15. MAIDEN NAME

Unk.

16. BIRTHPLACE (city or town).
(State or country)

Poland

17. INFORMANT

Julia Kordela

(Address)

837 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date Apr. 5, 1934

19. UNDERTAKER

(Address)

Fred W. Czajkowski
1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1/1933 to April 1, 1934

I last saw him alive on April 31, 1934

to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cause of Stomach Issues

Other contributory causes of importance:

none

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Herrman

M. D.

(Address) 2913 E. Baltimore

4-1934

F 00068

F 00068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. *927 Ensor*)ST. *10-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Isaiah McCubbin

(a) RESIDENCE NO.

927 Ensor

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *Color* 5 Single, Married, Widowed, or Divorced, (write the word) *Married*

6a If married, widowed, or divorced

(HUSBAND of
(or) WIFE of*Husband*7 DATE OF BIRTH (month, day, and year) *April 14th 1893*8 AGE *40* Years

Months

Days

If LESS than

1 day, hrs.

or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Maryland*10 NAME OF FATHER *Isaiah McCubbin*

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

*Maryland*12 MAIDEN NAME OF MOTHER *Fannie Jackson*

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Maryland

14

Informant
(Address)*Sadie McCubbin*
729 Ensor St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-2-34*

17

I HEREBY CERTIFY, That I attended deceased from

3-10-1934 to *4-2-1934*that I last saw him alive on *3-31-1934*and that death occurred, on the date stated above, at *10,30 A. M.*

The CAUSE OF DEATH was as follows:

*Coronary Hypertrophy*CONTRIBUTORY
(Secondary)*acute dilatation of heart*

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

M. W. Gargier

M. D.

4-3-1934 (Address) *611 N. Caroline*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*National Home**April 5th 1934*

20 UNDERTAKER

Mrs. Robert A. Elliott

ADDRESS

1129 Han

4-1934

Huntington Highlands, Md.

F 00069

00069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

1650 W North Bk 45-01

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Kato Bernheimer

1650 W North Bk

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel

6. DATE OF BIRTH (month, day, year) Apr 5-1850

7. AGE Year 83 Months 11 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Emanuel Bernheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emanuel Bernheimer

(Address) 1650 W. North Bk

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER David Sondheimer

(Address) 1902 E. Baltimore Ave

4-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3-1934

22. I HEREBY CERTIFY, That I attended deceased from 19... 19...

I last saw h. alive on Apr 3-1934 Death is said to have occurred on the date stated above at...

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Regular Date of

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Smith M. D.

(Address) Coroner

F 00070

00070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JONES HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 9-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Edgar V. Rodrick

(a) Residence: No. _____

1708 Carroll

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Eva

6. DATE OF BIRTH (month, day, year)

3/26/1900

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

34

6

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Police Officer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Balto. City 061

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

md

13. NAME

John

14. BIRTHPLACE (city or town)
(State or country)

md

15. MAIDEN NAME

Mary Wible

16. BIRTHPLACE (city or town)
(State or country)

md

17. INFORMANT

Records

(Address)

JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood

Date

April 5, 1934

19. UNDERTAKER

John A. Marsh
3000 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mich 29, 1934, to April 2, 1934

I last saw him alive on April 2, 1934. Death is said

to have occurred on the date stated above, at 3:16 p.m.

The principal cause of death and related causes of
importance were as follows:Brain Abscess
Meningitis

Date of onset

3-25-34

Other contributory causes of importance:

Chronic Mastoiditis

Name of operation Mastoidectomy Date of 3-30-34

What test confirmed diagnosis? Was there an autopsy? 105

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

N/A. If so, specify

(Signed) Paul A. Kunkel
(Address) The Johns Hopkins Hospital

M. D.

4-1934

F 00072

00072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church House and Infirmary)

Length of residence in city or town where death occurred. yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 930 N. Patterson St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Mr. Charles Lyman
(or Widow)6. DATE OF BIRTH (month, day, year) Feb 2, 18827. AGE Years 52 Months 2 Days 1 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Feb 18, 1934
11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME John P. Lyman14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Emma B. Lyman16. BIRTHPLACE (city or town) Harrodsburg
(State or country) Kentucky17. INFORMANT John P. Lyman(Address) 930 N. Patterson St.18. BURIAL, CREMATION, OR REMOVAL Balto. Cem. Date 4/4/3419. UNDERTAKER Philip H. H. H. H.(Address) 2010 E. Pratt St.20. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 193422. I HEREBY CERTIFY, That I attended deceased from March 21, 1934, to April 3, 1934I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 10⁴⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Relapsing infection withempyema

Date of onset

March 12, 1934

Other contributory causes of importance:

Relapsing infection withempyema

Date of onset

3/17/1934

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in along the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) David H. Andrew M. D.(Address) Church House & Infirmary

00073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00073

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 St. Paul St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., 12 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) October 20-18567. AGE Years 77 Months 5 Days 15 If LESS than 1 day, hrs. or min. 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (city or town) Balto. (State or country) Maryland13. NAME W. Gideon Numsen14. BIRTHPLACE (city or town) Balto (State or country) MD15. MAIDEN NAME Matilda Cross16. BIRTHPLACE (city or town) Balto (State or country) MD17. INFORMANT Mr. G. N. Stiff(Address) Hyman Park Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date Apr. 6/3419. UNDERTAKER Clawson & Son(Address) 108 W. North Ave.

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/34, 1922. 4/3/34 HEREBY CERTIFY, That I attended deceased from 4/4/34, 19I last saw him alive on 4/4/34, 19. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Disease
Broncho. Pneumonia

Date of onset

Unknown

Other contributory causes of importance:

Cardiac Failure4/4/34Name of operation none Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Wm. O. Pilgich M. D.(Address) 201 W. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square 10th St 16th Ward*)Length of residence in city or town where death occurred *9* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *9* yrs. *0* mos. *0* da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *1116 Woodbury St* St., *16th* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Elvira Howard*6. DATE OF BIRTH (month, day, year) *April 1902*7. AGE *32* Years *+* Months *3* Days *3* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chaffer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2*10. Date deceased last worked at this occupation (month and year) *2* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *William Howard*14. BIRTHPLACE (city or town) *Virginia* (State or country)15. MAIDEN NAME *Elvira Coleman*16. BIRTHPLACE (city or town) *Virginia* (State or country)17. INFORMANT *Elvira Howard*(Address) *1116 Woodbury St*18. BURIAL, CREMATION, OR REMOVAL *Lancaster Pa*Place *April 4, 1934*19. UNDERTAKER *Thomas Nelson*(Address) *1303 Presbiterian St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *July 3, 1934*22. I HEREBY CERTIFY, That *I* attended deceased from *1934* to *1934*I last saw him alive on *1934* Death is said to have occurred on the date stated above, at *A.* m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia *July 1-34*

Other contributory causes of importance:

*None*Name of operation *Inguir* Date of operation *July 2, 34*What test confirmed diagnosis? *Was there an autopsy?*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify:(Signed) *John L. Vahlbeck* M.D.(Address) *16 St. Mary*

R 5-1934

F 00075 HEALTH DEPARTMENT—CITY OF BALTIMORE 00075

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital 8-01* St., *8-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 1/2* yrs. *1* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1511 N. Durham* St., *8-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Hubert G. Schwarz*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Apr. 16, 1905*7. AGE Years *33* Months *11* Days *18* If LESS than 1 day, hrs. *19* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Henry G. Schwarz*14. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)15. MAIDEN NAME *Anna Walker*16. BIRTHPLACE (city or town) *Id.*
(State or country)17. INFORMANT *Hubert G. Schwarz*
(Address) *1511 N. Durham St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Mossland Park* Date *April 7th, 1934*19. UNDERTAKER *Wm. Cook*
(Address) *1517 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *3:05 PM*

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral thrombosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *H. H. H. M.D.*(Address) *13057, Baltimore, Md.*20. *PR 5-1934*

F 00076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3554 4TH STREET St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

MARGARET ANN FONTZ

(a) Residence: No.

3554 4TH STREET St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. Color or Race WHITE	5. Single, Married, Widowed, or Divorced (write the word) Widow
------------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
George W. Fontz

6. DATE OF BIRTH (month, day, year) April 2nd, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	20	2	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own Home
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME William Joseph WATTS

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Myrtle HATCHINSON

16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Emma Fontz
(Address) 3554 4TH STREET18. BURIAL, CREMATION, OR REMOVAL
Place Fountain Park Date 4/8/3419. UNDERTAKER William Cook
(Address) 1217 5th Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-21-1934, to 4-4, 1934

I last saw her alive on 4-3, 1934. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma
Arterio-Sclerotic Cardio-vascular Disease

Other contributory causes of importance:

Protruded Uterus

Name of operation NONE Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Paul Lubin M. D.
(Address) 530 Calapood Ave

R 3-1934

Registrar.

FD 00077

E 00077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmer St. 17-01)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Dorsey

(a) Residence: No. 1200 Argyle St. 17-01

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

Single, Married, Widowed, Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934 to April 2, 1934.

I last saw him alive on April 2, 1934. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

German Parotitis
Chronic Myocarditis
Chronic Gastritis (not mumps)

Date of onset 3-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Confirmed Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Charles T. Whaley M.D.
1512 Gilmer St.

PR 5-1934

F 00078

F 00078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X

93-003
REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 E. 2nd St. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. 5 mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male Colored Widower

6a If married, widowed or divorced

HUSBAND of
(or) WIFE of

Eleanor Bond

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

71

6

15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

Farm work

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Forest Hill Md.

10 NAME OF FATHER

Mr Bond

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Elizabeth Bell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant

(Address)

Benjamin Bond

24 E. 2nd St.

R 5-1934

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 1/34

17

I HEREBY CERTIFY, That I attended deceased from

Feb 16th, 1934, to April 1st, 1934that I last saw him alive on April 1st, 1934

and that death occurred, on the date stated above, at 11:20 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis with
Acute Dilatation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY
(Secondary)

Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Unknown

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Personal observation

(Signed)

Mr Conrad Bode, M. D.

19

(Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mr. Calvery

20 UNDERTAKER

Mrs. P. A. Elliott

DATE OF BURIAL

April 6 1934

ADDRESS

1129 N. Caroline St.

F 00079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00079

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.

520 N. Pulaski ST.

WARD)

2—FULL NAME

Mrs. Eliza Jane Keith

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

520 N Pulaski ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F.

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced. (write the word)

Widow.

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Oliver W. Keith.

6 DATE OF BIRTH (month, day, and year)

May 13, 1850

7 AGE

Years

83

Months

10

Days

21

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Elkton City
Md.

10 NAME OF FATHER

? Keith

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Howard County

12 MAIDEN NAME OF MOTHER

Harrison

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Howard County

14

Informant

Fannie M. Keith

(Address)

520 N Pulaski

15

File

Huntington Richmond, N.Y.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Apr 4, 1934

17

I HEREBY CERTIFY That I attended deceased from

January, 1933, to Apr. 4, 1934.

that I last saw her alive on Apr 13, 1934

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Senility.

CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds.
Chronic Myocarditis & Endocarditis.18 Where was disease contracted
if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) D. Walter Sumner M.D., M. D.

19 (Address) 3603 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Cedar Hill Cemetery.

April 7- 1934

20 UNDERTAKER

Charles J. Schwab.

505 N. Monroe St.

M. D. B 12-9 00080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: 647 N. Paca St. 17-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 647 N. Paca St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. Color of Hair Red 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Watts

7. DATE OF BIRTH (month, day, year) Jan 26 1884

AGE

30

2

7

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date Apr. 5, 1934

19. UNDERTAKER (Address)

Mrs. Kate R. Williams 322 N. Schroeder St.

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance are as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Regular

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Fisher

(Address)

M. D.

R5-1934

F 00081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00081

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *14 15 W. Saratoga* ST. *19-91* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME *George Wm Harris*(a) RESIDENCE NO. *14 15 W. Saratoga* ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *Colored* 5 Single, Married, Widowed, or Divorced, (write the word) *married*

a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Mary Harris*6 DATE OF BIRTH (month, day, and year) *2-13-1899*7 AGE Years Months Days If LESS than 1 day, hrs. or min.
35 *1* *19*

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

10 NAME OF FATHER

*James Harris*11 BIRTHPLACE OF FATHER (city or town) *Baltimore*
(State or country) *Maryland*

12 MAIDEN NAME OF MOTHER

*Susie Johnson*13 BIRTHPLACE OF MOTHER (city or town) *Baltimore*
(State or country) *Maryland*

14 Informant

(Address)

Susie Harris
14 15 W. Saratoga St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-2-34*

17 I HEREBY CERTIFY, That I attended deceased from

March 1 1934, to *April 2* 1934
that I last saw him alive on *April 2* 1934and that death occurred, on the date stated above, at *112* m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis(duration) yrs. *2* mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? *at place of death*Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *physical signs & symptoms*(Signed) *John E. J. [illegible]* M. D., 19 *1934* (Address) *112 Carrollton Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Mt. Auburn Cemetery**April 5, 1934*

20 UNDERTAKER

ADDRESS 322 1/2
Mrs Katie R Williams

Filed

1934

F 00082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00082

186-001

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *13-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *2* yrs. *0* mos. *0* ds.

2. FULL NAME

Betty Lee Koback(a) Residence: No. *2503 Penna Ave* St., *13-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug 13 1931*7. AGE Years *2* Months *8* Days *21* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *000*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *George Korack*14. BIRTHPLACE (city or town) *New Jersey*
(State or country)15. MAIDEN NAME *Nellie Beal*16. BIRTHPLACE (city or town) *MD*
(State or country)17. INFORMANT *George Korack*
(Address) *2503 Penna Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Not Christ* Date *4/6/34* 1919. UNDERTAKER *Joseph L. Luper*
(Address) *1000 N. North Ave*

FILED

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 4*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *10* to *19*I last saw him alive on *19*. Death is said to have occurred on the date stated above, at *3:20* p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
accidental fall

Other contributory causes of importance:

Date of onset

Name of operation *None* Date of *4/3/34*What test confirmed diagnosis? *Chem* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Yes* Date of injury *4/3/34*
Accident, suicide, or homicide?Where did injury occur? *2503 Penna Ave*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell out of window*Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. H. Morgan M.D.* M. D.
(Address) *1305 N. Patterson Pkwy*

F 00083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00083

CERTIFICATE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4601 Simms Ave St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4601 Simms Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Anna Sody (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 7/1881

AGE Years 52 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Joseph Sody

14. BIRTHPLACE (city or town) New York City (State or country)

15. MAIDEN NAME Caroline Thum

16. BIRTHPLACE (city or town) Phila., Pa. (State or country)

INFORMANT Anna Sody (Address) 4601 Simms Ave

BURYAL, CREMATION, OR REMOVAL

London Park Date April 6, 1934

UNDERTAKER

(Address)

Chenoweth & Son 3615 Chestnut Ave

FILED 5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Probably cardiac alvular Insufficiency

Date of onset

???

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Baker M. D. 508 E North Ave

F 00084 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* St. *21-01* WardLength of residence in city or town where death occurred: *18* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth: *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Hannie Baynes(a) Residence: No. *1008 S. Sharp* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *James Baynes*6. DATE OF BIRTH (month, day, year) *Dec. 31, 1908*7. AGE Years *47* Months *3* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Richmond* (State or country) *Va*FATHER 13. NAME *William Strong*
14. BIRTHPLACE (city or town) *Jacksonville* (State or country) *Fla*MOTHER 15. MAIDEN NAME *Passy Jennings*
16. BIRTHPLACE (city or town) *Jacksonville* (State or country) *Fla*17. INFORMANT *Records*
(Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL *Int. Auburn Cem* Date *4/6* 193419. UNDERTAKER *Samuel T. Hemmery*
(Address) *578 N. Biddle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3* 193422. I HEREBY CERTIFY. That I attended deceased from *Jan 29* 1934 to *April 3* 1934
I last saw her alive on *April 3* 1934 Death is said to have occurred on the date stated above, at *2 A.M.*

The principal cause of death and related causes of importance were as follows:

Amnion 2 abdominal
arteria, lacer. 1 yr?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: _____
Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Phagell* M. D.(Address) *Balt. City Hosp*

PR 5-1934

M. D. B. F 00085

F 00085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name of city or town)

University Hospital (4-01) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Webster Capen (4)

(a) Residence: No.

788 W. Saratoga St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Colored Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 25 - 1934

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2

7

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Webster Capen

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

Myrtle Murray

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Mrs M. Capen 788 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial in 4/5 1934

19. UNDERTAKER

(Address)

Samuel T. Hemmley 578 W. Middle St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 2, 1934

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Primary Broncho-pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed by E. J. Kelly M. D.

Address 3739 Eastern Ave

5-1934

M. D. P. 1934
00086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00086

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2823 W. Garrison Ave.* Ward *5-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth *25* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2823 W. Garrison Ave.* St. *St.* Ward *5-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Abraham*6. DATE OF BIRTH (month, day, year) *1872*7. AGE Years *62* Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Jack Lewis*(Address) *1439 E. Baltimore St.*18. BURIAL, CREMATION, OR REMOVAL *4/5/34*19. UNDERTAKER *Jack Lewis*(Address) *1439 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-4-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *Nov.* 1931 to *April 4*, 1934I last saw her alive on *April 4*, 1934. Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*General Arteriosclerosis*Date of onset *unknown*

Other contributory causes of importance:

*Diabetes**unknown*Name of operation *none*

Date of

What test confirmed diagnosis? *Exam.* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Milton H. Cumming*(Address) *2310 Eutaw St.*

M. D.

F 00087

HEALTH DEPARTMENT—CITY OF BALTIMORE

B00087

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *13-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *14* yrs. mos. ds. How long in U. S. If of foreign birth: *7* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2030 Brookfield Ave* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Morris*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *48* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Joseph*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Getta*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT (Address) *Hospital Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balti Hebrew* Date *4/15/34*19. UNDERTAKER (Address) *1439 E. Balt. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-4-1934*22. I HEREBY CERTIFY, That I attended deceased from *3-27*, 19*34*, to *4-4*, 19*34*I last saw him alive on *4-4*, 19*34* Death is said to have occurred on the date stated above, at *11:15* p.m.

The principal cause of death and related causes of importance were as follows:

Synergism of Broncho Pneumonia (Type undetermined)

Date of onset

*11-27**April 4**1934*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Isabel Hightower* M. D. (Address) *Sinai Hospital*

00088

HEALTH DEPARTMENT—CITY OF BALTIMORE

00088

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred 37 yrs. mo. ds. How long in U. S. If of foreign birth 37 yrs. mo. ds.

2. FULL NAME

Abraham Berkenfrld

(a) Residence: No. 3620 Glen Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

7. DATE OF BIRTH (month, day, year)

8. AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Oscar Berkenfeld

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records (Address)

17. BURIAL INFORMATION OR REMOVAL

Place Date 4/5/34

18. UNDERTAKER (Address)

1428 E. Baltimore St. Hunting on Baltimore St.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac (Coronary) Thrombosis

Date of onset

Other contributory causes of importance:

Diabetes Mellitis

??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00089

F 00089

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 25-01*)Registered No. *210-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25 yrs.* mos. *0* ds. How long in U. S. If of foreign birth? *25 yrs.* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Fairview Ave., Raynor Sts. Rd.*

(Usual place of abode)

Ward. *(51 Hilcrest Ave.)*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>M.</i>	<i>W.</i>	<i>Married</i>

6. If married, widowed, or divorced
HUSBAND of *Ida Boswell.*
(or) WIFE of

DATE OF BIRTH (month, day, year) *March 13, 1868*

AGE	Years	Months	Days	LESS than 1 day. hrs. or min.
<i>66</i>	<i>0</i>	<i>0</i>	<i>21</i>	<i>19</i>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill Cemetery*Date *April 5, 1934*

UNDERTAKER (Address)

Fred A. Krause & Son, 703-705 S. Hanover St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *beginning* 19 *to* 19 *Death is said*I last saw him alive on *beginning* 19 *to* 19 *Death is said* to have occurred on the date stated above, at *51 Hilcrest Ave.* m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

*Automobile Accident*Name of operation *None*Date of *4/2/34*What test confirmed diagnosis? *None* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *4/2, 1934*Accident, suicide, or homicide *Accident*Where did injury occur? *Old Annapolis Rd. at North Point*Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Struck by auto while walking on road*Nature of injury *Fractured Skull*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph P. Henry* M. D.(Address) *2202 E. Madison St.*

R5-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00090

00090

CERTIFICATE OF DEATH

182-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 McDougall St., 29 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosella Beckham

(a) Residence: No.

1109 McDougall St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced, (write the word) single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h... alive on... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Probably suffocation

Date of onset

Other contributory causes of importance:

Found dead between parents

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

PR 5-1934

00091

F 00091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead at Hopkins Hospital Registered No.

CITY OF BALTIMORE: (No.

Register and Lombard 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Vincent Elneski

(a) Residence: No. 266 1/2 Bond 10 Jackson Place

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE About 50 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clothing.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russian (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Russian (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Russian (State or country)

17. INFORMANT Paul Soroka (Address) 265 S. Bond St.,

18. BURIAL, CREMATION, OR REMOVAL Russian Apr. 5, 1934 Place Holy Trinity

19. UNDERTAKER John Grebliauckas, 423 S. Paca Street.

APR 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on about 1 P.M. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Address) 508 E. Mt. Ave. M. D.

00092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Oisquith St. 10-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 207 Oisquith St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE 79 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT A. M. C. Home (Address) 1232 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL Place Mount Zion Date April 5 1934

19. UNDERTAKER Joseph A. Lively (Address) 409 N. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 28 1934 to April 2 1934

I last saw him alive on April 2 1934 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis - Cordic sclerosis

Date of onset

9

Other contributory causes of importance:

Name of operation None Date of 24

What test confirmed diagnosis? Was there an autopsy 24

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M. D.

(Address)

Registrar

APR 5 - 1934

M. D. B. 1264-2
F 00093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2927-Kirk Ave St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2927-Kirk Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Edward A. Dietrich (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-4th-1883

7. AGE Years 51 Months 2 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md

13. NAME Geo. Eickenburg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Witte

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edward A. Dietrich (Address) 2927 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 4/7/34

19. UNDERTAKER No. 2503 Edmonson Ave (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Apr 5, 1934

I last saw him alive on Apr 3, 1934 Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix
recurrent pelvis-metast.
to abdominal viscera.
Recto-vaginal fistula

Date of onset

Other contributory causes of importance:

Name of operation Caesarean Date of 11-24-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Claman M. D.

(Address) 3301 N. Charles St.

R 5 - 1934

M. D. R. 1268-2
00094

F 00094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 EGERTON RD 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 20 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 20 yrs. 10 mos. 10 ds.

2. FULL NAME

(a) Residence: No. 3307 Egerton Rd St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 3rd 1860

8. AGE Years 73 Months 4 Days 1 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Germany

14. NAME

Dont know

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME

Dont know

17. BIRTHPLACE (city or town) (State or country) Germany

18. INFORMANT Mrs. Harry Kraft

(Address) 3307 Egerton Rd.

19. BURIAL, CREMATION, OR REMOVAL

Place London Park

Date 4/6/34

20. UNDERTAKER Mrs. Weber

(Address) 2503 Chr...

5-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1934 to April 4, 1934

I last saw her alive on April 4, 1934 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1932
Scurvy 3/15/34
Tooth

Other contributory causes of importance:

arteriosclerosis 1932

Name of operation None Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas F. Clemente M. D.

(Address) 3013 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

00095

CERTIFICATE OF DEATH

M F 00095

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore*)

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *2203 W North Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*If married, widowed, or divorced HUSBAND of (or) WIFE of *Rebecca*DATE OF BIRTH (month, day, year) *Nov. 1870*AGE *63* Years *64* Months *4* Days *✓* If LESS than 1 day,.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Harold Smullyan*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Rebecca*16. BIRTHPLACE (city or town) *Russia*
(State or country)INFORMANT *Mrs Louise Binder*
(Address) *2203 W North Ave*

BURIAL, CREMATION, OR REMOVAL

buried Herzog Run Date *4/5* 1934UNDERTAKER *John Levinson & Son*
(Address) *1127 E Baltimore St*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on..... Death is said to have occurred on the date stated above, at *12:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Concussion of Brain *3/7/34**Acute Pulmonary Embolism* *4/4/34*

Other contributory causes of importance:

Automobile Accident *3/7/34*Name of operation..... *none*

Date of.....

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *3/7, 1934*Where did injury occur? *North Ave & Eustace Ave*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

*Street Accident*Manner of injury *Struck by auto while*Nature of injury *walking across street*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Joseph Bohony*(Address) *2200 E. Madison St*

Coroner

M. D.

F 00096

00096 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Cecelia I. Stein.(a) Residence: No. Milford Rd. Balto. Co. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) June 19, 1877AGE Years 56 Months 9 Days 17 If LESS than 1 day, hrs. 16 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Key West, Florida.
(State or country)13. NAME Emmanuel Schurat.14. BIRTHPLACE (city or town) Russia.
(State or country)15. MAIDEN NAME Rosalyn Corkran.16. BIRTHPLACE (city or town) Ireland.
(State or country)INFORMANT Isabelle Ferguson. (aunt)
(Address) Milford Rd. Balto. Co. Md.

BURIAL, CREMATION, OR REMOVAL

Place Quincy Ridge Date 4/9/34 19UNDERTAKER Frank H. Newell(Address) Chesapeake Ave.

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19, to _____, 19.

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Vascular renal disease.

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Neuery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If yes specify

(Signature)

(Address)

1017 2 Charles St.

M. D.

00097

HEALTH DEPARTMENT—CITY OF BALTIMORE 00097

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2658 Harlem Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Harry Schuster,

(a) Residence: No. 2658 Harlem Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Emma R. Schuster,
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Clerk
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John H. Schuster,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Caroline Neiman,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Emma R. Schuster
(Address) 2658 Harlem Ave18. BURIAL, CREMATION, OR REMOVAL APR 7 - 1934
Place Druid Ridge Cem. Date19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 4 - 1934

22. I HEREBY CERTIFY. That I attended deceased (from) Apr 2, 1934 to Apr 4, 1934

I last saw him alive on Apr 4, 1934. Death is said to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

4-2.

Other contributory causes of importance:

Cardiac Dilatation

4-3-

Name of operation

Physical

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Thos. C. Blake

719 Med Arts Bldg

M. D.

over

00098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals* St. *10-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced

HUSBAND or (or) WIFE of

*Victoria*DATE OF BIRTH (month, day, year) *unknown*

AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or min.

65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Italy

13. NAME

Vincent Silvestri

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Angelina

16. BIRTHPLACE (city or town) (State or country)

Italy

INFORMANT

(Address)

Josephine Silvestri
1210 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL

Interred - April 6-34 Date 19

UNDERTAKER

(Address)

Joseph J. Stevenson
2000 E. Lombard Ave.

FILE

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

inquiry, 19, to *inquiry*, 19I last saw him alive on *inquiry*, 19. Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation

*none*Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *4-3, 1934*Where did injury occur? *Philadelphia Rd. & Odell Ave*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Street Accident*Manner of injury *Struck by auto while*Nature of injury *walking on road*

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) *Joseph P. Henry*(Address) *2202 E. Madison St.*

Coroner M. D.

00099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00099

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 W. Montgomery St. St. 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Jean Lamar.

(a) Residence: No. 32 W. Montgomery St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, name of HUSBAND of Mary Lamar.

DATE OF BIRTH (month, day, year) February 18, 1865

AGE Years Months Days If LESS than 1 day, hrs. or min. 69 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Artist.

9. Industry or business in which work was done, as oil mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Mary Lamar. (wife)
(Address) 31 E. York St.

17. BURIAL, CREMATION, OR REMOVAL

Holy Cross A.C.B. Date 4/6, 1934

18. UNDERTAKER

(Address)

E. B. Harder

115 E. West St.

5-1934

Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 7.20.19. Death is said to have occurred on the date stated above, at 7.20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hemiplegia.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

E. B. Harder

(Address)

1017 E. Charles St.

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00100

00100

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4308 Rathland Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of *Emma. Himler*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan. 21 1852*AGE Years *82* Months *2* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Custom House*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Germany.*13. NAME *Balthasar Himler*14. BIRTHPLACE (city or town) (State or country) *Germany.*15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) (State or country) *Germany.*7. INFORMANT *Mrs. Evan Heinz*
(Address) *4308 Rathland Ave*

8. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *4/6* 19*34*9. UNDERTAKER *Mrs. Chas. A. D. Rhoads*
(Address) *327 Edmondson Ave*

FILE 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*

22. I HEREBY CERTIFY. That I attended deceased from . 19. to . 19.

I last saw him alive on . 19. Death is said

to have occurred on the date stated above, at *11 P* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide of Injury *4/3, 1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

M. D.

2339 Eastern Ave

00101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00101

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Kavon Ave

26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella V. Bolgiano

(a) Residence: No. 4608 Kavon Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Howard G. Bolgiano (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 5 1869

7. AGE Years 65 Months 0 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa. (State or country)

13. NAME Charles Briscoe

14. BIRTHPLACE (city or town) Pa. (State or country)

15. MAIDEN NAME Mary Foy

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. Foy (Address) 4608 Kavon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Date April 6, 1934

19. UNDERTAKER (Address)

J. F. McConally

Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-34

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 4-1-34 Death is said to have occurred on the date stated above, at 10:00 AM.

The principal cause of death and related causes of importance were as follows:

Isobaric poisoning
Cerebral hemorrhage

Date of onset

May 22

Other contributory causes of importance:

Heart Block

1 day

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. F. McConally M. D.

(Address) 4-6-34

00102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gordon Weinstein(a) Residence: No. 153 Freeman

St.,

Ward. Woodbridge N. J.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none6. DATE OF BIRTH (month, day, year) Dec 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>37</u>	<u>3</u>	<u>10</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Salesman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>066</u>
	10. Date deceased last worked at this occupation (month and year)	<u>March 14 33</u>

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New Jersey

FATHER

13. NAME

MOORE WEINSTEIN

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT

(Address)

Patient

18. BURIAL, CREMATION, OR REMOVAL

Perthamboy N.J. Date April 6, 1934

19. UNDERTAKER

(Address)

John G. Black172 E. Madison St. Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-34, 1922. I HEREBY CERTIFY, That I attended deceased from 3-31-34, 19, to 4-5-34, 19.I last saw him alive on 4-5-34, 19. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Retroperitoneal sarcomaDate of onset
Nov. 1933

Other contributory causes of importance:

Pneumococcus Septicemia4-5-34

Name of operation

Date of

What test confirmed diagnosis? Culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Richard Frame

M. D.

(Address) Union Memorial Hospital

1934

00103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M F 00103

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

St. 11-01 WardLength of residence in city or town where death occurred: 1 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth? 1 yrs. 1 mos. 1 da.

2. FULL NAME

(a) Residence: No. 926 R Calvert

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNBERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h living alive on living 19 living Death is said to have occurred on the date stated above, at living m.

The principal cause of death and related causes of importance were as follows:

Depressed fracture of Skull

Other contributory causes of importance:

Automobile Accident

Name of operation noneDate of ✓What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of Injury 4/3 1934Where did injury occur? Washington Blvd. W. Contee, Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Not AccidentManner of injury Auto in which she was riding collided with anotherNature of injury riding24. Was disease or injury in any way related to occupation of deceased? no If no, specify

(Signed)

(Address)

Joseph Pokorny
2200 E. Madison St.

Cotton

M. D.

R 6 - 1934

00104

HEALTH DEPARTMENT—CITY OF BALTIMORE

00104

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Joseph Hospital, 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry W. A. Dreiling

(a) Residence: No.

339 S. Robinson

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Hedwig F. Dreiling

DATE OF BIRTH (month, day, year)

Sept 20/1876

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

57

6

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Time Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Germany

13. NAME

Michael Dreiling

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Anna Luethge

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

Mrs. Hedwig T. Dreiling

(Address)

339 S. Robinson St

BURIAL, CREMATION, OR REMOVAL

Place

Crematorium

Date

April 7th 1934

UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19, Death is said

to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

Probable Cardiac Thrombosis
following Pneumonia & Pleurisy

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

6-1934

F 00105

F 00105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Belle Vista Ave 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? 12 yrs. mos. ds.

2. FULL NAME

Annie B. Sanders

(a) Residence: No.

(Usual place of abode)

5603 Belle Vista Ave, Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

Charles A. Sanders

DATE OF BIRTH (month, day, year) Sept 5/1863

AGE Years 70 Months 6 Days 24 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

in home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT (Address)

Sophia Hobbs

5603 Belle Vista Ave

BURIAL, CREMATION, OR REMOVAL

Place

Schwarz

Date

April 7, 1934

UNDERTAKER (Address)

Wm Cook

1217 St Paul

FILED

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

less-24 hrs Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Batters M. D. (Address) 508 E. North

M. D. B. 00106

F 00106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

BENJAMIN HARRISON Bull

CITY OF BALTIMORE: (No. 408 N. Poca St. 17-18)

Length of residence in city or town where death

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

B. Harry Bull

(a) Residence: No.

408 N. Poca St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Elizabeth Parkhurst

6. DATE OF BIRTH (month, day, year)

Oct 9 1855

7. AGE

78? 5

Days 27

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salvage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Senior Supply House Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Dr. B. Harrison Bull

14. BIRTHPLACE (city or town) (State or country)

Pa.

MOTHER

15. MAIDEN NAME

Mary Jane Perry

16. BIRTHPLACE (city or town) (State or country)

Pa.

17. INFORMANT (Address)

Louis Bull, 2100 N. Poca St. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

April 7 1934

19. UNDERTAKER (Address)

Henry H. Finkbeiner & Co., 117 N. Poca St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-5-1934

22. HEREBY CERTIFY, That I attended deceased from

13-13-1934 to 4-5-1934

Last saw him alive on 4-3-34 Death is said to have occurred on the date stated above, 4-5-34 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of mouth & throat 3-13-33 to my knowledge

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chemo

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? M Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Finkbeiner M. D.

(Address) 117 N. Poca St. Baltimore Md.

FILED 16-1934

P. D. 00408

F 00108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 335 3rd St. 22-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 335 3rd St.

(Usual place of abode)

Ward. 22-01

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1934, to April 5, 1934

I last saw him alive on April 5, 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury April 5, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED 1934

00109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *8-01* Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2871 Pelham Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Divorced</i>
--------------------	----------------------------------	--

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Aug 17 1877*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>56</i>	<i>56</i>	<i>7</i>	<i>17</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto Md*
(State or country)12. NAME *Lewis C McEusker*14. BIRTHPLACE (city or town) *unknown*
(State or country)15. MAIDEN NAME *Bubler*16. BIRTHPLACE (city or town) *unknown*
(State or country)INFORMANT *Harry A McEusker*(Address) *2871 Pelham Ave*

BURIAL, CREMATION, OR REMOVAL

Place *David Ridge Cem.* Date *April 7* 1934UNDERTAKER *Henry Hochstetler*(Address) *1301 E. Eager St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 4* 1934

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to..... 19.....

I last saw him alive on..... 19..... Death is said

to have occurred on the date stated above, at *9:20 P.* m.

The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage

Other contributory causes of importance:

Arterial Hypertension

Name of operation

Date of

What test confirmed diagnosis? *Clin* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *200* Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. McEusker* M. D.(Address) *1303 N. Patterson St.*

1934

00110 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 1-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. ____ mo. ____ da. How long in U. S. If of foreign birth? yrs. ____ mo. ____ da.

2. FULL NAME Ema Ullrich Sartorius(a) Residence: No. 328 S. Patterson Park Ave Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge M. Sartorius

DATE OF BIRTH (month, day, year)

Sep 15/1865

AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.68620

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

in home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore, Md.

13. NAME

Ernst Ullrich14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Eva M. Schul16. BIRTHPLACE (city or town)
(State or country)Germany

INFORMANT

Geo. M. Sartorius

(Address)

328

BURIAL, CREMATION, OR REMOVAL

Place

Sutton Park Cemetery

Date

Apr. 7

UNDERTAKER

(Address)

Henry Brock Bros, Inc.
1301 E. Eager St.

FILED

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 4/34 19

22. I HEREBY CERTIFY. That I attended deceased from

19____, to

19____

I last saw him alive on

19____

Death is said

to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Date of onset

Other contributory causes of importance:

General Arteriosclerosis
Gangrene of rt Foot
Etc

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify

(Signed)

(Address)

M. D.

W. H. Baker
508 E North Ave

00111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4009 Woodlea Ave* St. *Malonskene* Ward. *Malonskene*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *widow*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) *1863*8. AGE Years *71* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Lithuania*13. NAME *Matulevicius*14. BIRTHPLACE (city or town) (State or country) *Lithuania*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Lithuania*17. INFORMANT *Hospital Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redemer* Date *April 9, 1934*19. UNDERTAKER *John Grybickas*(Address) *423 S. Park St.*20. FILER *6/5/34*

Revised 1-1-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan 30, 1934* to *April 4, 1934*I last saw her alive on *April 4, 1934* Death is said to have occurred on the date stated above, at *8:35 P. M.*

The principal cause of death and related causes of importance were as follows:

*Senility
Arteriosclerotic Cardiovascular
Disease
Cystitis*

Other contributory causes of importance:

Pneumonia

Date of onset

*7 yrs**7 yrs**7 mos.**5 days*

Name of operation

Date of

What test confirmed diagnosis? *Physical Signs & Laboratory*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Burns*(Address) *Mercy Hospital*

M. D.

F 00112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

Child

6. DATE OF BIRTH (month, day, year)

Oct 4, 1931

7. AGE

Years

2

Months

5

Days

30

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

Child

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

John Doyle

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Catherine Johnson

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

(Address)

John Doyle
47 S. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

New Catholic Church 4/6, 1934

19. UNDERTAKER

(Address)

Frederick H. Golden
1200 W. Jones St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____

April 1, 1934 to April 3, 1934

I last saw her alive on April 3, 1934

to have occurred on the date stated above, at 11:35 P.M.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever
Measles
Bronchopneumonia

Date of onset

3/18

3/27

3/30

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

no

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Harry Lachner M.D.
Sydenham Hospital

6-1934

00113

HEALTH DEPARTMENT—CITY OF BALTIMORE

00113

CERTIFICATE OF DEATH

X 140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital 25-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *1* yrs. *1* mo. *1* ds. How long in U. S. If of foreign birth? *1* yrs. *1* mo. *1* ds.

2. FULL NAME

(a) Residence: No. *London & Leeds Ave. Arbutus St.* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced
HUSBAND of *Charles Shuren*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Aug 25 - 1910*AGE *23* Years *25* Months *7* Days *10* If LESS than 1 day, *11* hrs. or *10* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Saleswoman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *067*10. Date deceased last worked at this occupation (month and year) *March 17 - 1934* 11. Total time (years) spent in this occupation *5*BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *George Weber*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*15. MAIDEN NAME *Blanche Buckley*16. BIRTHPLACE (city or town) *Frederick*
(State or country) *Maryland*INFORMANT *Mrs George Weber*(Address) *London & Leeds Ave, Arbutus St.*BURIAL, CREMATION, OR REMOVAL *Arbutus Md.*Place *New Gathach* Date *April 9 - 1934*UNDERTAKER *George L. Schwab*(Address) *Frederick Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5 - 1934*22. I HEREBY CERTIFY, That I attended deceased from *12* to *19*I last saw h. *alive* on *inquiry* 19 *1934* Death is said to have occurred on the date stated above, at *10:30* a.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus septicemia *Mar 30*
Puerperal abortion *1934*

Other contributory causes of importance:

*Rt. Hemiplegia*Name of operation *inquiry* Date of *Mar. 16*What test confirmed diagnosis *inquiry* Was there an autopsy? *no.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no.* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no.* If so specify(Signed) *Joseph L. Volante* M. D.
(Address) *16 South Broadway* Coroner

(over)

6-1934

00114 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00114

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *St. Joseph's Hospital*CITY OF BALTIMORE: (No. *16-01* Ward)Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Charles Edwin Tucker*(a) Residence: No. *1512 Ellamont St.,* St., *16-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced
HUSBAND of *E. May Tucker*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct. 29, 1877*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	6	5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Arundel Corp.*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) *Forest Hill, Md.*13. NAME *Eli Tucker*14. BIRTHPLACE (city or town), (State or country) *Md.*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town), (State or country) *Not Known*INFORMANT *Mr. Alfred R. Tucker*
(Address) *1512 Ellamont St.,*BURIAL, CREMATION, OR REMOVAL
Place *Centre Church Cem.* *FOREST HILL, MD*
Date *Apr. 7, 1934*UNDERTAKER *John R. Deany*
(Address) *245 Light St.*

A-ED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, *10.30 P.M.*

The principal cause of death and related causes of importance were as follows:

Cardiac Failure due to Probable Bronchopneumonia 5-6 days

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John R. Deany* M. D.
(Address) *508 E. Wm. St.*

M. F. 00115

F 00115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *11 Beaumont Ave* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Henry C. Roesser* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan. 19, 1887*7. AGE Years *47* Months *2* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore County* (State or country) *Maryland*13. NAME *George Mc Kenzie*14. BIRTHPLACE (city or town) *Baltimore County* (State or country) *Maryland*15. MAIDEN NAME *Catherine Ellis*16. BIRTHPLACE (city or town) *Chambersburg* (State or country) *Pa*17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Catholic Cem Date *4/9 24*

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 7, 1934* to *April 5, 1934*I last saw her alive on *April 5, 1934* Death is said to have occurred on the date stated above, at *3:25 p. m.*

The principal cause of death and related causes of importance were as follows:

Acute disseminated Encephalo-myelitis

Date of onset

5 weeks

Other contributory causes of importance:

Name of operation *clinical signs* Date of *No*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

J. H. Burns
Mercy Hospital

F 00116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00116

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Hollins St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 918 Hollins St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 74 Years 73 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Tatosh Murnaghan14. BIRTHPLACE (city or town) (State or country) Breelan15. MAIDEN NAME Mary M. Liddle16. BIRTHPLACE (city or town) (State or country) Breelan17. INFORMANT Miss Sally Murnaghan(Address) 918 Hollins18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 4/7/3419. UNDERTAKER Faye A. Taylor(Address) Fulton Ave Fayette20. FILER St. Vincent's

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 193422. I HEREBY CERTIFY, That I attended deceased from March 3, 1934, to April 4, 1934I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 4-4-34
Myocarditis ca. 3-3-34
Arterio-sclerosis ca. 3-3-34

Other contributory causes of importance:

Name of operation None Date of —What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) W. Fayette St. M. D.(Address) 203 W. Fayette St.

F 00117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00117

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 E. 28th St., 9-01 Ward)Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1918 E. 28th St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced

HUSBAND of James M. Dunigan (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 72 Months 6 Days 26 If LESS than 1 day, hrs. 27 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 1, 1932 to April 3, 1934

I last saw her alive on April 3, 1934. Death is said

to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Gallbladder
& metastases to liver

Date of onset

Aug 1932

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

R6-1305

F 00118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *27-01* Ward)Registered No. *49*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *46* yrs. *8* mos. *20* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3 Englewood Road* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced *HUSBAND OF* *Henry Strasser*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *7/24/1887*7. AGE *46* Years *8* Months *20* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Charles Parker*14. BIRTHPLACE (city or town) *?*
(State or country)15. MAIDEN NAME *Mary Strasser*16. BIRTHPLACE (city or town) *Md.*
(State or country)INFORMANT *Hospital Records*
(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Apr. 7, 1934*18. UNDERTAKER *Wm. J. Tuckerton*
(Address) *North Baltimore*19. FILED *Wm. J. Tuckerton*
to Baltimore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/4/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *3/5/34*, 19, to *4/4/34*, 19.I last saw him alive on *4/4/34*, 19. Death is said to have occurred on the date stated above, at *11* P.M.

The principal cause of death and related causes of importance were as follows:

Criminal disease, metastatic to all abdominal organs & postural intestinal obstruction

Date of onset

30 days

Other contributory causes of importance:

*Intestinal obstruction**?*Name of operation *Laparotomy* Date of *3/6/34*What test confirmed diagnosis? *Biopsy* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Raymond F. Sheppard* M. D.
(Address) *Mary Hospital*

M.F. 00119

✓ F 00119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *4-01* Ward)Length of residence in city or town where death occurred *5* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *7105 Sheffield Rd.* St. *Stoneleigh* (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*a. If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of *Edel M. Troy*DATE OF BIRTH (month, day, year) *May 22, 1887*AGE Years *46* Months *10* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Genl Auditor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Quiet May Co.*10. Date deceased last worked at this occupation (month and year) *Crecent*11. Total time (years) spent in this occupation *00*12. BIRTHPLACE (city or town) (State or country) *Altoona Pa*13. NAME *Agnes May John Troy*14. BIRTHPLACE (city or town) (State or country) *Altoona Pa*15. MAIDEN NAME *Agnes May John Troy*16. BIRTHPLACE (city or town) (State or country) *Altoona Pa*INFORMANT *Mrs. Edel M. Troy*(Address) *7105 Sheffield Rd.*BURIAL, CREMATION, OR REBURY *Woodlawn* Date *Apr. 6, 1934*UNDERTAKER *Wm. H. Hulse*(Address) *North*FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/30/34* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/30/34* 19 to *4/4/34* 19I last saw him alive on *4/4/34* 19. Death is said to have occurred on the date stated above, at *11:05 a.m.*The principal cause of death and related causes of importance were as follows: *Coronary thrombosis* Date of onset *3/28/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harold Stackhouse Jr.* M. D.(Address) *University Hospital*

F 00121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00121

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Luzerne Ave 6-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nettie Florence Curry

(a) Residence: No. 224 N. Luzerne Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Curry

7. DATE OF BIRTH (month, day, year) July 18, 1860

8. AGE Years 73 Months 8 Days 17 1/6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mrs. H. Porter Field

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Martha Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Chas Curry (Address) 224 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore City Apr. 7, 1934

19. UNDERTAKER John J. J. J. (Address) 2000 Baltimore Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to April 5, 1934

I last saw her alive on April 4, 1934. Death is said to have occurred on the date stated above, at 22 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Hypertension, Pulmonary Edema

Name of operation: No Date of

What test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

APR 6

19

00122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *59* yrs. *1* mo. *30* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Frederick W. Rohda(a) Residence: No. *1348 Homestead*

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
--------------------	----------------------------------	---

a. If married, widowed, or divorced

HUSBAND of *Martha Rohda*
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb 5th 1875

AGE

Years

Months

Days

If LESS than
1 day, hr. or min.*59**1**29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired 044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Cafe keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

13. NAME

*Charles Rohda*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Eliza Hutchinson*16. BIRTHPLACE (city or town)
(State or country)*Va.*

INFORMANT

Mrs Martha Rohda

(Address)

1348 Homestead St.

BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral*Date *4/7/1934*

UNDERTAKER

(Address)

*John J. Cowan & Son
901 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/4/1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19.

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at *10:30* A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Guns wound through head (suicide)

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Suicide* Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

R6-1934

19-11-1934

*John J. Cowan & Son**3632 Roland St.*

F 00123 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00123

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mon. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Child

6. DATE OF BIRTH (month, day, year)

June 29, 1933

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

9

43

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

McKinley Mitchell

14. BIRTHPLACE (city or town) (State or country)

North Carolina

15. MAIDEN NAME

Sarah Boone

16. BIRTHPLACE (city or town) (State or country)

North Carolina

17. INFORMANT

(Address)

Sarah Boone
929 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn

Date 4/6/34

19. UNDERTAKER

(Address)

Samuel T. McKinley
578 W. Franklin St.

20. FILED

R 6 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 1, 1934 to April 2, 1934

I last saw him alive on April 2, 1934. Death is said

to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of

importance were as follows:

Pneumonia
Bronchopneumonia

Date of onset

6/26/33

3/25

Other contributory causes of importance:

None

Name of operation

None

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Sydenham Hospital

00124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00124

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hospital 4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *217 Myrtle Ave St.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *4/5/27*7. AGE Years *6* Months *11* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Catharine Montgomery*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Adeline Taylor*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Balto City Hosp.* (Address) *Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Zion* Date *April 7, 1934*19. UNDERTAKER *Mrs. Kate R. Williams*20. ADDRESS *322 S. Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-8-34*22. I HEREBY CERTIFY, That I attended deceased from *4-2-34* to *4-8-34*I last saw *her* alive on *4-3-34* Death is saidto have occurred on the date stated above, at *6:30* m.The principal cause of death and related causes of importance were as follows: *Acute appendicitis with generalized peritonitis*Date of onset *2 days*

Other contributory causes of importance:

Name of operation *Appendectomy* Date of *4-2-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. P. Burm* M. D.(Address) *Balto City Hosp*

APR 6 - 1934

✓ F 00125

F 00125 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Thomas(a) Residence: No. 111 N. Mount St

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of Charlie Thomas (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 5, 18907. AGE Years 44 Months Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) md13. NAME William Oliver14. BIRTHPLACE (city or town) (State or country) Norfolk Co md15. MAIDEN NAME Maggie Harris16. BIRTHPLACE (city or town) (State or country) Calonsville md17. INFORMANT Charlie Thomas (Address) 111 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place mt - Zion Date April 6, 193419. UNDERTAKER Mrs. Katie R. Williams (Address) 222 S. Frederick St.

APR 6 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 193422. I HEREBY CERTIFY That I attended deceased from March 22, 1934 to April 3, 1934I last saw her alive on April 3, 1934 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Strangulated epigastric hernia

Date of onset

Other contributory causes of importance:

Broncho pneumonia

8-31-34

Epigastric Hernioplasty

Name of operation

Date of 3-22-34What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specifyNathan Rousin

M. D.

Franklin Square Hospital

F 00126

HEALTH DEPARTMENT—CITY OF BALTIMORE

00126

CERTIFICATE OF DEATH

1. PLACE OF DEATH

3123 Leeds St.

CITY OF BALTIMORE: (No.

Baltimore Md

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 8 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME

Joyce Margaretha Staples

(a) Residence: No.

3123 Leeds St.,

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Jan 28 1932

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

2

2

87

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Loraine Beverly Staples

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Mildred Corrine Butler

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

Mildred Staples

(Address)

3123 Leeds St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star

Date Apr 6 1934

19. UNDERTAKER

Mrs. Katie R. Williams

(Address)

322 E. Schickel

PR-6 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 1, 1934 to April 5, 1934

I last saw her alive on April 5, 1934 death is said
to have occurred on the date stated above, at 6:15 A.M.The principal cause of death and related causes of
importance were as follows:

Bronchitis pneumonia

Date of onset

5 days

Other contributory causes of importance:

Measles on March 20 1934

Name of operation

None

Date of

What test confirmed diagnosis

Findings

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify

Signed)

Darius P. Alayian
3316 Frederick Ave

(Address)

F 00128

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 00128

CERTIFICATE OF DEATH

1. PLACE OF DEATH

London Ave & Park Drive

CITY OF BALTIMORE: (No. *Rivera Apt.*)St. *13* WardRegistered No. *23*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *62* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Ottenheimer(a) Residence: No. *Rivera Apt.*

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Rebecca M. Ottenheimer*

6. DATE OF BIRTH (month, day, year)

Aug 6, 1866

7. AGE

Years
*67*Months
*7*Days
*29*If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Nothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Richmond, Va.*

13. NAME

*Louis Ottenheimer*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Rebecca Feldensheimer*16. BIRTHPLACE (city or town)
(State or country)*Germany*

17. INFORMANT

(Address)

*Mrs. L. Ottenheimer
Rivera Apt.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Beth. Hebrew Em. Soc. Apr. 8, 1934

19. UNDERTAKER

(Address)

*David Landheim & Son
1902 Eutaw Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5, 1934*

22. I HEREBY CERTIFY. That I attended deceased from

*July 10, 1926 to April 5, 1934*I last saw him alive on *April 4, 1934* Death is said to have occurred on the date stated above, at *2 A.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Myocarditis -**March 1934**(myocardial disease, coronary heart failure)*

Other contributory causes of importance;

*Pulmonary tuberculosis -**1928**Emphysema - Symptoms**1926*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis P. Hamburger*

M. D.

(Address) *1207 Eutaw Place**1934 - 10-19-34 - 10-19-34*

HEALTH DEPARTMENT—CITY OF BALTIMORE

00129

CERTIFICATE OF DEATH

✓ 93-00129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E Pratt St. 2-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1827 E Pratt St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Iida
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 61 Years 61 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Russia
(State or country)12. NAME Miss Burkum14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Rose - 216. BIRTHPLACE (city or town) Russia
(State or country)INFORMANT Iida Burkum (Wife)(Address) 1827 E. Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Society Date 4-6-34, 19UNDERTAKER Joe Harris Inc(Address) 1429 E. Pratt St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 241P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Infarction

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) R. H. Morgan M.D.

Coroner

M. D.

(Address) 1312 N. Patterson Park

FILED 6-1934

E 00130

00130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth 25 yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 4108 Belvedere Rd. St., _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph6. DATE OF BIRTH (month, day, year) 4/6/347. AGE Years 6/ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) _____ (State or country) Russia13. NAME Morris14. BIRTHPLACE (city or town) _____ (State or country) Russia15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) _____ (State or country) Russia17. INFORMANT Hospital Records (Address) _____18. BURIAL, CREMATION, OR REMOVAL Bellevue Hospital Date 4/6/34 19.19. UNDERTAKER John Lewis (Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/34 1922. I HEREBY CERTIFY, That I attended deceased from 3/31/34 19, to 4/6/34 19.I last saw her alive on 4/6/34 19. Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
12 hours - pneumonia10 days

Other contributory causes of importance:

Arteriosclerosis
Cardiac Hypertrophy + Dilatation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) J. Kalyen M. D.
John Lewis

(Address) _____

APR 8 - 1934

00131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 N. Madeira St. 7-01 Ward)Length of residence in city or town where death occurred 52 yrs. 52 mos. 52 ds. How long in U. S. If of foreign birth? 52 yrs. 52 mos. 52 ds.

2. FULL NAME

Rosalie Otčenasek

(a) Residence: No.

829 N. Madeira St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Otčenasek6. DATE OF BIRTH (month, day, year) Not known7. AGE Years 86 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria
(State or country)13. NAME Anton Hooper14. BIRTHPLACE (city or town) Austria
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT John Hooper(Address) 829 N. Madeira

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 7, 193419. UNDERTAKER Frank Bruchman
(Address) 1916 E. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 193422. I HEREBY CERTIFY That attended deceased from Jan 1, 1934 to Apr 4, 1934I last saw her alive on Apr 4, 1934 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease
Stroke

Date of onset

Dec 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. Rosanek M. D.
(Address) 8012 Reisterstown Rd.

1934

F 00132

00132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* 18-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *John Nickerson*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced *Married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1871*7. AGE Years *63* Months Days If LESS than 1 day, hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, saw, or, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wood College*Date *April 19*

19. UNDERTAKER (Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *March 21* 34

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Syphilis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

City

M. D.

00133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (City) Baltimore City Hosp St. 4-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 123 South St., 01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?7. AGE 48 Years Months Days If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Portsmouth Va13. NAME Robert Brown14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Carrie Hodges16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Records
(Address) Baer City Hosp18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Church Date April 1934

19. UNDERTAKER (Address)

- 1934

0275

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 193422. I HEREBY CERTIFY, That attended deceased from June 3 1931 to April 4 1934
I last saw him alive on April 4 1934 Death is said to have occurred on the date stated above, at 5:45 am.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Pulmonary tuberculosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Pharell M. D.(Address) Baer City Hosp

00135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2903 Buechert Ave. 27-01
CITY OF BALTIMORE: (No. St. Ward)Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret H. Craft

(a) Residence: No. 2903 Buechert Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced Married

6a. If married, widowed or divorced (or) WIFE of Lewis Craft

6. DATE OF BIRTH (month, day, year) 1879 Aug 7

7. AGE Years 54 Months 7 Days 27 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pa.

13. NAME William Harvey
14. BIRTHPLACE (city or town) Philadelphia (State or country)15. MAIDEN NAME Anne Colbert
16. BIRTHPLACE (city or town) Philadelphia (State or country)17. INFORMANT Son Mrs. Louis Craft
(Address) 2903 Buechert Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Burial Date Apr 7 193419. UNDERTAKER Frederick Langhewer
(Address) 7401 Calver Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1934

22. I HEREBY CERTIFY. That I attended deceased from December 1933 to April 4 1934

I last saw her alive on April 4 1934 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast

Date of onset

1879

1933

Other contributory causes of importance:

General metastases

Name of operation Biopsy Breast Date of 1-30-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
(Signed) Herman A. Vandy M. D.

(Address) 5106 Nayland Rd

FILED 1934

F 00136

HEALTH DEPARTMENT—CITY OF BALTIMORE

00136

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-01 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Alton

(a) Residence: No. 1102 Pennsylvania ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1908

7. AGE Years 25 Months 11 Days 26 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pinsetter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John Alton

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Annie Gray

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 30, 1934 to March 31, 1934

I last saw him alive on March 31, 1934 Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Enteritis

Date of onset

Unknown

Other contributory causes of importance:

Military T. B.

2 wks

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Christopher C. Shaw M. D. (Address) Baltimore City Hospitals

FILED

6-1934

0278

00137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 McKeen St. 9-01 Ward)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 600 McKeen St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. ? 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	4	?	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

John Hane

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Catherine Corbett

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

Leroy Seymour

17. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Date April 7, 1934

18. UNDERTAKER

J. A. Frazer & Son

(Address) 713 715 Avenue St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 4 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to April 4, 1934

I last saw her alive on April 4, 1934 Death is said to have occurred on the date stated above, at 10:25 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma breast metastases

Date of onset

?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physical exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. B. Lybert

(Address) 2802 Harford Ave.

M. D.

00138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins & Catno Ave* St. *25-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs Mary Brown*

(a) Residence: No. *Bel Alton, Md* St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *A. C. Brown*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *33* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md*

13. NAME *J. Neale Hamilton*

14. BIRTHPLACE (city or town) (State or country) *Md.*

15. MAIDEN NAME *Mary E. Matthews*

16. BIRTHPLACE (city or town) (State or country) *Md.*

17. INFORMANT *Mrs A. C. Brown - husband*

(Address) *Bel Alton, Md*

18. BURIAL, CREMATION, OR REMOVAL *St. Agnes Cemetery*

Place *Bel Alton* Date *April 6, 1934*

19. UNDERTAKER *H. Smith & Son*

(Address) *Needham*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-6-1934*

22. I HEREBY CERTIFY, That I attended deceased from *3-25-1934* to *4-6-1934*

I last saw him alive on *4-6-1934* Death is said to have occurred on the date stated above, at *2:05 a.m.*

The principal cause of death and related causes of importance were as follows:

*Septicemia
 Malaria*

Date of onset

3-22-34

3-20-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *Blood Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No No, specify

(Signed)

(Address)

Carl C. Merkel
St Agnes Hosp.

M. D.

6-1934

M. D. B. 1268-9
00139

F 00139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1714 Elling* St., *41* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *10* mos. *10* ds. How long in U. S. if of foreign birth? *(Broadnace)*

2. FULL NAME

(a) Residence: No. *1714 Elling* St., *41* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Caucasian* 5. Single, Married, Widowed, or Divorced *Widowed*6a. If married, widowed, or divorced
HUSBAND of *Widowed*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *65 1/2* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House work*10. Date deceased last worked at this occupation (month and year) *March 14, 1934* 11. Total time (years) spent in this occupation *10*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *William*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *William*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT (Address) *1714 Elling St.*18. BURIAL, CREMATION, OR REMOVAL Place *1714 Elling St.* Date *4/6* 193419. UNDERTAKER (Address) *1714 Elling St.*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 4* 193422. I HEREBY CERTIFY That attended deceased from *March 25* 1934 to *April 4* 1934I last saw her alive on *April 4* 1934 Death is said to have occurred on the date stated above, at *2:00* p. m.The principal cause of death and related causes of importance were as follows: *Myocardial Infarction in R62*

Date of onset

March 25
*1934*Other contributory causes of importance: *Cholesterol*Name of operation *Cholecystectomy* Date of *April 4*What test confirmed diagnosis? *W. there an autopsy? No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Charles M. F. H. C.* M. D.(Address) *112 S. Calver St.*

00140

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00140

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Division St. 13-01 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James Campbell
 (a) Residence: No. 2224 Division St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4 Color or Race C 5. Single, Married, Widowed,
 or Divorced (write the word) Widow

6. If married, widowed, or divorced
 HUSBAND of Alexander Campbell
 (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months 93 11 15
 If LESS than
 1 day. hrs.
 or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year) over 20 years ago
 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town)
 (State or country) Woodstock
Baltimore Co. Md

13. NAME Samuel Washfield
Woodstock Md

14. BIRTHPLACE (city or town)
 (State or country)

15. MAIDEN NAME Barbara Grant
Woodstock

16. BIRTHPLACE (city or town)
 (State or country)

17. INFORMANT Ida Martin
 (Address) 2224 Division (2224)

18. BURIAL, CREMATION, OR REMOVAL
 Place St Thomas Cemetery Date Apr. 7, 1934

19. UNDERTAKER V. G. Brooks
 (Address) 1463 N. Carroll St
Baltimore

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from
January 10, 1926, to April 3, 1934
 last saw her alive on April 1, 1934 death is said
 to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of
 importance were as follows:

Cerebral Hemorrhage
3rd attack since 1926

Date of onset

3/20/34

Other contributory causes of importance:
Age - Arterio Sclerosis
Invalid for 30 yrs -

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the
 following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
 deceased? If so, specify

(Signed) W. H. Wright M. D.
 (Address) 1209 Presbwy St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00141

00141

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St. 20-01 Ward)2-FULL NAME Edward J. Diffendall Irvington(a) RESIDENCE NO. 4205 Potter St. St. Irvington Ward(Usual place of abode) Length of residence in city or town where death occurred 52 yrs. 0 mos. 0 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced, (write the word) Married5a If married, widowed, or divorced HUSBAND of Marie A. Diffendall (or) WIFE of6 DATE OF BIRTH (month, day, and year) Nov. 9, 18817 AGE Years 52 Months 4 Days 27 IF LESS than 1 day 0 hrs. 0 min.8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Marble Worker (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)10 NAME OF FATHER Charles Diffendall11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known12 MAIDEN NAME OF MOTHER Alice Haller13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.14 Informant Marie A. Diffendall (Address) 4205 Potter St. Irvington

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 193417 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said inquest find that said deceased came to his death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Comp. Fracture of both legs
ShockCONTRIBUTORY (duration) 0 yrs. 0 mos. 0 ds. Struck by automobile 4/5/34 (Secondary)18 Where was disease contracted Washington Blvd in Catonsville If not at place of death?Did an operation precede death? no Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? none(Signed) Joseph J. Deering19 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL

Apr. 7 193420 UNDERTAKER John J. Deering

ADDRESS

115 Light St.15 Filed 1934

00142 HEALTH DEPARTMENT—CITY OF BALTIMORE 00142

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 E. Hamburg St., 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Major A. Jones

(a) Residence: No. 16 E. Hamburg

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of Mary I. Jones (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 16, 1874

AGE Years Months Days If LESS than 1 day, hrs. or min. 59 5 20 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Printing &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lithograph Co. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country)

Md.

13. NAME

Edward Jones

14. BIRTHPLACE (city or town). (State or country)

Md.

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (city or town). (State or country)

Not Known

INFORMANT Mrs. Mary I. Jones (Wife) (Address) 16 E. Hamburg St.,

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date Apr. 7, 1934

UNDERTAKER (Address)

John J. Slattery 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 12 - 1933 to Apr 5 - 1934

I last saw him alive on Apr 4, 1934 Death is said

to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis 1933

Other contributory causes of importance:

Dropsy

Name of operation non Date of X

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

No If specify

(Signed)

(Address)

M. D.

RD-1934

00143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 E. Fayette St. St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 0 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Lee Ganey. (C)

(a) Residence: No. 1122 E. Fayette St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) February 9, 1934

AGE Years 0 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Frederick Ganey. (C)

14. BIRTHPLACE (city or town) (State or country)

Fayetteville, N.C.

15. MAIDEN NAME

Lillie Locks. (C)

16. BIRTHPLACE (city or town) (State or country)

Fayetteville, N.C.

INFORMANT Lillie Ganey. (C) mother (Address) 1122 E. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Date 19

UNDERTAKER

(Address)

FILED

1122 E. Fayette St. in Baltimore, Md. Registrar.

0280

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia. unknown.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) J. H. Reinhardt M. D. 4/5/34 (Address) 1017 E. Charles St. Coroner

00144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-01 St., 11-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mo. 5 ds. How long in U. S. If of foreign birth 43 yrs 7 mo 22 ds.

2. FULL NAME

John Abraham Lewis

(a) Residence: No.

Maryland General Hospital

St.,

Ward.

Arnold - G. G. C. Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Elizabeth Foreman Lewis

6. DATE OF BIRTH (month, day, year)

August 14, 1890

7. AGE

Years

Months

Days

LESS than 1 day, hrs.

or min.

43

7

22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Baltimore City College

10. Date deceased last worked at this occupation (month, day, year)

April 29, 1934

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country)

Sioux City Iowa

13. NAME

Bishop - Wilson S. Lewis

14. BIRTHPLACE (city or town) (State or country)

New York

15. MAIDEN NAME

Fannie McElroy

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

Mrs Elizabeth F. Lewis (wife)

(Address)

Arnold - G. G. C. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

April 27, 1934

19. UNDERTAKER

(Address)

Stuart M. M. Co.

1934

Huntington Pike, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1934

22. I HEREBY CERTIFY, That I attended deceased from

3-31-1934, to 4-5-1934

Last saw him alive on 4-5-1934. Death is said

to have occurred on the date stated above, at 10:11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 3-31-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signature)

(Address)

George M. Smith 443 B Maryland Ave

M. D.

00145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00145

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *MT. Hope Retreat* St. *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *4* mos. *30* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *MT. Hope Retreat* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1883

7. AGE Years *51* Months *50* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Mt.* Date *Apr 7/34*

19. UNDERTAKER (Address)

Stewart M. Smith Co.

- 1934 -

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 5*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March*, 19*34* to *April 5*, 19*34*I last saw her alive on *April 5*, 19*34* Death is said to have occurred on the date stated above, at *6:20 P.*

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis
Embolic

Date of onset

Other contributory causes of importance:

Acute Cardiac decompensation
with chronic passive
*congestion*Name of operation *none* Date ofWhat test confirmed diagnosis *findings* Was there an autopsy? *No*

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Danman P. Slagter*(Address) *3326 Frederick St.*

00146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 N Fayette St. 20-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1802 N Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Aug 23 1889

7. DATE OF BIRTH (month, day, year)

8. AGE Year 44 Month 7 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8612. BIRTHPLACE (city or town) (State or country) Maryland13. NAME John J. James14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Annie Spenser16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Howard J. James (Address) 1802 N Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Good Hope Cemetery Date 4/7/3419. UNDERTAKER Angela Farley (Address) Fulton Street, Fayette

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/34, 1922. I HEREBY CERTIFY. That I attended deceased from 2/2/34 1934 to 4/5/34, 1934I last saw him/her alive on 4/5/34, 1934. Death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

Breast CarcinomaDate of onset Early May '33

Other contributory causes of importance:

Name of operation Breast Amputation Date of 7/2/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Perry(Address) 910 W. Lombard

M. D.

00147

F 00147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. S. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles H. Diffendall

(a) Residence: No. 2729 Washington Blvd. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29, 1868

7. AGE 65 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Gartner Marble Co.
10. Date deceased last worked at this occupation (month and year) March 6, 1934
11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles Diffendall

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Alice Haller

16. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

17. INFORMANT Mrs. Bessie B. Deering
(Address) 2729 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date April 9th 1934

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934 to April 5, 1934

I last saw him alive on April 5, 1934 Death is said to have occurred on the date stated above, at 4:50 P. M.

The principal cause of death and related causes of importance were as follows:

1. Cellulitis left leg
2. Intermittent - sepsis
3. Chronic myocarditis
4. Tapering

Other contributory causes of importance:

1. Uræmia - terminal.

Incision & drainage cellulitis
Name of operation left leg Date of 3-24-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) M. Magawiller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

00148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00148

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

M. Wm. B. Pemberton

(a) Residence: No.

Horse Cave, Kentucky

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Patsie Pemberton

7. DATE OF BIRTH (month, day, year)

Oct. 1875

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Horseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date April 6 1934

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1934

22. I HEREBY CERTIFY. That I attended deceased from 4-5-1934, to 4-5-1934.

I last saw him alive on 4-5-1934. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis with decompensation 4-4-34

Other contributory causes of importance:

Ac. Cardiac dilatation 4-5-34

Name of operation

Date of

What was confirmed diagnosis? Clinics Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

M. D.

- 1934

00149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00149

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *1109 Bentall St. 16-61*Registered No. *94-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Length of residence in city or town where death occurred: *25* yrs. *16* mos. *6* ds. How long in U. S. If of foreign birth? *25* yrs. *16* mos. *6* ds.(a) Residence: No. *1109 Bentall St.*

(Usual place of abode)

Ward. *16-61*

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced *Married*If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Mary*DATE OF BIRTH (month, day, year) *July 13-1870*AGE *63* Years *8* Months *23* Days *22* If LESS than 1 day, *22* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *66*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Kentucky*

(State or country)

13. NAME *Robert Alexander*14. BIRTHPLACE (city or town) *Canada*

(State or country)

15. MAIDEN NAME *Margaret Merritt*16. BIRTHPLACE (city or town) *Kentucky*

(State or country)

INFORMANT *Mary Alexander*(Address) *1109 Bentall*

BURIAL, CREMATION, OR REMOVAL

Place *Lorraine*Date *Apr 7, 1934*UNDERTAKER *Mr. Mrs. John W. Grief*(Address) *801 W. Fayette St*

FILE

- 1934

Registrar. *A. B. 10*21. DATE OF DEATH (month, day, year) *Apr 6, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *Apr 6, 1934* Death is said to have occurred on the date stated above, at *19* m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Sudden

Other contributory causes of importance:

Name of operation *Regular*Date of *Apr 6, 1934*What test confirmed diagnosis? *There are no autopsy*If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*Where did injury occur? *(Specify city or town, county, and State)*

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. C. Luck*

(Address)

M. D.

F 00150

00150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *27* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced *husband* or (or) WIFE of *H. J. Sherbert*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

FILE

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Sigmoid
Carcinomatous
intestinal obstruction*

Other contributory causes of importance:

Pericardial effusion

Name of operation

Colostomy

Date of

What test confirmed diagnosis? *above*. Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

If specify

(Address)

M. D.

00151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) *Little Sisters of the Poor* St. *10-01* WardLength of residence in city or town where death occurred *4* yrs. *4* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1200 - Valley* St., *10-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1866*7. AGE Years *68* Months *0* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *066*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ireland*
(State or country)13. NAME *John Mc Donald*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Anna Keeney*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Sister Stanislaus, Sup*
(Address) *Little Sisters of the Poor*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *4/7* 193419. UNDERTAKER *Wm B. Wiedefeld*
(Address) *714 Greenmount Ave.*20. *1934* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6 April*, 193422. I HEREBY CERTIFY. That I attended deceased from *Sept 1933*, 19 to *Apr 6*, 1934I last saw him alive on *Apr 4*, 1934. Death is said to have occurred on the date stated above, at *7:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation *Phys.* Date of *10*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *E. M. Barker* M. D.
(Address) *1114 Ward Road*

00152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2336 Sydney Ave St. 25-01 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2336 Sydney Ave St. 25-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Widowed of Wife of Haynes G. Brown6. DATE OF BIRTH (month, day, year) Mar. 17th 19037. AGE Years 31 Months 0 Days 19 If LESS than 1 day, hrs. 0 min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03710. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) Md.13. NAME Robt. J. Morehead14. BIRTHPLACE (city or town) Phila (State or country) Pa.15. MAIDEN NAME Francis Berkeley16. BIRTHPLACE (city or town) Fredricksburg (State or country) Va.17. INFORMANT Frances Hancock (Address) Rural Sanatorium18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Apr 9th 193419. UNDERTAKER Wm Cook (Address) 1817 St. Paul St20. 1934 St. Light 1934 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 6, 193422. I HEREBY CERTIFY, That I attended deceased from April 1933 to April 6, 1934I last saw her alive on April 5, 1934 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Squamous cell carcinoma of cervix with local metastases. Date of onset Mar. 1933

Other contributory causes of importance:

Squamous cell carcinoma of cervix with local metastases. Date of onset Mar. 1933Name of operation Caesarean section and complete hysterectomy Date of May 1, 33What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) J. Kendig Wallace M. D.(Address) 2831 Walbrook Bldg.

00153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Ken Oak Rd Ward 27-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2407 Ken Oak Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) May 25 - 1853AGE Years Months Days If LESS than 1 day, hrs. or min.
80 10 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X2. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Joseph K Watkins14. BIRTHPLACE (city or town) Balto (State or country) MD15. MAIDEN NAME Emily Dyer16. BIRTHPLACE (city or town) Balto (State or country) MDINFORMANT Harriet J. Watkins
(Address) 2435 Maryland AveBURIAL, CREMATION, OR REMOVAL
Place Mr Christ Date April 7 - 1934UNDERTAKER Wm Cook
(Address) 1217 St Paul St

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5 - 193422. I HEREBY CERTIFY, That I attended deceased from 1929 to April 5, 1934
I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Mitral RegurgitationDate of onset
Mar
5 yrs
ago

Other contributory causes of importance:

Cardiac decompensationFeb
1934Name of operation Cardiac operation Date of noWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If yes, specify George M. Settle
(Signed) 2435 Maryland Ave M. D.

(Address)

00154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *11230 S. Elwood St*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced *Married*

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Andrew J. Smol.*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, *hrs.*
or *min.**48*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place *Fifth Reformed Cem*Date *April 7, 1934*

9. UNDERTAKER

(Address)

*George W. Dickler
1737 E. Eagle St.*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/4, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*10/24**1930 to 4/4, 1934*I last saw him alive on *4/4, 1934* Death is said to have occurred on the date stated above, at *4* m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of heart with coronary artery (left)

Date of onset

4 yrs.

Other contributory causes of importance:

Calculation of heart & thigh - lungs

Name of operation

Date of *3/8/34*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*ER Brown
Baltimore City Hosp*

M. D.

✓ F 00155

00155
28355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Doris Bechtold

(a) Residence: No. 19 N. Linwood Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female

white

single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

3/21/13

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

2

12

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

at home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

John Bechtold

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Ida Iris

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn Date April 7, 1934

19. UNDERTAKER

(Address)

Martyn H. C. Piffel & Son
37 N. Carroll St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from
March 30, 1934 to April 3, 1934I last saw her alive on April 3, 1934 Death is said
to have occurred on the date stated above, at 6:50 p. m.The principal cause of death and related causes of
importance were as follows:Acute Bacterial Endocarditis
Staphylococcus pyemia

Date of onset

3/29/34
3/30/34

Other contributory causes of importance:

Rheumatic Heart disease

1921

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Pharmaceutical Technician

M. D.

(Address)

John Hopkins Hospital

00156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. St., 11-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Derricks

(a) Residence: No. 1113 Park ave.
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Ella Derricks
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 26, 1894

8. AGE Years 40 Months 1 Days 7 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joshua Derricks

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Jenny Spriggs

16. BIRTHPLACE (city or town) Frederick
(State or country) Maryland17. INFORMANT Hospital Records
(Address)

18. FUNERAL, CREMATION, OR REMOVAL

19. UNDERTAKER National Sewing Machine Co. Date 4/6/34
Bernard Heinsley
815 E. Pratt St.
Baltimore, Md.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934 to April 3, 1934

I last saw him alive on April 3, 1934 Death is said to have occurred on the date stated above, at 8.55 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset n. Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.
(Address) Baltimore City Hospitals

F 00157

00157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015⁷¹ Carey St. 16-01 Ward)

Length of residence in city or town where death occurred 3 yrs. 6 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1015⁷¹ Carey St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Harry Dean

DATE OF BIRTH (month, day, year) nov. 15 1857

AGE	Years	Months	Days	If LESS than 1 day..... hrs. or..... min.
76		4	20	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

070

10. Date deceased last worked at this occupation (month and year)

unknown

11. Total time (years) spent in this occupation

unknown

BIRTHPLACE (city or town) (State or country)

Fredericksburg Va.

13. NAME

George Combs

14. BIRTHPLACE (city or town) (State or country)

unknown

15. MAIDEN NAME

Mildred - ?

16. BIRTHPLACE (city or town) (State or country)

Fredericksburg Va.

INFORMANT

Marion Giller

(Address)

1719 Preston St.

BURIAL, CREMATION, OR REMOVAL

Place

Fredericksburg Va.

Date

Nov 7 1934

UNDERTAKER

(Address)

Amel H. Chase & Son

638 E. Baltimore St.

FILED

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-4-1934

22. I HEREBY CERTIFY, That I attended deceased from

3-28-1934 to 4-4-1934

I last saw her alive on 4-3-1934. Death is said to have occurred on the date stated above, at 3:45 PM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

3-28-34

Other contributory causes of importance:

Hypertension + arteriosclerosis

unknown

Name of operation

none

Date of

What test confirmed diagnosis?

physical examination

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank Saunders M. D.

(Address) 1024 N. Staden St.

F 00158

0158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N. Milton Ave St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

FULL NAME

Frederick L. Wetzelberger

(a) Residence: No.

725 N. Milton Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) Married
-------------	---------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Annie

DATE OF BIRTH (month, day, year)

June 29/1853

AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.

80

9

7

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Formerly

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Butcher

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

Nicholas Wetzelberger

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT
(Address)

Wife

725 N. Milton Ave

BURIAL, CREMATION, OR REMOVAL

Place

London Pl Cemetery April 7, 1934

UNDERTAKER
(Address)Leo S. Cook
1723 N. Patterson Pl Ave

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/34, 19

22. I HEREBY CERTIFY. That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 5.45 P.M.The principal cause of death and related causes of
importance were as follows:

Chr Endocarditis

Valvular Insufficiency (Reported)

Date of onset

Other contributory causes of importance:

Genl Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide?..... Date of injury....., 19.....Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John D. Baker* M. D.
(Address) 5086 N. ...

00159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 00159

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Wilson Spickens(a) Residence: No. 22 N. Morris St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed7. DATE OF BIRTH (month, day, year) 18858. AGE Years Months Days If LESS than 1 day, hrs. or min. 499. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
11. Date deceased last worked at this occupation (month and year) Unknown
12. Total time (years) spent in this occupation Unknown13. BIRTHPLACE (city or town) Unknown
(State or country)14. NAME Unknown
15. BIRTHPLACE (city or town) Unknown
(State or country)16. MAIDEN NAME Unknown
17. BIRTHPLACE (city or town) Unknown
(State or country)18. INFORMANT Land Lady
(Address) 22 N. Morris St.19. BURIAL, CREMATION, OR REMOVAL Galaxy
Place Galaxy Date 188520. UNDERTAKER Easton
(Address) 1111 N. Morris St.21. YEAR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6, 193422. I HEREBY CERTIFY, That I attended deceased from 4-4, 1934 to 4-6, 1934I last saw him alive on 4-6, 1934. Death is said to have occurred on the date stated above, at 6-9 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Meningeal Encephalitis 3-31-34

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Racusin M. D.
(Address) Franklin Square Hospital

F 00160

HEALTH DEPARTMENT—CITY OF BALTIMORE 00160

CERTIFICATE OF DEATH

Registered No. 81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

University Hospital

St. 15 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mildred Agnes Frazer

(a) Residence: No. 1613 N. Langwood St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Wm. Bernard Frazer

7. DATE OF BIRTH (month, day, year)

July 13 1903

8. AGE

30

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

13. NAME

Edward Huron

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Co, Md

15. MAIDEN NAME

Julia McSpurk

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

17. INFORMANT
(Address)

Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olive Randalltown

Date

Apr 9, 1934

19. UNDERTAKER
(Address)

Wm. J. Fickner & Son

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 6, 1934

22. I HEREBY CERTIFY That I attended deceased from

Apr 2, 1934, to Apr 6, 1934

I last saw her alive on Apr 6, 1934 Death is said

to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

Ascending Transverse
Myelitis

Date of onset

Mar.

Other contributory causes of importance:

Bulbar Palsy

Name of operation

Clinical

Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Langworthy M. D.

(Address) Union Hosp.

PR 7 - 1934

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4305 Wickford St. Ward 46)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 4305 Wickford St. Ward 46
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, HUSBAND of J. Mordit Mullen (or) WIFE of J. Mordit MullenDATE OF BIRTH (month, day, year) Aug. 25, 1888AGE Years 45 Months 7 Days 11 10 If LESS than 1 day, 10 hrs. or 10 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation 10BIRTHPLACE (city or town) Balto. (State or country) md.13. NAME John Burrows14. BIRTHPLACE (city or town) Chiba (State or country) Ia.15. MAIDEN NAME Ma M. Smith16. BIRTHPLACE (city or town) Balto. (State or country) md.INFORMANT J. Mordit Mullen(Address) 4305 Wickford St.

BURIAL, CREMATION, OR REMOVAL

Place Green RidgeDate April 7, 1934UNDERTAKER Wm. W. Kline Sons(Address) 18 W. Franklin St.

FILED 7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 193422. I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to Apr 5, 1934I last saw him alive on Apr 4, 1934 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Recto-sig-
noid.
Recurrent + metastasis
after operation

Date of onset

Other contributory causes of importance:

Cystitis.Name of operation Resection of sigmoid Date of Feb 2/33What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If No, specify(Signed) Harvey B. Stone(Address) 18 W. Franklin St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00163

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 395 Carey St. 18-01 Ward)Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 395 Carey St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race M 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Rother

6. DATE OF BIRTH (month, day, year) May 24 1898

7. AGE Years 35 Months 10 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT

(Address) 39 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

London Park Date Apr. 9, 1934

19. UNDERTAKER

(Address) Superior M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930 to Apr 6, 1934

I last saw him alive on Apr 6, 1934 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1934

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed)

(Address)

M. D.

R7-1934

F 00164 HEALTH DEPARTMENT—CITY OF BALTIMORE 00164

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 E Fort Ave. St. 24-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 1307 E Fort Ave.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
---------------	---------------------------	--

If married, widowed, or divorced
HUSBAND or (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	6	4	2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

13. NAME Benjamin Gurney

14. BIRTHPLACE (city or town) (State or country) Lancaster, Pa.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs. Victoria Gurney

(Address) 1307 E Fort Ave.

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

UNDERTAKER

(Address) 1307 E Fort Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 5, 1934 to April 6, 1934

I last saw her alive on April 5, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Sente Myocarditis

Other contributory causes of importance:

Cancer of Liver

Name of operation

Date of

What test confirmed diagnosis

Anchis

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address)

M. D.

R 7 - 1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *27-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Robert Garrett*(a) Residence: No. *422 Hutchins Ave* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
--------------------	------------------------------------	--

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec 28 / 1869*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>64</i>	<i>64</i>	<i>3</i>	<i>6</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME *Samuel Garrett*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *James Garrett - Son*(Address) *920 Arlington Ave. Towson*

BURIAL, CREMATION, OR REMOVAL

Place *Mt. Calvary Cem.* Date *April 2, 1934*FUNERAL TAKER *Mrs. P. A. Elliott*(Address) *1129 St. Caroline, St.*

R7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? *Clin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 00166

0166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 McCall St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 2220 McCall St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morgan Haynie ne Smith

7. DATE OF BIRTH (month, day, year) Oct. 12 - 1897

8. AGE 43 Years 5 Months 23 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumbering

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alexander Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Black

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James Smith Brown

(Address) 2220 McCall St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/7/34

UNDERTAKER Mrs. George B. Holla

(Address) 1611 Thurgood St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to April 4, 1934

I last saw him alive on April 4, 1934 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Length of residence in city or town where death occurred _____ mos. _____ ds.

How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 206

Zebadiah Hall
Geppelan Ave., B. Westbury St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced	HUSBAND of	WIFE of
	Alberta Hall	

DATE OF BIRTH (month, day, year)

8/1/1864

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
69	8	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

John Hall

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Hannah Wilson

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

(Address)

Records

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

Date

4/9/34

UNDERTAKER

(Address)

Mrs. George B. Hall
1637 Duval St. N.E.
Huntington Park, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-14-1934 to 4-5-1934

I last saw him alive on 4-5-1934 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum
Constipation
Pulmonary Embolus

Date of onset

1932

Other contributory causes of importance:

Name of operation

Hysterectomy

Date of March

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, if so, specify

(Signed)

W. M. Henderson

M.D.

(Address)

Johns Hopkins Hosp.

- 1934

00169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Keystone Ave., 13-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Noah C. Sprinkle

(a) Residence: No. 3321 Falls Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura C. Sprinkle

DATE OF BIRTH (month, day, year) May 17, 1865

AGE 65 Years 10 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Producer 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) md (State or country)

13. NAME John C. Sprinkle

14. BIRTHPLACE (city or town) md (State or country)

15. MAIDEN NAME Fannie Cook

16. BIRTHPLACE (city or town) md (State or country)

INFORMANT Harry C. Sprinkle (Address) 4153 Falls Road

BURIAL, CREMATION, OR REMOVAL Provision Date April 9, 1934UNDERTAKER Chenoweth & Co. (Address) 3615-17 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934 to April 6, 1934

I last saw him alive on April 5, 1934 Death is said to have occurred on the date stated above, at 7:54 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Date of onset

March 29, 1934

Name of operation None Date ofWhat test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles E. Clark M. D.

(Address) 3214 Piedmont Ave

-1934

00170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00170

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Chestnut Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3206 Chestnut Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)	AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Sept 1, 1933	7	6			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934, to April 7, 1934.

I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Varicella
Bronchopneumonia

Date of onset

1-1-34

4-4-34

Other contributory causes of importance

Myocardial insufficiency

4-6-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

00171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00171

✓ 139-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Ellen Wise

(a) Residence: No.

308 N. Bond

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced
HUSBAND of Ernest Wise
(or) WIFE ofDATE OF BIRTH (month, day, year) March 27/1891AGE Years 43 Months 0 Days 9 If LESS than 1 day, 8 hrs. or 0 min.6. Trade, profession, or particular kind of work done, as spinner, At home
sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) S.C.
(State or country)9. NAME Caesar Faris10. BIRTHPLACE (city or town) S.C.
(State or country)11. MAIDEN NAME Mary Moore12. BIRTHPLACE (city or town) S.C.
(State or country)INFORMANT Charlie Wise (son)
(Address) 308 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place Calvary cemetery Date April 8, 1934UNDERTAKER Edw. Benson
(Address) 1631 Orleans St

1934

21. DATE OF DEATH (month, day, year) Apr 5/34 19
22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934I last saw him alive on 1934 Death is said to have occurred on the date stated above, at 6.10 A.M.The principal cause of death and related causes of importance were as follows:
Peritonitis

Date of onset

Other contributory causes of importance:

Drainage for ruptured ovarian cyst Date of 4/4/34What test confirmed diagnosis? NO Was there an autopsy NO23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury 1934Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. E. Benson M. D.
(Address) 508 E. Madison

0172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00172

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Leon Height

(a) Residence: No. 1128 Thompson St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Jereline Height

DATE OF BIRTH (month, day, year) Nov 27/1900

AGE Years Months Days If LESS than 1 day, hrs. or min. 33 4 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME John H. Height

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Jannie L. Robertson

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Jereline Height (Address) 1128 Thompson St

BURIAL, CREMATION, OR REMOVAL

Place ashbury cemetery Date April 7, 1934UNDERTAKER ashbury Edgar Brown (Address) 1491 Orleans St1934 Thurgood Marshall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4/34, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 12.35 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage due to Rupture of aneurysm (congenital) of right internal cerebral artery

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Coroner

M. D.

F 00173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Wilkins Station St. 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Arthur Rue

(a) Residence: No.

St. Paul St. Ellicott City, St., Md.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of Mary Rue

DATE OF BIRTH (month, day, year)

AGE 80 Years 0 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Johns

Date 4-10-1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to April 7, 1934

I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

Other contributory causes of importance:

Name of operation Tracheotomy

Date of 4-6-34

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

25. If so, specify

(Signed)

(Address)

M. D.

18-1934

Registrar

M. D. B. 5068-9 F-00174

F 00174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 Park Ave. St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

white

married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

John T. Humphrey

DATE OF BIRTH (month, day, year)

Nov 22, 1865

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

4

14

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

md.

13. NAME

John T. Combe

14. BIRTHPLACE (city or town) (State or country)

md.

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

New Freedom, Pa.

Date April 10, 1934

UNDERTAKER

(Address)

Chenoweth & Son

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY That I attended deceased from April 4, 1934 to April 6, 1934

I last saw h.s.c. alive on April 6, 1934. Death is said to have occurred on the date stated above, at 9:55 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (R. side)

Date of onset

4-4-34

Other contributory causes of importance:

Hypertension

?

Name of operation

Clinical

Date of

ho

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

Robert J. Chenoweth

M. D.

FILED

8-1934

F 00175

F 00175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Ruston Ave St. 15-01 Ward)Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2008 Ruston Ave St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, year)

AGE Years 69 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia12. NAME Jacob14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Little16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Wife
(Address) sameBURIAL, CREMATION, OR REMOVAL Bellevue Hospital Date 4/8/34 19UNDERTAKER Steele & Davis Inc.
(Address) 1439 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-34, 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan — 1932 to 4-6- 1934I last saw him alive on 4-5-34 Death is saidto have occurred on the date stated above, at 838 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 2/30/33General Arterio Sclerosis

Other contributory causes of importance:

noneName of operation none Date ofWhat test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —(Signed) Herman Seidel M. D.
(Address) 2404 Eutaw PlFILED 8-1934

F 00176

F 00176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore

St. 20-Ward

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 40 yrs. 0 mos. 0 ds.

2. FULL NAME

Morris Friedman

(a) Residence: No. _____

2116 Watkins Ave

St. _____ Ward. _____

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

Fannie

DATE OF BIRTH (month, day, year)

AGE

Years
62

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Russia

13. NAME

Not known

14. BIRTHPLACE (city or town)
(State or country)

Russia

15. MAIDEN NAME

Not known

16. BIRTHPLACE (city or town)
(State or country)

Russia

INFORMANT
(Address)

Hospital Records

17. BURIAL, CREMATION, OR REMOVAL

Place

Bellevue Hospital

Date 4/8/34

18. UNDERTAKER
(Address)Jack Lewis Inc.
1439 E. 13th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY, That _____ attended deceased from
April 3, 1934 to April 7, 1934

I last saw him alive on April 7, 1934 Death is said

to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of
importance were as follows:Pneumonia, Embolism
Post-operative shock

Date of onset

Other contributory causes of importance:

Gastric ulcer
Chronic cholecystitis; cholelithiasis
Gastric dilatation
Chronic pancreatitis

Name of operation Cholecystectomy Date of 4/6/34

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) _____

(Address) _____

J. M. D.
West Baltimore Hospital

APR 8 - 1934

F 00177

F 00177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *13-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *20* yrs. *0* mos. *0* ds.

2. FULL NAME

Nathan Mendelssohn(a) Residence: No. *2318 Callow Ave.* St. *13-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Katie*

DATE OF BIRTH (month, day, year)

AGE Years *58* Months *0* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Tailor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Berlin*13. NAME *Jacob*14. BIRTHPLACE (city or town) (State or country) *Berlin*15. MAIDEN NAME *Fannie*16. BIRTHPLACE (city or town) (State or country) *Berlin*

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *Belvedere* Date *4/7/34* 19*34*

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-7-34*, 1922. I HEREBY CERTIFY That I attended deceased from *3-30*, 19*34* to *4-7*, 19*34*I last saw him alive on *4-7-34* Death is said to have occurred on the date stated above, at *10:30 pm.*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage*Date of onset *3-30-34*

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? *no* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Francis Warren, M. D.
University Hosp.

R8-1934

F 00178

F 00178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *6200 Baltimore Ave* St. *27-01* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *50* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *6200 Baltimore Ave* St. *27-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced
HUSBAND of *Pessie H.*
(or) WIFE ofDATE OF BIRTH (month, day, year) *April 1-1851*AGE Years *83* Months *-* Days *4* If LESS than 1 day, *-* hrs. *-* or min. *-*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mfg. - Furniture*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *45*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Lithuania*
(State or country)13. NAME *Naomi*14. BIRTHPLACE (city or town) *Lithuania*
(State or country)15. MAIDEN NAME *Naomi*16. BIRTHPLACE (city or town) *Lithuania*
(State or country)INFORMANT *Wife*
(Address)BURIAL, CREMATION, OR REMOVAL
Place *Baltimore* Date *4/8/34* 19UNDERTAKER *John Lewis*
(Address) *1438 E. Baltimore St.*FILED *1934* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from *From* 1927 to *April 5, 1934*I last saw him alive on *April 5, 1934*. Death is said to have occurred on the date stated above, at *6 P. m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Myocarditis
Debility.*

Other contributory causes of importance:

*Myocardial
dilatation.*Name of operation *none* Date ofWhat test confirmed diagnosis? *Physical* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *Arteriosclerosis*
(Signed) *Dr. Frank H. Smith* M. D.(Address) *2351 E. Howard St.*

F 00179

F 00179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland* St. *01* Ward)Length of residence in city or town where death occurred yrs. *1* mon. *24* ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. *Maryland*

(Usual place of abode)

St.

Ward. *Some records in*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Feb 17, 1931*AGE Years *3* Months *1* Days *19* If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as aptiner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*

13. NAME

14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*INFORMANT *Hospital Records*
(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill*Date *April 9th 1934*

UNDERTAKER

(Address) *1039 W. 10th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 6, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 12, 1934, to April 6, 1934*I last saw him alive on *April 6, 1934*. Death is said to have occurred on the date stated above, at *5⁰⁰ P. M.*The principal cause of death and related causes of importance were as follows:
*Total pneumonia*Date of onset
*3/10/34*Other contributory causes of importance:
*Heart & Lung Failure*Name of operation: *Lithotomy*Date of *3/30/34*

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward J. Tupper*(Address) *Maryland*

M. D.

FILED 8-1934

00180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00180

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *13-01*

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *13-01* St., *Ward* (If non-resident give city or town and State)Registered No. *91-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elta Lehmann*7. DATE OF BIRTH (month, day, year) *Jan 7/1879*8. AGE Years *55* Months *2* Days *30* If LESS than 1 day, hrs. or min.9. Trade, profession, or occupation (kind of work done, as farmer, lawyer, bookkeeper, etc.) *Clothing Manufacturing*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Foreman*

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation *08*13. BIRTHPLACE (city or town) (State or country) *Germany*14. NAME *Carlton Lehmann*15. BIRTHPLACE (city or town) (State or country) *Germany*16. MAIDEN NAME *Clara Bachrach*17. BIRTHPLACE (city or town) (State or country) *Germany*18. INFORMANT (Address) *Mrs. S. Field 1361 Liberty Street*19. BURIAL, CREMATION, OR REMOVAL *Interment*20. UNDERTAKER (Address) *2715 Reisterstown Rd*

FILED

21. DATE OF DEATH (month, day, year) *April 6*, 193422. I HEREBY CERTIFY. That I attended deceased from *April 16*, 1933, to *April 6*, 1934I last saw him alive on *April 6*, 1934. Death is said to have occurred on the date stated above, at *6 P* m.

The principal cause of death and related causes of importance were as follows:

*Subacute Bacterial Endocarditis*Date of onset *Unknown*

Other contributory causes of importance:

Name of operation *Blood Culture* Date of *24*What test confirmed diagnosis? *Was there an autopsy?* *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *William Sherry* M. D.(Address) *3411 Forest Park Dr.*

8-1934

F 00181

F 00181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *28-01* Ward)Length of residence in city or town where death occurred *3.5* yrs. *—* mos. *—* ds. How long in U. S. If of foreign birth? *—* yrs. *—* mos. *—* ds.

2. FULL NAME

(a) Residence: No. *4405* *Woodward Road* St. *—* Ward. *—*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced, name of (or) WIFE of *Melina J. Casey*DATE OF BIRTH (month, day, year) *2/12/1869*AGE Years *65* Months *1* Days *20* If LESS than 1 day, *—* hrs. or *—* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Wm.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Ga.*
(State or country)13. NAME *Alexander Twinn*14. BIRTHPLACE (city or town) *Not obtainable*
(State or country)15. MAIDEN NAME *John James Summers*16. BIRTHPLACE (city or town) *Ga.*
(State or country)INFORMANT *Hospital Records.*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Augusta, Ga.* Date *4/9*, 1934UNDERTAKER *Henry W. Mears and Son*(Address) *805 N. Calvert Street*FILED *1934* *10-4*, *in* *File*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *4/7/34*, 19, to *4/7/34*, 19I last saw him alive on *4/7/34*, 19 Death is said to have occurred on the date stated above, at *2 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Retropneumothorax
C. rupture into ventricle &
pericardial cavity.*

?

?

36 hrs.

Other contributory causes of importance:

Severely diseased

36

hrs.

Name of operation

Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *—*, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. A. Chaturd
1300 N. Calvert St

M. D.

For A.C. 20, Railroad - Court - Wm. J. Casey

00182 HEALTH DEPARTMENT—CITY OF BALTIMORE 00182

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella May Beasley

(a) Residence: No. Benges, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 27/34

AGE Years Months Days If LESS than 1 day, hrs. or min. 9

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Benges, Md. (State or country)

3. NAME Thomas Taylor

4. BIRTHPLACE (city or town) Benges, Md. (State or country)

5. MAIDEN NAME Catherine Beasley

6. BIRTHPLACE (city or town) Benges, Md. (State or country)

INFORMANT Catherine Beasley Benges, Md. (Address)

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

UNDERTAKER (Address)

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/34, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 4/05 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D. Address

00183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00183

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Curley

St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward S. Glick

St. Ward.

(If non-resident give city or town and State)

(a) Residence: No. 406 N. Curley St.

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced. (write the word)

Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Bertha E. Glick

DATE OF BIRTH (month, day, year) Feb. 14-1872

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

62

1

23

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Repair Man

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Liny Bros

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Washington

D.C.

13. NAME John Glick

Germany

14. BIRTHPLACE (city or town)
(State or country)

Not Known

15. MAIDEN NAME

Germany

16. BIRTHPLACE (city or town)
(State or country)

Bertha E. Glick (Wife)

INFORMANT

(Address)

406 N. Curley St.

BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn Cem.

Date April 9/34

UNDERTAKER

(Address)

Mrs. G. Miller

1934

21. DATE OF DEATH (month, day, year)

Apr 6/34, 19

22.

I HEREBY CERTIFY. That I attended deceased from

19 to 19

Death is said

I last saw h alive on

to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of
importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation Thyroid Operation Date of 3/34

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. S. Bauer

(Address)

108 E. N. St.

M. D.

F 00184

F 00184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore General Hospital 18-01* Ward)Length of residence in city or town where death occurred *27* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1033 W. Lombard* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced
HUSBAND of *Arthur W. Smith,*
(or) WIFE of7. DATE OF BIRTH (month, day, year) *February 27, 1894*8. AGE Years *40* Months *1* Days *9* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Bladensburg Md.*14. NAME *William H. Moffet,*15. BIRTHPLACE (city or town) (State or country) *Washington D.C.*16. MAIDEN NAME *Susan F. Callan,*17. BIRTHPLACE (city or town) (State or country) *Washington D.C.*18. INFORMANT *Arthur W. Smith,*
(Address) *1033 W. Lombard St.*19. BURIAL, CREMATION, OR REMOVAL *APR 9 - 1934*
Place *Mt Olivet* Date *19*20. UNDERTAKER *Geo W. Little*
(Address) *2700 Edmondson Ave*

FEB - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 6*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *March 28*, 19*34*, to *April 6*, 19*34*.I last saw *her* alive on *April 6*, 19*34*. Death is said to have occurred on the date stated above, at *2:30 PM*.

The principal cause of death and related causes of importance were as follows:

Subdural Hemorrhage

Date of onset

3/18/34

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John R. Corum M.D.*(Address) *W. 132 E. St.*

M. D.

F 00185

F 00185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) *Sinai Hospital* St. *15-01* Ward)Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4011 Norfolk Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married* 6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Dora* 7. DATE OF BIRTH (month, day, year) *1880* 8. AGE Years *54* Months *—* Days *—* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Russia* 14. NAME *Phillip Fribush* 15. BIRTHPLACE (city or town) (State or country) *Russia* 16. MAIDEN NAME *Pearl Broger* 17. BIRTHPLACE (city or town) (State or country) *Russia* 18. INFORMANT *Abe Fribush* (Address) *4011 Norfolk Ave*

19. BURIAL, CREMATION, OR REMOVAL

Place *Washington D.C.* Date *4/8, 1934* 20. UNDERTAKER *Sol Robinson* (Address) *1127 E. Balto St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 6, 1934* 22. I HEREBY CERTIFY, That I attended deceased from *April 5, 1934* to *April 6, 1934* I last saw him alive on *April 6, 1934* Death is said to have occurred on the date stated above, at *1:30 P.* m.

The principal cause of death and related causes of importance were as follows:

 cardiac insufficiency *chronic bronchitis* *emphysema* *congestive heart failure* *chronic myocarditis*

Other contributory causes of importance:

Name of operation *none* Date of *clinical* What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

 no If so, specify (Signed) *I. Katzgenstein*

M. D.

(Address) *Sinai Hospital*

FILED

1934

APR 10

BALTIMORE

HEALTH DEPT.

RECEIVED

APR 10

1934

M. D. R. 126 F 00186

F 00186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Stricker St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 110 N. Stricker St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M.	4. Color or Race W	5. Single, Married, Widowed, or Divorced (Write the word) Widowed
6. If married, widowed, or divorced HUSBAND of Mary J. Fogg		
DATE OF BIRTH (month, day, year) Sept 11-1863		
AGE	Years	Months
	70	6
		36.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) Va

13. NAME

14. BIRTHPLACE (city or town)
(State or country) Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) Va

INFORMANT

(Address) 110 N. Stricker St.

BURIAL, CREMATION, OR REMOVAL

Arlington Va Date April 11, 1934

UNDERTAKER

(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY That I attended deceased from April 7 to April 6, 1934.

I last saw him alive on April 6, 1934 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

April 1

Other contributory causes of importance:

Atherosclerosis

2 days

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Glassman M. D.

(Address) 285 N. Tipton

FILED

8-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Marilyn Durkan(a) Residence: No. 5161 Queensberry ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) 9-19-1932AGE Years Months Days If LESS than 1 day, hrs. or min.
1 6 19 16

8. Trade, profession, or particular kind or work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME Francis Durkan14. BIRTHPLACE (city or town) Alberty Md
(State or country)15. MAIDEN NAME Cecelia Singleton16. BIRTHPLACE (city or town) Gloucester Va
(State or country)INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/9 1934UNDERTAKER William J. Gault
(Address) 1214 N. Bond St

FILED

18-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 193422. I HEREBY CERTIFY. That I attended deceased from Feb 21, 1934 to Apr 5, 1934I last saw her alive on Apr 5, 1934. Death is said to have occurred on the date stated above, at 7:05 p.m.

The principal cause of death and related causes of importance were as follows:

Otitis media, mastoiditis
Pneumonia, Empyema
Pr. Septicemia, Cardiac Failure

Date of onset

2-21-343-8-343-18-343-28-344-5-34

Other contributory causes of importance:

(See above, not underlined)Name of operation none Date of 7-20What test confirmed diagnosis Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Arthur H. Reed(Address) Johns Hopkins Hospital

M. D.

F 00188 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00188

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 West Hampton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1932 West Hampton St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Daisy Marshack

DATE OF BIRTH (month, day, year): Jan 1 - 1870

AGE: Years 64 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Joseph Updegraff

10. Date deceased last worked at this occupation (month and year): 1922 11. Total time (years) spent in this occupation: 422

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: William Marshack (Address): 2759 Bayview Ave

BURIAL, CREMATION, OR REMOVAL: Place: Baltimore Date: 4/9 1934

UNDERTAKER: William Cook (Address): 127 N. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from date: 1934 to: Apr 7, 1934

I last saw him alive on: Apr 7, 1934 Death is said to have occurred on the date stated above, at: 6 A. m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction State of exhaustion of heart

Other contributory causes of importance:

Hypertension Solerous

Name of operation: none Date of: ✓

What test confirmed diagnosis: Phys Exam Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury: 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: ✓

Manner of injury: ✓

Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify: ✓

(Signed): John St. Robert M. D.

(Address): 1219 Poplar St.

8-1934

00189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

134 N. Ellwood Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME

WM. W. R. Harryman

(a) Residence: No.

134 N. Ellwood Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

white

Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Fannie Louise

DATE OF BIRTH (month, day, year)

Jany 29/1870

AGE

Years
64Months
2Days
8

If LESS than
1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unemployed

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

2. NAME

Unknown

4. BIRTHPLACE (city or town)
(State or country)

Unknown

5. MAIDEN NAME

Elizabeth Poteet

6. BIRTHPLACE (city or town)
(State or country)

Unknown

INFORMANT

Mrs. R.A. Warren (daughter)

(Address)

3035 Frisby St

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 6/34

19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 7 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Probably Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 00190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3037 Eastern Ave St. 1-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie K. Worthington(a) Residence: No. 3037 Eastern Ave St. 1-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word) MarriedIf married, widowed, or divorced ~~Husband~~ (or) WIFE of Olis A. WorthingtonDATE OF BIRTH (month, day, year) June 15 1878AGE Years 55 Months 9 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation XBIRTHPLACE (city or town) Balto (State or country) MD.13. NAME Frank Kautsch14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Mary Overland16. BIRTHPLACE (city or town) Balto (State or country) MD.INFORMANT Olis A. Worthington (Address) 3037 Eastern AveBURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date April 9 1934UNDERTAKER Wm Cook (Address) 1217 St Paul StFILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 193422. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to April 6 1934I last saw her alive on April 6 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

(Maemia - / with chronic nephritis (1 yr) arterio - hypertension (1 yr) April 3-1934

Other contributory causes of importance:

slight arterio - sclerosis - 1 yr -Name of operation urinal cath. Date of urinal cath.What test confirmed diagnosis urinal cath. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury — 19 —Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of Injury —Nature of Injury —24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Louis F. Brunner M. D.(Address) 722 N. Greenwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 Light St. 24-01 Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 539 E Fort Ave St. 24-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene D Sadder

DATE OF BIRTH (month, day, year)

AGE 43 Years Months Days If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/10

UNDERTAKER

(Address)

FILED

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1934I HEREBY CERTIFY, That I attended deceased from Mar 27th, 1934, to April 5th, 1934. I last saw her alive on April 5th, 1934. Death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocarditis

Date of onset

?

Other contributory causes of importance:

Name of operation Clinical Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

F 00192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME

John V. Sodergren (Johann Victor Sodergren)(a) Residence: No. 14 E Antietam St., Hagerstown Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of Mrs. Sodergren
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 64 Years 11 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

B. BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 193422. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to April 8, 1934I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Decubital ulcer
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

James J. Moore M. D.
University Hospital
Baltimore Maryland

8-1934

F 00193

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00193

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Hillman Street St. 27-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth 58 yrs. mos. da.

2. FULL NAME William H. Glendmeyer

(a) Residence: No. Northern Parkway at Harford St., Road Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 4, 1856.

AGE 77 Years 11 Months 2 Days If LESS than 1 day 1 hr. 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Germany

13. NAME Frederick Glendmeyer Germany

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louise Bendeket

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT Mrs. Catherine Engelbrecht (Address) 1317 Hillman Street (sister)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 9, 1934

UNDERTAKE

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934 to Apr 6, 1934

I last saw him alive on Apr 5, 1934. Death is said to have occurred on the date stated above, at 9:11 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho pneumonia

Other contributory causes of importance:

Chronic valvular disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00194

F 00194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Monument St., 19-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 703 Monument St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. Color or Race cal 5. Single, Married, Widowed, or Divorced (write the word) married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma Howard Welsh

DATE OF BIRTH (month, day, year)

AGE 45 Years 2 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That attended deceased from

April 2, 1934, to April 6, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Apr 13

Other contributory causes of importance:

Angina pectoris

3-20

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward Fisher M. D.

(Address) 1612 E Monument

8-1934

M. D. B. 12-1-1934 F 00195

F 00195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Med* JOHNS HOPKINS HOSPITAL

Registered No. _____

CITY OF BALTIMORE: (No. _____ St. 7-01 Ward) 131

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 8 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME James Kerney(a) Residence: No. 197 State St. Trenton N.J.

(Usual place of abode)

Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of Sarah (same)7. DATE OF BIRTH (month, day, year) April 29, 18738. AGE Years 60 Months 11 Days 19 If LESS than 1 day, _____ hrs. or _____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Print10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) New Jersey14. NAME Thomas Kerney15. BIRTHPLACE (city or town) Ireland16. MAIDEN NAME Maria Farrell17. BIRTHPLACE (city or town) Ireland18. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL19. BURIAL, CREMATION, OR REMOVAL PresbyterianPlace 1010Date 10-10-193420. UNDERTAKER John O. Sullivan(Address) 1900 Eutaw Place21. YEAR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 8 193422. I HEREBY CERTIFY, That I attended deceased from MAR 31, 1934 to APR 8, 1934I last saw him alive on APR 8, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Vascular disease
Chronic Nephritis

Date of onset

?

?

?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Herbert Eckhart

M. D.

(Address) Johns Hopkins Hospital

M. D. F 00196

✓ F 00196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Belt St., 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1638 Belt St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND of *Mary E.*
(or) WIFE ofDATE OF BIRTH (month, day, year) *April 4 1867*

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or min.*67**2*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)*Engineer*11. Total time (years)
spent in this
occupation *30*2. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

10. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 6 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 6 1934* to *April 6 1934*I last saw him alive on *April 6 1934* Death is said
to have occurred on the date stated above, at *7:30 p.m.*The principal cause of death and related causes of
importance were as follows:*Acute nephritis*

Other contributory causes of importance:

Chronic nephritis

Date of onset

*April 6 1934*Name of operation *none*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

8-1934

F 00197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00197

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 1016 7. Eutaw St

CITY OF BALTIMORE: (No.

ST. 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Dix

(a) RESIDENCE NO. 1016 7. Eutaw

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds.

How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male 4 COLOR OR RACE A.A. 5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (write name of) Tillie Dix

7 DATE OF BIRTH (month, day, and year) March, 8-1892

8 AGE Years 42 Months 0 Days 26 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 010

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Northampton State or country Virginia

11 NAME OF FATHER Ray Dix

12 BIRTHPLACE OF FATHER (city or town) Virginia

(State or country)

13 MAIDEN NAME OF MOTHER Emily Johnson

14 BIRTHPLACE OF MOTHER (city or town) Virginia

(State or country)

Informant Tillie Dix (wife)

(Address) 1016 7. Eutaw St

16 DATE OF DEATH (month, day, and year) 4/4/34

17 I HEREBY CERTIFY, That I attended deceased from 4/3/34 to 4/4/34 that I last saw him alive on 4/4/34 and that death occurred, on the date stated above, at 1:35 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2nd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 422 Baker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT Mt. Calvary Cem.

DATE OF BURIAL

4/8/34 ADDRESS 818

20 UNDERTAKER Bernard P. ...

8-1934

DEC. 8-16-29 I. F. S. 100 Bks.
F 00198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00198

93-003

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *Greenway Apt. Charles + 34th* ST. *12-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME *Anna Maria Dryden Trundle*

(a) RESIDENCE NO. *Greenway Apt. Charles + 34th* ST. WARD

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *83 yrs. 6 mos. 14 ds.* How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Widow*

If married, widowed, or divorced HUSBAND of (or) WIFE of *Nelson Burns Trundle*

DATE OF BIRTH (month, day, and year) *July 23/1850*

AGE Years *83* Months *6* Days *14* If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *At Home*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) *Baltimore Md* (State or country)

10 NAME OF FATHER *Joshua Dryden*

11 BIRTHPLACE OF FATHER (city or town) *Baltimore Md* (State or country)

12 MAIDEN NAME OF MOTHER *Adelia E. Conigs*

13 BIRTHPLACE OF MOTHER (city or town) *Md* (State or country)

Informant *Heather Scindella* (Address) *Greenway Apt 15*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-7-34*

17 I HEREBY CERTIFY That I attended deceased from *Sept*, 19*33*, to *Apr 7*, 19*34*, that I last saw her alive on *Apr 7*, 19*34*, and that death occurred, on the date stated above, at *2 P* m.

The CAUSE OF DEATH* was as follows:
Arterio-sclerotic myocarditis. Hypertension. Gradual Edema.

CONTRIBUTORY (Secondary) *Gradual Edema* (duration) yrs. mos. *2 ds.*

18 Where was disease contracted If not at place of death?

Did an operation precede death? *no*. Date of

Was there an autopsy? *no*

What test confirmed diagnosis? *Clinical*

(Signed) *N. H. Woody*, M. D.

, 19 (Address) *1402 Park Ave*

*State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Greenmount Cem. April 9/1934

UNDERTAKER *Chas. E. French* 802 Madison Ave

8-1934 *Heather Scindella* Registrar

F 00499

F 00199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Int Hope Retreat* St., *28* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Convent Station, 71* St., *28* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 7 - 1863*7. AGE Years *70* Months *7* Days *1* IT LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Religious*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Religious*
10. Date deceased last worked at this occupation (month and year) *06*
11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) *Norwich*
(State or country) *Conn*13. NAME *Dennis G. Clune*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Bridget Gerard*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Records of Int. Hope*
(Address) *Int. Hope Retreat*18. BURIAL, CREMATION, OR REMOVAL
Place *Newark, N.J.* Date *Apr 8/34* 19*34*19. UNDERTAKER *Stearns & Mowen Co.*
(Address) *108 W. North Avenue*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 8*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Mar. 6*, 19*34* to *Apr. 8*, 19*34*I last saw her alive on *April 8*, 19*34*. Death is said to have occurred on the date stated above, at *1:40* a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
Senile Dementia

Other contributory causes of importance:

Cerebral Hemorrhage
*Rt side hemiplegia*Name of operation *None* Date ofWhat test confirmed diagnosis *Autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Daman P. Alayor* M.D.(Address) *33 N. Frederick Ave*

APR 8

D 00200

F 00200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

1219 Ensor

St. 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John J. Buchanan

(a) Residence: No.

1219 Ensor

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 12/1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	26	5

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

9. NAME

Wm. J. Buchanan

10. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

11. MAIDEN NAME

Mary T. Murray

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

INFORMANT

Mary T. Buchanan

(Address)

1219 Ensor St

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Metastasis to
Retroperitoneal Lymph Nodes

Date of onset

Other contributory causes of importance:

Carcinoma of left Testicle

Removal of testicle 2 yrs ago.

Name of operation.

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Baker

(Address) 508 E. North a

M. D.

R 8 - 1934

00201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5032 Queensbury Ave., St. 77-81 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5032 Queensbury Ave., St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Cohen

DATE OF BIRTH (month, day, year)

AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury related to occupation of deceased?

(Signed)

(Address)

M. D.

8-1934

M. D. H. 1934
F 00202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00202

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Calvert St., 12-01 Ward)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ann Matthews

(a) Residence: No.

1732 N. Calvert

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 8, 1848

AGE Years Months Days If LESS than 1 day, hrs. or min. 85 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Charles County Maryland (State or country)

12. NAME Dr. Francis Matthews

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Elizabeth E. Neale

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mary M. McWilliams (Address) 1732 N. Calvert Street

BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cem Date 4/10 1934

UNDERTAKER

(Address) 802 N. Calvert Street

FILED

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to Apr. 8, 1934

I last saw her alive on Apr. 6, 1934 Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis, General -

Date of onset 1915

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00203

CERTIFICATE OF DEATH

82-001

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3164 Wilkens Ave. St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Brown

(a) Residence: No. 3164 Wilkens Ave. St. Ward Westminster Md.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 Color or Race White 5. Single, Married, Widowed,
 or Divorced (write the word) Widowed

If married, widowed, or divorced
 HUSBAND of Samuel Brown
 (or) WIFE of

DATE OF BIRTH (month, day, year) April 26th 1846

AGE 87 Years 11 Months 11 Days 10 If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, an spinner,
 sawyer, bookkeeper, etc.

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last worked at
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

BIRTHPLACE (city or town)
 (State or country)

12. NAME Smallwood Green

14. BIRTHPLACE (city or town)
 (State or country)

15. MAIDEN NAME Susan Knight

16. BIRTHPLACE (city or town)
 (State or country)

INFORMANT Mrs. Harry M. Green
 (Address) 3164 Wilkens Ave.

BURIAL, CREMATION, OR REMOVAL

Place Westminster, Md. Date April, 9-1934

UNDERTAKER Charles J. Schwab
 (Address) 505 N. Monroe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6-1934

I HEREBY CERTIFY, That I attended deceased from
March 20 1934, to April 6 1934

I last saw her alive on April 6 1934 death is said
 to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of
 importance were as follows:

Cerebral Hemorrhage
Multiple
Arterio Sclerosis

Date of onset

3/20/34

Other contributory causes of importance:

Brucella Pneumonia Renal

4/5/34

Name of operation None

Date of

What test confirmed diagnosis Physical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the
 following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
 deceased? No specify

(Signed) Eliot Johnson M. D.

(Address) 3432 Indiana Ave

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 00204

00204

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Sydenham Hospital
St. 17-01 Ward

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Avery

(a) Residence: No.

927 Myrtle Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male colored Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Baby

DATE OF BIRTH (month, day, year)

March 24, 1931

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

10

13 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Charles Avery

14. BIRTHPLACE (city or town)
(State or country)

S. Carolina

15. MAIDEN NAME

Cora Lee

16. BIRTHPLACE (city or town)
(State or country)

North Carolina

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

19-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 7, 1934

22. I HEREBY CERTIFY. That I attended deceased from

April 1, 1934, to April 7, 1934

I last saw him alive on April 7, 1934. Death is said

to have occurred on the date stated above, at 4:55 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchopneumonia
Pneumonia

Date of onset

Feb 13

Mar 24

Apr 1

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

00205

F 00205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland Hospital* Ward)Length of residence in city or town where death occurred *2 weeks* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Matilda Stanton (Matilda Duvall Stanton)(a) Residence: No. *116 McAndrew St.* Annapolis, Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Joseph Stanton*
(or) WIFE ofDATE OF BIRTH (month, day, year) *September 23, 1894*AGE Years Months Days If LESS than 1 day, hrs. or min.
39 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Annapolis*
(State or country) *Maryland*

13. NAME

*Ernest Duvall*14. BIRTHPLACE (city or town) *Annapolis*
(State or country) *Maryland*

15. MAIDEN NAME

*Alma Duvall*16. BIRTHPLACE (city or town) *Annapolis*
(State or country) *Maryland*

INFORMANT

Mrs. Alma Duvall

(Address)

*Annapolis, Md.*MUTUAL CREMATION OR REMOVAL
Place *Virginia*

UNDERTAKER

(Address)

Joseph H. Cook
1003 W. Baltimore St.

FILED

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7-8-34* 1922. I HEREBY CERTIFY, That I attended deceased from *3-11-34* 19 to *7-8-34* 19I last saw him alive on *4-8-34* 19. Death is said to have occurred on the date stated above, at *11:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset

Other contributory causes of importance:

Name of operation *Transplantation of uterus*Date of *3-12-34*What test confirmed diagnosis? *Physician* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

R. W. Ballenwill M. D.
Mary Hospital
Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward)Length of residence in city or town where death occurred... yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.2. FULL NAME Frank Mars(a) Residence: No. Pulaski Terre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of Ethel
(or) WIFE ofDATE OF BIRTH (month, day, year) 9/24/83AGE Years 50 Months 6 Days 14 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mum13. NAME Luther Mars14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Alma Holston16. BIRTHPLACE (city or town) (State or country) MumINFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Pulaski Date April 9, 1934UNDERTAKER Orchard(Address) Orchard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 30 1934 to April 8, 1934I last saw him alive on April 8, 1934 Death is said to have occurred on the date stated above, at 12³⁰ m.

The principal cause of death and related causes of importance were as follows:

Cordis. Vascular - renal disease
Uremia - Obstructive signDate of onset Sept. 1933

Other contributory causes of importance:

UremiaName of operation Gonotomy, Post. with stone

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) William(Address) William

M. D.

FILED
9 - 1934

M. D. B. 1934
00207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00207

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W Biddle St., 17-01 Ward)

Length of residence in city or town where death occurred: 9 months. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Margaret Lu Johnson

(a) Residence: No. 628 W Biddle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Baby Girl
6. If married, widowed, or divorced HUSBAND of (or) WIFE of		

DATE OF BIRTH (month, day, year)

AGE 9 Months	Years	Months	Days	If LESS than 1 day, hrs. or min.
-----------------	-------	--------	------	----------------------------------

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore 11/15
(State or country) Md.

13. NAME Joseph Keets

14. BIRTHPLACE (city or town) Baltimore 11/15
(State or country)

15. MAIDEN NAME Margaret Johnson

16. BIRTHPLACE (city or town) Baltimore
(State or country)INFORMANT Margaret Johnson
(Address) 628 W Biddle St.BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Monday 11/19/34UNDERTAKER Eloy Wilson
(Address) 1001 13th Ave

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY That I attended deceased from April 4, 1934, to April 6, 1934

I last saw him alive on April 6, 1934. Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia
(Primary)

Date of onset

3/31/34

Other contributory causes of importance:

Name of operation None Date of 2/4

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. E. G. M. D.

(Address) 1734 13th Ave

F 00208

D. P. 1205-9

00208 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 E Madison St., 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nellie Ashford

(a) Residence: No. 1432 E Madison St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) unknown
AGE Years Months Days If LESS than 1 day, hrs. or min. Upper 56

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation 69

BIRTHPLACE (city or town) Balto Md
(State or country)

12. NAME

Chris Thompson

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME

Rosena Anderson

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT

(Address)

Florence Nicholson (Aunt)

1432 E Madison St

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Valley Cem Data April 9th 1934

UNDERTAKER

(Address)

Mrs Robert Elliott

1129 Maryland St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY, That attended deceased from

June 23, 1934 to April 6, 1934

I last saw her alive on April 5, 1934. Death is said

to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
& Phlegm of lungs much of them
and thromboses

Date of onset

April 1934

Other contributory causes of importance:

Chronic Interstitial Nephritis
hypertension

1/23/34

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. Young
1429 E Monument St

M. D.

R9 - 1934

0209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M F-00209

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* St. *12* Ward)Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *12* yrs. *0* mos. *0* ds.

FULL NAME

(a) Residence: No. *3205 Barclay St.* St. *12* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced HUSBAND of (or) WIFE of *✓*DATE OF BIRTH (month, day, year) *Aug. 6, 1925*AGE Years *8* Months *7* Days *27* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *School*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Wm. Datcher*14. BIRTHPLACE (city or town) (State or country) *Shelburne, Vt.*15. MAIDEN NAME *Levinia Macfrew*16. BIRTHPLACE (city or town) (State or country) *Shelburne, Vt.*INFORMANT *Levinia Datcher* (Address) *3205 Barclay St.*

BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's Cemetery* Date *April 9th, 1934*UNDERTAKER *Wm. B. O. E. E. E.*(Address) *1129 Barclay St.*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Union* 19 *to* 19 *to*I last saw him alive on *Union* 19 *Death is said to have occurred on the date stated above, at* *m.*

The principal cause of death and related causes of importance were as follows:

Multiple Fractures Shock.

Date of onset

Other contributory causes of importance:

*Automobile Accident*Name of operation *none* Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide* Date of injury *4/4, 1934*Where did injury occur? *3205 Barclay St.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *street Accident*Manner of injury *Struck by auto while playing in the street*Nature of injury *Multiple Fractures*24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *Joseph Potermy*(Address) *2202 E. Madison St.*

M. D.

00210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3316 O'Donnell St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Valente Bogdanski

(a) Residence: No. 3316 O'Donnell St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Theodore Bogdanski (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 4 Years 64 Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

BIRTHPLACE (city or town) (State or country)

9. NAME

10. BIRTHPLACE (city or town) (State or country)

11. MAIDEN NAME

12. BIRTHPLACE (city or town) (State or country)

13. INFORMANT

(Address)

14. BURIAL, CREMATION, OR REMOVAL

Place

15. UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1230 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? The test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

00211 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00211

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Sticker St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1530 N. Sticker St., 15-01 Ward. (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: Cool 2. Single, Married, Widowed, or Divorced: Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Julia

DATE OF BIRTH (month, day, year)

AGE: 45 Years 1888 Months Days If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country)

3. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

9-1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide
Fracture base of skull
cut on hand trying to
hold on to knife

Other causes of death

Name of operation

What test confirmed death? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Luck M. D.

(Address)

00212 HEALTH DEPARTMENT—CITY OF BALTIMORE 00212

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Church Home and Infirmary* Registered No. *59*
 CITY OF BALTIMORE: (No. *6-01* St. *6-01* Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 Length of residence in city or town where death occurred *18* yrs. *16* mos. *16* ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Mr. George B. Roberts*
 (a) Residence: No. *Betterton, Kent Co., Md.* Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 If married, widowed, or divorced
 HUSBAND of *Mr. Florence E. Roberts*
 DATE OF BIRTH (month, day, year) *Oct. 19 1861*
 AGE *72* Years *6* Months *17* Days If LESS than 1 day, hrs. or min.
 6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

George B. Roberts

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Anna E. Cornelius

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

INFORMANT

(Address)

*Geo. B. Roberts Jr.
1414 E. Lafayette St.*

BURIAL, CREMATION, OR REMOVAL

Place

Church Home and Infirmary April 10, 1934

UNDERTAKER

(Address)

*John O. Mitchell Home
1900 Canton Place*

FILE

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-8-1934*
 22. I HEREBY CERTIFY, That I attended deceased from *March 12, 1934, to April 8, 1934*
 I last saw him alive on *April 7, 1934*. Death is said to have occurred on the date stated above, at *3 A. m.*

The principal cause of death and related causes of importance were as follows:

*Diabetes mellitus
 Atherosclerosis, Cardiac
 enlargement, ch. myocarditis
 Mitral insufficiency
 Senility.*

Date of onset

1929

years.

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy *yes.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *David H. Andrew* M. D.

(Address)

Church Home and Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

0213

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Carrollton Ave. St. 18-01 Ward)

Length of residence in city or town where death occurred 30 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Katie E. Howard. (C)

(a) Residence: No.

432 N. Carrollton Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, ~~SEE XXXXXXXX~~
HUSBAND
(or) WIFE of

Elijah Howard. (C)

DATE OF BIRTH (month, day, year) December 23, 1885

AGE Years Months Days 48 3 14 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland.

13. NAME

J. Henry Bishopp. (C)

14. BIRTHPLACE (city or town) (State or country)

Maryland.

15. MAIDEN NAME

Rachael Barnes. (C)

16. BIRTHPLACE (city or town) (State or country)

Maryland.

INFORMANT Elijah Howard. (C) husband.

(Address) 432 N. Carrollton Ave.

BURIAL, CRIMINATION OR REMOVAL

Place Taylor Island Date 4-10-34

UNDERTAKER

(Address)

FILE

1934

MEDICAL CERTIFICATE OF DEATH

April 6, 1934

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If signed

4/7/34

Charles E. Foushant

M. D. Coroner

(Address) 1017 E. Charles St.

00214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00214

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hosp.* St. *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *8* mos. *23* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Von Munnech Rice(a) Residence: No. *3711**Guyton Oak*

St.,

Ward.

(Usual place of residence)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced

(or) WIFE of

Nathan Rice

7. DATE OF BIRTH (month, day, year)

7-14-1878

8. AGE

62 Years

Months

8

Days

23

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home

10. Date deceased last worked at this occupation (month and year)

3-34

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Francis Von Munnech

14. BIRTHPLACE (city or town) (State or country)

France

15. MAIDEN NAME

Marie Gunther

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mr. Fred Rice

(Address)

3711 Guyton Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Belto. Cem.

Date

Apr. 10, 1934

19. UNDERTAKER

David Soudan & Son

(Address)

1902 Cutaw Place

FILE

9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-7

1934

22. I HEREBY CERTIFY, That I attended deceased from

3-19

1934 to

4-7

1934

I last saw her alive on *4-7* 1934 Death is saidto have occurred on the date stated above, at *9:00 p.m.*

The principal cause of death and related causes of importance, were as follows:

Carcinoma of Breast, RT.

Date of onset

1932

Other contributory causes of importance:

*Metastases to Lungs**18 mos**Pleural Effusion**2 mo**Myocardial Insufficiency**2 da*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital - 01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Neal Maryland* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 1. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Mar 30 - 1870*AGE *64* Years Months Days *109* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cystrum 86*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *July 1923* 11. Total time (years) spent in this occupation *40*BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Joseph Knapp*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Mary Miller*16. BIRTHPLACE (city or town) (State or country) *Baltimore*INFORMANT *Robert J. Wood* (Address) *Friendship Md*BURIAL, CREMATION, OR REMOVAL Place *St James 220* Date *April 11, 1934*UNDERTAKER (Address) *W. L. Hoffmann*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 28, 1934* to *April 7, 1934*I last saw him alive on *April 7, 1934* Death is said to have occurred on the date stated above, at *12:55 a. m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of head of pancreas

Date of onset

Other contributory causes of importance:

*Pneumonia
Pulmonary edema*Name of operation *Cholecystectomy* Date of *4-6-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) *Lauretta L. Brown M.D.*(Address) *University Hospital*

PR 9 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 H. Dallas St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John George May

(a) Residence: No. 1809 H. Dallas

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed or divorced

HUSBAND of

Mary

DATE OF BIRTH (month, day, year) April 22/1850

AGE

Years 83

Months 11

Days 15

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT

(Address) 1608 H. Dallas

BUTIAL, CREMATION, OR REMOVAL

Place Holy Redeemer

Date Oct 10, 1934

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows

Myocardial Failure
General Arteriosclerosis
Senility

Date of onset

Other contributory causes of importance:

Name of operation

Date of no

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1608 H. Dallas

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

0217

CERTIFICATE OF DEATH

F 00217

PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp / 6-109)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dr. Wilton Snowden Carter(a) Residence: No. 20 E. 7 mile Lane Pikesville, Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Lucile B. Carter
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan. 27, 1899AGE Years 35 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chiropractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME John F. Carter14. BIRTHPLACE (city or town) Balto.
(State or country) Md.15. MAIDEN NAME Florence Webb16. BIRTHPLACE (city or town) Virginia
(State or country)INFORMANT Mrs. Lucile B. Carter
(Address) 20 E. 7 mile Lane Pikesville

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr. 9, 1934UNDERTAKER Wm. J. Gickens & Son
(Address) 1200 E. Madison St.FILED 1934

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY That I attended deceased from

Injury 19 to 19
I last saw him alive on Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

(Other contributory causes of importance)

Automobile AccidentName of operation Decompression Date of 4/6/34What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 4/6, 1934Where did injury occur? 6100 Block Park Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Auto he was driving upset on road

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph Pokorny
2200 E. Madison St.

M. D.

00218

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00218

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Scott St. St. 21-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 20 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Kenney

(a) Residence: No. 1207 Scott St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of William J. Kenney (or) WIFE of

DATE OF BIRTH (month, day, year) June 17, 1869

AGE Years 64 Months 9 Days 19 20 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME John Russell

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Louise Bishop

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Mr. Wm. J. Kenney Jr. (Address) 1207 Scott St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Apr. 9, 1934

UNDERTAKER (Address)

Wm. J. Fickner & Son North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to April 6, 1934

I last saw him alive on 4/6/34, 19 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset 4/4/34

Other contributory causes of importance:

Grippe

4/5/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Rufus W. Wain M. D.

(Address)

19-1234

00219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 F 00219

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 4237 Spring

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Bernie (leg)

(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1894

7. AGE

39

Years

Months

11

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Cornelius J. Robertson14. BIRTHPLACE (city or town) (State or country) VA15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) VA17. INFORMANT Records (Address) Bred City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 4/11/193419. UNDERTAKER Mrs. Abner C. Bailey (Address) 1421 Jefferson Ave St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 193422. I HEREBY CERTIFY, that I attended deceased from April 3, 1934 to April 7, 1934I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension
hypertension, arteriosclerosis

Date of onset

??

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) T. Phagel

M. D.

(Address) Bred City Hosp

02205-66 HEALTH DEPARTMENT—CITY OF BALTIMORE 00220

CERTIFICATE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALSt. 27-01 Ward)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Lancelot J Fiedt(a) Residence: No. 5314 Elserode ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-----------------	----------------------------------	---

6. If married, widowed, or divorced
HUSBAND of Dorothy
(or) WIFE of _____

DATE OF BIRTH (month, day, year) 12-21-1903

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>30</u>	<u>3</u>	<u>14</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00112. BIRTHPLACE (city or town) (State or country) Md.13. NAME Ralugh J Fiedt14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Margaret Lipp16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Cemetery Date April 9 193419. UNDERTAKER (Address) Fred. H. Brance & Son

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 193422. I HEREBY CERTIFY. That I attended deceased from March 2 1934, to April 5 1934I last saw him alive on April 5 1934 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis,
due to streptococcus viridans, started July '32
Bacteremia due to strep. viridans
Rheumatic heart disease, chronic, with
mitral stenosis & insufficiency & aortic insufficiency

Other contributory causes of importance:

Cerebral pneumonia (terminal) 4/3/34.Name of operation Cord Date of _____What test confirmed diagnosis? culture. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Henry D. Stebbins M. D.
(Address) Johns Hopkins Hospital

0221

283283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00221

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

3-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Ellen May Morgan

(a) Residence: No. 1013 W. 1st St. _____ St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

6/22/1933

8. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

9

11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Harry Watkins

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Hilda Morgan

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT (Address)

Records.

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date April 9, 1934

19. UNDERTAKER (Address)

Edw. Bryan 1831 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw h.w. alive on April 3, 1934 Death is said to have occurred on the date stated above, at 8:04 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, acute primary

Date of onset

3-18-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) John A. Watkins M. D.

(Address) Johns Hopkins Hosp

171

1934

00222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00222

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 E. Preston St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Agnes Mc Kew(a) Residence: No. 1923 E. Preston St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color of Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 12, 1868
AGE Years Months Days 66 25 26 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 193422. I HEREBY CERTIFY, That I attended deceased from April 3, 1934 to April 7, 1934I last saw her alive on April 6, 1934 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Right middle + lower lobe

Date of onset

4-3-34

Other contributory causes of importance:

Chronic Hypertension

1933.

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Samuel B. Wolf
1331 S. North Ave.

(Address)

M. D.

R9-1934

F 00223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Sydenham Hospital
St. 13-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Thomas Warburton Jr.

(a) Residence: No. _____

700 W. 33rd St.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M.* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

Feb. 7, 1933

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Thomas J. Warburton

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Minnie A. Angles

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

INFORMANT

Thomas J. Warburton

(Address)

700 W. 33rd St.

17. BURIAL, CREMATION, OR REMOVAL

Holy Cross

Date April 9, 1934

UNDERTAKER

(Address)

3615-17 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

(March 14, 1934, to April 8, 1934)

I last saw deceased alive on April 8, 1934. Death is said

to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of
importance were as follows:Measles
Broncho pneumonia
Bilateral Otitis Media
Acute Otitis Media

Date of onset

April 7
April 13
April 23
April 5

Other contributory causes of importance:

Name of operation Spinal tap Date of April 5

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Harry Lefman
Sydenham Hospital

(Address)

M. D.

9-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00225

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital) St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Laura Connor

(a) Residence: No.

419 N. Wolfe

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Albert Connor

DATE OF BIRTH (month, day, year)

1883

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

51

6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Maid

7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

3. NAME

Henry Williams

4. BIRTHPLACE (city or town)
(State or country)

Md

5. MAIDEN NAME

Laura Wilson

6. BIRTHPLACE (city or town)
(State or country)

Md

INFORMANT

Oscar Williams (Bro)

(Address)

723 N. Carey St

BURY, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

Bernard H. Hensley
818 E. ...

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h. alive on 19... Death is said
to have occurred on the date stated above, at midnightThe principal cause of death and related causes of
importance were as follows:Cardiac Failure
Bronchopneumonia

Date of onset

Other contributory causes of importance:

Obesity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

0226

CERTIFICATE OF DEATH

81V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2017 MC Culloch 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2017 MC Culloch St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Aleathya Neuson (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 29 - 1884 AGE Years 49 Months 5 Days 8 7 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier 186 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Alexander Neuson

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Anna Bruce

16. BIRTHPLACE (city or town) Md (State or country)

INFORMANT Aleathya Neuson (Address) 2017 MC Culloch St

FORMAL CREMATION, OR REMOVAL 4/9 1934

UNDERTAKER (Address) 818 S. ...

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 12:30 to 4:00 1934

I last saw him alive on 4/4 1934 Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows: Disease of spinal cord - disseminated sclerosis?

Date of onset Aug 1933

Other contributory causes of importance: Bad eyes - infection zno bacillus

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry R. ... M. D.

(Address) 37 W. ...

227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 W. Biddle St. Ward 17-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 515 W. Biddle St. Ward. _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Single
 6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Hebert Newborn

7. DATE OF BIRTH (month, day, year) Apr. 7, 1934
 8. AGE Years Months Days If LESS than 1 day, hrs. or min. 17

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn
 11. Date deceased last worked at this occupation (month and year) Apr. 7, 1934
 12. Total time (years) spent in this occupation _____

2. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME John Garrison14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Dorothy Cecilia Dixon16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT Dorothy Dixon (Address) 515 W. Biddle St.18. BURIAL, CREMATION, OR REMOVAL Place St. Med. School Date Apr. 9, 193419. UNDERTAKER (Address) St. Med. School

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8, 193422. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1934 to Apr. 8, 1934I last saw him alive on Apr. 7, 1934. Death is said to have occurred on the date stated above, at 3.00 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity.
(34 weeks).

Date of onset

Other contributory causes of importance:

Cause unknown.
Took bad treatments for 2 years.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Barage M. D.(Address) Univ. Hosp.

LED

1934

0282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

MF 00228

210-001

PLACE OF DEATH

CITY OF BALTIMORE: *West Baltimore General Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
If married, widowed, or divorced
HUSBAND of *unknown*
(or) WIFE of

DATE OF BIRTH (month, day, year) *March 1864*
AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Out of work.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Machinist*
10. Date deceased last worked at this occupation (month and year) *1934*
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *England*
(State or country)

13. NAME *Pataick Hawley*

14. BIRTHPLACE (city or town) *Ireland*
(State or country)

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (city or town) *England*
(State or country)

INFORMANT *Mr. A. Mearns, Mr. J. J. Hughes*
(Address) *308 S. Tappan St.*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross Hosp. Rd.* Date *4/10*

UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/7/1934*

22. I HEREBY CERTIFY. That I attended deceased from

Inquiry 19. to *Inquiry* 19. Death is said to have occurred on the date stated above, at *5 P. m.*

The principal cause of death and related causes of importance were as follows:

Concussion of Brain

Acute Pulmonary Oedema

Date of onset

4/5/34

4/6/34

Other contributory causes of importance:

Automobile Accident

4/5/34

Name of operation *none*

Date of

What test confirmed diagnosis *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *4/5*, 1934

Where did injury occur? *Edmondson Ave. & Monroet*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street Accident*

Manner of Injury *Struck by auto while walking across street*

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Joseph P. Korman* Coroner

(Address) *2200 E. Washington St.*

F 00229

F 00229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *3-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1114 E. Pratt St* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Emma* (or) WIFE of *Glasen*7. DATE OF BIRTH (month, day, year) *1899*8. AGE *47* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *C.W. Work*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*

11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Russia* (State or country) _____13. NAME *Joseph*14. BIRTHPLACE (city or town) *Russia* (State or country) _____15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Russia* (State or country) _____INFORMANT *Emma Glasen*(Address) *1114 E. Pratt St*

17. BURIAL, CREMATION, OR REMOVAL

Place *Hebrew Burial* Date *4-9-34* 19 *34*UNDERTAKER *Sack & Sons Inc*(Address) *1429 E. Pratt St*FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March 24*, 19*34*, to *April 9*, 19*34*.I last saw him alive on *April 2*, 19*34*. Death is said to have occurred on the date stated above, at *3:15* a. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Other contributory causes of importance:

Septicemia

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *H. A. Weiner*(Address) *Sinai Hospital*

M. D.

E 00230

230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1250 Sharp St., 23rd Ward)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1250 Sharp St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 23 = 1933

AGE Years 1 Months Days 17 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

12. NAME John Stump

14. BIRTHPLACE (city or town) Balto Md (State or country)

15. MAIDEN NAME Emma Long

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Mrs Emma Stump (Address) 1250 Sharp St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 9, 1933

UNDERTAKER Henry Gutz (Address) 1203 N. 13th Ave

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 - 4, 1934, to 4 - 9, 1934

I last saw body alive on 4 - 8, 1934 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency Date of onset 7-7-34

Other contributory causes of importance:

Broncho pneumonia whooping cough Date of 4-5-34

Name of operation

What test confirmed diagnosis? Ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herman J. Fox M. D.

(Address) 3103 E. Baltimore Ave

10231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00231

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Thames Street St. 2-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME John Jachimowicz

(a) Residence: No. 1622 Thames Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced: (write the word) Married

a. If married, widowed, or divorced HUSBAND: Rozalia Jachimowicz

DATE OF BIRTH (month, day, year) 1862

AGE 72 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town). Poland (State or country)

13. NAME Wojciech Jachimowicz

14. BIRTHPLACE (city or town). Poland (State or country)

15. MAIDEN NAME Jozefa ?

16. BIRTHPLACE (city or town). Poland (State or country)

INFORMANT Rozalia Jachimowicz (Address) 1622 Thames Street

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date April 11th 1934

UNDERTAKER George A. Weber (Address) 705 S. ... Street

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1934

22. I HEREBY CERTIFY. That I attended deceased from April 6, 1934, to April 8, 1934. I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Marasmus Senilis

Name of operation none

Date of

What test confirmed diagnosis? Yes. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph A. Rosenblatt, M. D. (Address) 3218 S. Donnell St.

00232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Essex Street St. 1-81 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emil Lorbiecki

(a) Residence: No. 2320 Essex Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
 HUSBAND of ~~xxxxxxx~~ Mary Lorbiecki

DATE OF BIRTH (month, day, year) Jan, 13th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	23	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Lorbiecki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Jozefa ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Mary Lorbiecki
(Address) 2320 Essex Street

17. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Date April 18th 1934

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7-34 to April 8 34
 I first saw him alive on April 8th 34. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

6 mo

Other contributory causes of importance:

Diabetic Coma

24 hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

F. H. Ferman
2913 E. Baltimore St.

M. D.

✓ F 00233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0233

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 W. Lexington St., St. 70-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 years. How long in U. S. if of foreign birth 28 yrs. 7 mos. ds.

2. FULL NAME

Agatha Shillings.

(a) Residence: No.

2125 W. Lexington St., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, XXXXXXXXXXXX John Shillings.
(last name of)

DATE OF BIRTH (month, day, year) April ---- 1874

AGE Years Months Days If LESS than 1 day, hrs. or min. 60 -----

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lithuania.

13. NAME

Salvatore Senkus.

14. BIRTHPLACE (city or town) (State or country)

Lithuania.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

INFORMANT

John Shillings. (husband)

(Address)

2125 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer, Date April 11, 1934

UNDERTAKER

John Grebliauckas, J.G.

(Address)

423 S. Paca Street,

FILED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h alive on

19 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of Injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify Otto H. Reinhardt, M. D.
4/8/34 1017 E. Charles Corner

0234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Jenkins Memorial Hospital - 01
CITY OF BALTIMORE: (No. 1000 Catox Ave. St. 70-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

9 South Payson
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white Widower

If married, widowed or divorced
HUSBAND of
(or) WIFE of

Mary C. Miller

DATE OF BIRTH (month, day, year)

AGE 71 Years 6 Months 18 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Date

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 1 st. 1933 to April 7 th 1934

I last saw him alive on April 6 th 1934 Death is said

to have occurred on the date stated above, at 5:53 p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis.

Other contributory causes of importance:

Cerebral Embolism

Cardiac Hypertrophy +

Dilatation

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John C. Dummer, M. D.

(Address) St. Agnes Hospital

Registrar.

00235 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH *The Church Home and Infirmary*
 CITY OF BALTIMORE: (No. *7-27* St., *7-27* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *6* mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *William Cornelius Black*

(a) Residence: No. *927 N. Broadway* St., *7-27* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced
 HUSBAND of *Ellen Godel Black*
 (or) WIFE of

DATE OF BIRTH (month, day, year) *Nov 24 1868*

AGE Years Months Days If LESS than 1 day, hrs. or min.
65 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Undertaker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Keel Branch, Md.*
 (State or country) *Frederick Co., Md.*

13. NAME *Cornelius H. Black*

14. BIRTHPLACE (city or town) *Maryland*
 (State or country)

15. MAIDEN NAME *Amelia Young*

16. BIRTHPLACE (city or town) *Keel Branch, Md.*
 (State or country) *Frederick Co., Md.*

INFORMANT *Charles H. Black*
 (Address) *742 W. North Ave*

BURIAL, CREMATION, OR REMOVAL
 Place *Hoodlawn Cem.* Date *April 10, 1934*

UNDERTAKER *Robt C. & B. M. Walters*
 (Address) *3370 Edmondson Ave*

W. G. P. Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 1, 1934*, to *April 9, 1934*

I last saw him alive on *April 8, 1934*. Death is said to have occurred on the date stated above, at *2:40* am.

The principal cause of death and related causes of importance were as follows:

Auxiliary Death = Heart

Date of onset
3/28/34

Other contributory causes of importance:

Paralytic Stroke
Underfeeding Kidneys

4/4/34

Name of operation *none* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *Infection at P.M. Examination*

(Signed) *W. Grafton Hersperger* M. D.
 (Address) *The Church Home and Infirmary*

236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Barclay St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1900 Barclay St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of Harry H. Burkhard (or) WIFE ofDATE OF BIRTH (month, day, year) Nov 20th 1862AGE Years Months Days If LESS than 1 day, hrs. or min. 71 4 17

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME John Glaser14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Kate Semore16. BIRTHPLACE (city or town) (State or country) GermanyINFORMANT Mrs Adam Brandt(Address) 1900 Barclay St

17. BURIAL, CREMATION, OR REMOVAL

Place Louisa Park Date April 10th 193418. UNDERTAKER Wm Cook(Address) 1217 St Paul St

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to April 7 1934I last saw her alive on April 7 1934 Death is said to have occurred on the date stated above, at 440 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Ovary

Date of onset

Other contributory causes of importance:

Emmal Carcinomatosis

?

Name of operation None

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) George H. Wier

M. D.

(Address) 4000 Edmondson Ave

1237 83 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00237

34
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. _____ St., 17-21 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Beatrice Mc Gee(a) Residence: No. 644 W. Mulberry St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Divorced6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) 3-4-19008. AGE Years 34 Months 1 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)13. NAME Sanford Tyler14. BIRTHPLACE (city or town) Va
(State or country)15. MAIDEN NAME Clemens Herring16. BIRTHPLACE (city or town) Ind
(State or country)

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Apr 9/34 19

19. UNDERTAKER

(Address)

W. H. Williams
515 M. E. Bldg.

20. FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8, 193422. I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to April 8, 1934.I last saw her alive on April 8, 1934. Death is said to have occurred on the date stated above, at 110 A.M.

The principal cause of death and related causes of importance were as follows:

Toxic hepatitisAcute yellow atrophy (liver)

Date of onset

3/1/34

Other contributory causes of importance:

SyphilisArphenamine Therapy19323/1/33

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify _____(Signed) H. H. Hild(Address) 74-10-1

M. D.

F 00238

238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 N. Dallas ST., 8-01 WARD)

2. FULL NAME

Henrikiah Summerville

(a) RESIDENCE NO.

1625 N. Dallas

ST., 8-01 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)
Length of residence in city or town where death occurred 72 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 72 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX W COLOR OR RACE Col. 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced
HUSBAND of Serena Summerville
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 8, 1860
AGE Years 73 Months 6 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

St. Mary Co. Md.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Serena Summerville
1625 N. Dallas

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1934

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1934 to April 5, 1934, that I last saw him alive on April 5, 1934, and that death occurred, on the date stated above, at 50 m.

The CAUSE OF DEATH* was as follows:

Hypertension - Chronic
Myocardial infarction
Central 2nd degree

CONTRIBUTORY (Secondary)

acute dilatation of heart
(duration) 20 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed)

Dr. W. B. Berry, M. D.

19 (Address)

1120 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT

DATE OF BURIAL

Abney Cemetery

April 10, 1934
ADDRESS

20 UNDERTAKER

Robert Williams 1515 N. E. 1st St.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00239

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Good Shepherd Gen. Hospital*CITY OF BALTIMORE: (No. *1512 N. Gilmore* St. *45-01* Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred *34* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *3206 Fairfield Rd* St. _____ Ward. _____
(Usual place of residence) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>A. A.</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
If married, widowed, or divorced HUSBAND of <i>Minnie Cunningham</i> WIFE of <i>1874</i>		
DATE OF BIRTH (month, day, year)		
AGE <i>60</i>	Years	Months
		Days
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

BIRTHPLACE (city or town)
(State or country)*Lancaster*
*South Carolina*13. NAME *Evelyn Cunningham*14. BIRTHPLACE (city or town)
(State or country) *unknown*15. MAIDEN NAME *Jane Curry*16. BIRTHPLACE (city or town)
(State or country) *Lancaster*
*South Carolina*INFORMANT *Minnie Cunningham*
(Address) *3206 Fairfield Rd*

BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary Cem* Date *4/17/34*

UNDERTAKER

(Address) *1518 N. E. Cherry St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/17/34*22. I HEREBY CERTIFY, That I attended deceased from
1/8 19*34* to *4/7* 19*34*
I last saw him alive on *4/7* 19*34*. Death is said
to have occurred on the date stated above, at *9:35* A. m.The principal cause of death and related causes of
importance were as follows:*Chr. Myocarditis*
Chr. Nephritis

Date of onset

4/1/34
4/4/34

Other contributory causes of importance:

Hypertension
*Arteriosclerosis**much*
*much*Name of operation *None* Date of _____What test confirmed diagnosis? *clinical* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury _____, 19____
Accident, suicide, or homicide? _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Carson C. Johnson* M. D.(Address) *632 Baker St*

-1934

240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5516 Harford Rd. St. 27-01 Ward)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Mary A. Kenney

(a) Residence: No. 5516 Harford Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 6 - 1881

AGE 5-2 Years 5 Months 1 Days If LESS than 1 day..... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sect'y

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Martin Kenney

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Jane Divers

16. BIRTHPLACE (city or town) Ireland
(State or country)INFORMANT Martin Kenney
(Address) 5516 Harford Rd.BURIAL, CREMATION, OR REMOVAL 4
Place Cathedral Cem. Date 9/10/34. 19

UNDERTAKER (Address) 5305 Harford Rd.

F 1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1929 to Apr 7 1934
I last saw her alive on April 7, 1934 Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arterio-sclerosis

Date of onset

Insidious

Other contributory causes of importance:

Pulmonary Embolism

1 mth

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. H. Moody M. D.

(Address) 1403 Park Ave.

F 00241

00241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4-01*)Registered No. *152*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *yr.* *mos.* *ds.* How long in U. S. If of foreign birth? *yr.* *mos.* *ds.*

2. FULL NAME

(a) Residence: No. *2*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced *Married*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years *46* Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

FILE

1934

0285

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 2, 1934*22. I HEREBY CERTIFY. That I attended deceased from *March 9, 1934* to *April 2, 1934*I last saw him alive on *April 2, 1934* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation *Staphylococcus Cellulitis of Right Leg* Date of *5/8/34*What test confirmed diagnosis? *Culture* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

00242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City* St. *14-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *23* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. *246 2 Mount*

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of *Serena* (dead) (or) WIFE of _____6. DATE OF BIRTH (month, day, year) *July 14, 1882*7. AGE Years *51* Months *8* Days *20* If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *?*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *087*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *John Hayes*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Catherine Braxton*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Records*(Address) *Balt City 17ap*

18. BURIAL, CREMATION, OR REMOVAL

Place *at College* Date *July 19*19. UNDERTAKER *Connors & Sons*

(Address) _____

20. FI

1934

0283

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 3, 1934* to *April 4, 1934*I last saw him alive on *April 4, 1934* Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Heart disease by atheroma & congestive failure*Date of onset *?**1 mo?*

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____

19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *J. P. Brazil*

M. D.

(Address) *Balt City 17ap*

F 00243

00243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp* - *11* Ward)

Length of residence in city or town where death occurred: _____ mos. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Separated*If married, widowed, or divorced HUSBAND of (or) WIFE of *Daisy Hoff*DATE OF BIRTH (month, day, year) *Feb 22 1877*AGE Years *56* Months *6* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *?*10. Date deceased last worked at this occupation (month and year) *?* 11. Total time (years) spent in this occupation *?*BIRTHPLACE (city or town) (State or country) *Indiana*12. NAME *Daniel Hoff*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Elizabeth Ruth*16. BIRTHPLACE (city or town) (State or country) *W. Va.*INFORMANT *Balto City Hosp.* (Address) *Records*BURIAL, CREMATION, OR REMOVAL Place *W. Va. College* Date *April 9 1934*UNDERTAKER (Address) *W. Va. College*

FILED

1934

0284

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-5-1934*22. HEREBY CERTIFY, That I attended deceased from *3-22-1934* to *4-5-1934*I last saw him alive on *4-5-1934* Death is said to have occurred on the date stated above, at *5:15 pm*

The principal cause of death and related causes of importance were as follows:

Benign Prostatic Hypertrophy

Date of onset

3 mo ago.

Other contributory causes of importance:

*Pulmonary Dec.**?*Name of operation *Prostatectomy* Date of *4-4-34*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence, etc.) in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, *E. R. Berum* M. D.(Address) *Balto City Hosp.*

E-00244

00244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 95-002

1. PLACE OF DEATH

St. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Wilkins & Caton St., 75-61 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Katherine Elizabeth Upman (Katherine Elizabeth Upman)

(a) Residence: No.

52 Mellor Ave., Catonsville, Md.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced Philip H. Upman
 HUSBAND Philip Upman
 (or) WIFE of

DATE OF BIRTH (month, day, year) June 25, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53		9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Pikesville Maryland

13. NAME

Henry McComas

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary T. Whalan

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

Mr. Philip H. Upman

(Address)

52 Mellor Ave., Catonsville

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 11, 1934

UNDERTAKER

(Address)

1003 N. Falls Street

FILE

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to April 8, 1934

I last saw her alive on April 8, 1934 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease

Other contributory causes of importance:

Cerebral Embolism

Date of onset

4/7/34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John C. Dumbler M.D.
St. Agnes Hospital

00245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Greenmount Ave 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 730 Greenmount Ave St. 10 Ward. 10-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, (or) WIFE of FlorenceDATE OF BIRTH (month, day, year) July 22, 1885AGE Years 48 Months 8 Days 16 If LESS than 1 day, hrs. 15 or min. 05

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

Serbia

12. NAME

Radosa Stefanovich

13. BIRTHPLACE (city or town) (State or country)

Serbia

14. MAIDEN NAME

Unknown

15. BIRTHPLACE (city or town) (State or country)

Serbia

16. INFORMANT

(Address) 730 Greenmount Ave

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 10, 1934

18. UNDERTAKER

(Address) 7 Vernon Reshner

19. FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/34, 1922. I HEREBY CERTIFY. That I attended deceased from 4/1/34 to 4/7/34, 19I last saw him alive on 4/7/34, 19. Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
(Thrombosis)

Date of onset

July 7, 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bernard F. King

M. D.

(Address)

910 W. L. ...

0246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)Length of residence in city or town where death occurred *28* yrs. *126* mos. *0* ds. How long in U. S. If of foreign birth? *28* yrs. *126* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1819 W. Lexington* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widower</i>
--------------------	----------------------------------	---

a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>2 da. Jester</i>
--

DATE OF BIRTH (month, day, year) *June 1, 1879*

AGE	Years	Months	Days	LESS than 1 day, <i>hrs.</i> or <i>min.</i>
<i>54</i>	<i>10</i>	<i>7</i>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ind*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Leffler*16. BIRTHPLACE (city or town) (State or country) *Ind*INFORMANT *William Jester*(Address) *1819 W. Lexington*

BURIAL, CREMATION, OR REMOVAL

Place *London Park*Date *April 11, 1934*UNDERTAKER *F. Vernon Keckover*(Address) *1532 Patton*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 4th* 1934 to *April 8th* 1934I last saw him alive on *April 8th* 1934. Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Postoperative Circulatory Collapse

Date of onset

4-7-34

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *Cholecystectomy* Date of *4-7-34*What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Laureston L. Lewis M.D.*(Address) *University Hospital*

1934

Heater, in Finance, etc.

00247

F 00247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Sarah J. Murray(a) Residence: No. *1007 Rutland Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced HUSBAND of (or) WIFE of *Thomas Murray*

DATE OF BIRTH (month, day, year)

AGE *8* Years *78* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Andrew Bell

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

(maiden) Wellington

16. BIRTHPLACE (city or town) (State or country)

Chesapeake Md

INFORMANT

(Address) *Dorothy Griffin 1818 N Wolfe St.*

BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *April 11, 1934*

UNDERTAKER

(Address) *William Schilling 1122 E. Monument St.*

FILE

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *3:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Accidental Fracture of Left Hip

Name of operation

Date of

What test confirmed diagnosis? *Clin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury *3/4, 1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Public Place*

Manner of injury

*fell over fence*Nature of injury *Cracked Hip*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) *1505 N. Patterson Park*

Coroner

M. D.

E-00248

HEALTH DEPARTMENT—CITY OF BALTIMORE

248

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Standard Oil Bldg. Courtland St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. --- mos. --- da. How long in U. S. If of foreign birth? --- yrs. --- mos. --- da.

FULL NAME

Russell M. Antower(a) Residence: No. Cambridge Arms, 2-B. St., --- Ward, ---

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<u>Male</u>	<u>White</u>	<u>Single</u>

If married, widowed, or divorced
HUSBAND of ---
(or) WIFE of ---DATE OF BIRTH (month, day, year) August 7, 1877.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>36</u>	<u>8</u>	<u>2</u>	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent. Genl.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Exchange Ins. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Blk Garden N. Va.
(State or country)13. NAME Samuel G. Antower.14. BIRTHPLACE (city or town) Keyser N. Va.
(State or country)15. MAIDEN NAME ----- Dixon.16. BIRTHPLACE (city or town) Dayton, N. Va.
(State or country)INFORMANT George R. Lindsay.
(Address) Hagerstown.BURIAL, CREMATION, OR REMOVAL 4/11/34
Place Hagerstown Md.UNDERTAKER My Son
(Address) 257 E. Lexington Ave.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1934, 1922. I HEREBY CERTIFY, That I attended deceased from --- 19, to --- 19I last saw h. --- alive on --- 19. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Other contributory causes of importance:

Name of operation None. Date of ---
What test confirmed diagnosis Inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? --- Date of injury --- 19Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ---Manner of injury ---Nature of injury ---24. Was disease or injury in any way related to occupation of deceased? ---

(Signed)

Oliver Reinhardt

Coroner

M. D.

4/9/34 (Address) 1017 S. Charles St.

M. D. F 90249

F 00249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 St Paul St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nathaniel Tyles

(a) Residence: No. 1101 Hill St. W. D. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single Married, Widowed or Divorced Married

If married, widowed or divorced

HUSBAND of

Caroline Clark Tyles

DATE OF BIRTH (month, day, year)

AGE

67

Years

Months

3

Days

19

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Richmond Va

13. NAME

Nathaniel Tyles

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Sarah Robb

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT (Address)

Caroline C. Tyles 1101 Hill St. W. D.

BURIAL, CREMATION, OR REMOVAL

Place

Hollywood Richmond Va April 10, 1934

UNDERTAKER (Address)

J. Jenkins & Co 1101 Hill St. W. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 4/9/34, 19 to 4/9/34, 19

I last saw him alive on Apr 9/1/34, 1934. Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 1 Day

Other contributory causes of importance:

Myocardial Infarction 6-8 hrs

Name of operation

Date of

What test confirmed diagnosis

Chemical

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Hardy 140 3rd Ave.

M. D.

01934

M. D. B. 100250

F 00250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *8 East Preston* St., *11-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *8 East Preston* St., *11-01* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex <i>Male</i>	Color <i>White</i>	5. Single, Married, Widowed, or divorced (write the word) <i>Married</i>
-----------------	--------------------	--

If married, widowed, or divorced HUSBAND of *Eliza L. Ambler* (or) WIFE of _____DATE OF BIRTH (month, day, year) *Aug. 21-1854*

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
<i>79</i>	<i>7</i>	<i>7</i>	<i>17</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Judge*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*10. Date deceased last worked at this occupation (month and year) *Aug 1924* 11. Total time (years) spent in this occupation *086*BIRTHPLACE (city or town) *Winchester* (State or country) *Va*13. NAME *John Ambler*14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Anna Mason*16. BIRTHPLACE (city or town) *Unknown* (State or country)INFORMANT *Virginia M. Ambler*(Address) *8 East Preston*

BURIAL, CREMATION, OR REMOVAL

Place *Greenmount* Date *April 10, 1934*UNDERTAKER *William H. Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Apr 2*, 19*34*, to *Apr. 8*, 19*34*I last saw him alive on *Apr 8*, 19*34*. Death is said to have occurred on the date stated above, at *7* p.m.

The principal cause of death and related causes of importance were as follows:

Diffuse broncho pneumonia *both lungs* *Apr 2*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *✓*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Harry Dan Learty* M. D.(Address) *37 W Preston St*

R101934

F 00251

F 00251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Chestnut St. Ward 13)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3503 Chestnut St. Ward 13

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of Samuel Stockdale
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Apr 7 1934 Death is said
to have occurred on the date stated above, at 8:14The principal cause of death and related causes of
importance were as follows:

Date of onset

Cerebral Hemorrhage1/8/34

Other contributory causes of importance:

Arterio-sclerosis &
Chronic nephritis

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

R-10 1934

00252

F 00252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Bittings Ave 127-01 Ward)Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 ds.

2. FULL NAME

(a) Residence: No. 320 Bitting Ave St., 127-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

a. If married, widowed, or divorced:

~~HENRI~~ (or) WIFE of the late William AdreouDATE OF BIRTH (month, day, year) Oct 23rd 1866AGE 67 Years 5 Months 16 Days If LESS than 1 day, 1 hrs. or 1 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) MD13. NAME George A. Smith14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Margaret Knox16. BIRTHPLACE (city or town) (State or country) MDINFORMANT Maud S. Cornelius(Address) 320 Bittings Ave

BURIAL, CREMATION, OR REMOVAL

Place Baldwin Memorial Date April 11th 1934UNDERTAKER Wm. Cook(Address) 1217 St Paul StFILED 10 1934

19

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 193422. I HEREBY CERTIFY, That I attended deceased from Mar 19th 1934 to Apr 9th 1934I last saw him alive on Apr 8th 1934 Death is said to have occurred on the date stated above, at 7th m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Infarction

Other contributory causes of importance:

Empyema of Left BladderName of operation None Date of NoneWhat test confirmed diagnosis None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) Wm. Cook(Address) 462 Cedar Crest Rd

M. D.

D. B. 12653
F 00253

F 00253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 715-18 Derry St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs. Sarah E. Collins

(a) Residence: No. 715-18 Derry St., 13 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

Widowed

If married, widowed, or divorced

HUSBAND or (or) WIFE of

Thomas E. Collins

DATE OF BIRTH (month, day, year)

April 3, 1850

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

84

5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

md

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

(Address)

William E. Preece 715 Derry St.

BURIAL—CREMATION, OR REMOVAL

Buried Ridge Date April 11, 1934

UNDERTAKER

(Address)

Chenoweth & Son 3615 17th St.

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-8-1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Hargrave

(Address) 3632 Roland

M. D.

F 00254

F 00254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4632 Kenurick Rd. 1st Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4632 Kenurick Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hedrick

DATE OF BIRTH (month, day, year) Dec 14, 1859

AGE 74 Years 3 Months 27 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Illinois (State or country)

13. NAME Edan G. Boose

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Sarah McIntosh

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Edan G. Hedrick (Address) 3801 Hickory Ave.

BURIAL, CREMATION, OR REMOVAL Place Mary's Hospital Date April 11, 1934

UNDERTAKER Charles W. H. (Address) 34517 Chestnut Ave.

01934 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from June 1, 1933 to April 8, 1934

I last saw her alive on April 8, 1934 Death is said to have occurred on the date stated above, at 9:54 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

Date of onset

8 mo

Other contributory causes of importance:

General arterio sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No so, specify (Signed) James S. Ashhurst M. D.

4017 Park Heights Ave

F 00255

F 00255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4819 Park Heights Avenue 27-01 Ward)

Length of residence in city or town where death occurred *Life* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Lafferty

(a) Residence: No. 4819 Park Heights Avenue St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Pletzer

DATE OF BIRTH (month, day, year) Oct. 3, 1857.

AGE Years Months Days If LESS than min. 76 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Maryland (State or country)

13. NAME William Lafferty Baltimore Maryland

14. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

15. MAIDEN NAME Josephine Kenwood

16. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

INFORMANT Mr. Eugene Lafferty (Address) 4815 Park Height Avenue

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date April 10, 1934

UNDERTAKER George J. Potts Inc. (Address) 35 - Baltimore Ave.

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1934, to Apr 7, 1934

I last saw him alive on Apr 7, 1934 Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 4/7/34

Other contributory causes of importance:

Atherosclerosis & cardiac decompensation 2/7/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) John D. Butler M. D.

(Address) 4813 Park Heights Ave.

F 00256

00256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home for Aged, Infirm*
 CITY OF BALTIMORE: (No. *Belvidere & Everspring St.* Ward *27-81*)

Registered No. _____

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred *36* yrs. *0* mos. *0* ds. How long in U. S. if of foreign birth? *36* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year) *1848*

AGE *86* Years Months Days If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia*
 (State or country)

13. NAME

14. BIRTHPLACE (city or town) *Antwerp*
 (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Antwerp*
 (State or country)

INFORMANT

(Address) *Belvidere & Everspring*

BURIAL, CREMATION, OR REMOVAL

New Washington Rd Date *4/19/34* 19*34*

UNDERTAKER

(Address) *1439 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *3-24* 19*34* to *4-9* 19*34*.

I last saw him alive on *4-9* 19*34* Death is said to have occurred on the date stated above, at *4:45* p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

4-2-34

Other contributory causes of importance:

Chr. Bronchitis
Senility
Hypertension

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19*34*

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Edmund Levin* M. D.(Address) *Levindale*

10 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 00257

CERTIFICATE OF DEATH

89-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Federick

(a) Residence: No. 2913 Hudson St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 9/1921

AGE Years 12 Months 8 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. School student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Frank Federick

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME teresa Stacharowski

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)INFORMANT Mrs. Teresa Federick
(Address) 2913 Hudson St

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date April 11-1934

UNDERTAKER M. J. Sadowski
(Address) 1740 Eastern Ave

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

Meningitis or Brain Abscess

Date of onset

Other contributory causes of importance:

Mastoiditis

Name of operation Spinal Puncture Date of 4/7/34

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) J. H. Butler M. D.
(Address) 508 E. Pratt St

F 00258

HEALTH DEPARTMENT—CITY OF BALTIMORE 00258

CERTIFICATE OF DEATH

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore Hospital-01*)Birth of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME *Henry C. Beck*(a) Residence: No. *2037 Orleans St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *July 6, 1867*

AGE

Years *66*Months *9*Days *2*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)12. NAME *Henry Beck*14. BIRTHPLACE (city or town)
(State or country) *Germany*15. MAIDEN NAME *Emeline Beck*16. BIRTHPLACE (city or town)
(State or country) *Germany*INFORMANT *Mrs. Charlotte A. Foster*
(Address) *3516 24th St N.E. Wash D.C.*

BURIAL, CREMATION, OR REMOVAL

Place *Balto. Cem*UNDERTAKER *Wm. J. Tuckerton*(Address) *1200 E. Madison St.*

17. 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

Wagon, 19 to 19I last saw him alive on *Wagon*, 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of
importance were as follows:*Fractured Skull*

Date of onset

Other contributory causes of importance:

*Automobile Accident*Name of operation *none*Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? *accident* Date of injury *3/31, 1934*Where did injury occur? *Hammer St Bridge*Specify whether injury occurred in industry, in home, or in public
place *Street Accident*Manner of injury *Auto he was riding in*Nature of injury *struck a pole*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *Joseph P. Kohn* M. D.(Address) *1200 E. Madison St.*

D. H. 00259

✓ F 00259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *W. Balto Seal Nos. 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1318 Poplar Grove St.* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Rena C. Simonaire*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years *60* Months *4* Days *22* 1 LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Mar. 9, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 *1933* 19 *1933*I last saw him alive on *Dec. 18, 1933* Death is saidto have occurred on the date stated above, at *1:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Simple
Gastric
Hemorrhaging Les.*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Regular* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

FILED

10 1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3831 Reisterstown Rd. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3831 Reisterstown Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

a. If married, widowed, or divorced

HUSBAND of Fannie M. Walter (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 10, 1855

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

78

7

29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mechanic 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Chamberlain

12. BIRTHPLACE (city or town) (State or country)

Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934, to April 8, 1934.

I last saw him alive on April 6, 1934. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1930

Chronic Intestinal Infection

1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Specimen

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

G. W. Bellows

M. D.

2224 W. North Ave

M. D. B. F 00261

✓ F 00261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Woodland Ave. St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Andrew Fells

(a) Residence: No. 3301 Woodland Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Eleanor Laura Fells
(or) WIFE of

DATE OF BIRTH (month, day, year) May 12-1859

AGE Years 74 Months 10 Days 25 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME George Fells

14. BIRTHPLACE (city or town) Lancaster Pa.
(State or country)

15. MAIDEN NAME Sarah Foster

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)INFORMANT Mrs. Eleanor Fells
(Address) 3301 Woodland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Apr. 10, 1934

UNDERTAKER Wm. J. Tickner & Sons
(Address) North & Penna

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1933 to April 7, 1934

I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Stomach 12/23/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

John A. Buebert

M. D.

(Address)

3608 Legum Ave

F 101934

F 00262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00262

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Union Memorial Hosp.

St. 12-01 Ward

CITY OF BALTIMORE: (No. 14)

Length of residence in city or town where death occurred yrs. mos.

24. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harkleen Mary Regan

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced

7. DATE OF BIRTH (month, day, year)

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green Md Date April 10, 1934

19. UNDERTAKER

(Address)

Leo G. Gough 725 N. E. 1st St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar 25, 1934, to Apr 9, 1934

I last saw her alive on Apr 8, 1934. Death is said to have occurred on the date stated above, at 12:22 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculosis, Pulmonary

Other contributory causes of importance:

Anemia, Chronic

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp

10 1934

00264 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Edmondson Ave. Ward 8)

Length of residence in city or town where death occurred: 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1107 Edmondson Ave. Ward 8

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male 4. Color or Race: Col 5. Single, Married, Widowed, or Divorced: Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. Williams

DATE OF BIRTH (month, day, year) 1871

AGE: 63 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 070

BIRTHPLACE (city or town) Washington (State or country)

13. NAME: Williams

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Williams

16. BIRTHPLACE (city or town) (State or country)

INFORMANT: Lucy L. Camp

(Address) 1107 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn

Date: April 10, 1934

UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schreder St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1934

22. HEREBY CERTIFY, That I attended deceased from Jan 21, 1934 to Mar 8, 1934

I last saw him alive on Mar 7, 1934 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Disease Heart

Other contributory causes of importance:

Name of operation: Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. E. Williams

(Address) 627 Schreder St

10 1934

Registrar

D. B. 1200-4
00265

HEALTH DEPARTMENT—CITY OF BALTIMORE

00265

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Pronounced dead at
Hopkins Hospital

St. 18-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Dorothy Scherer

(a) Residence: No. 928 W. Franklin St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) ~~Single~~

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 8/1910 AGE Years 24 Months 3 Days 0 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Charles Scherer

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Bessie Townsend

16. BIRTHPLACE (city or town) Crisfield, Md. (State or country)

INFORMANT Marjorie Holcomb 1002 J. St., Sparrows (Address)

BURIAL, CREMATION, OR REMOVAL Place ~~mt. Auburn~~ Date 4/12/34

UNDERTAKER ~~Robert M. Williams~~ 1515 Mt. Vernon St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8/34, 19 22. I HEREBY CERTIFY, That I attended deceased from

19...., to 19.... I last saw h. alive on before 2 A.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Probably some cardiac Insufficiency Not determined

Other contributory causes of importance: Possible acute Alcoholism (Doubtful)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place of injury Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) ~~John J. ...~~ M. D. (Address) 5086 ...

01934

M. D. B. 1261
F 00266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00266

CERTIFICATE OF DEATH

Registered No. 99-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry B. Hornick

(a) Residence: No. 2026 E. Sanvale St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, name of HUSBAND or WIFE of Ida E. Hornick

7. DATE OF BIRTH (month, day, year) January 9, 1862

8. AGE 72 Years 2 Months 29 Days 9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John A. Hornick

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME J. Ida Beckwith

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Ida E. Hornick

(Address) 2026 E. Sanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Cemetery Apr. 11, 1934

19. UNDERTAKER Henry Hunt (Solo. Inc.)

(Address) 1301 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to April 8, 1934

I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Hypertrophy of prostate (benign)
2. Phlebotomy
3. Hypertrophy and chronic nephritis

Other contributory causes of importance:

1. Toxaemia

Name of operation Prostatectomy Date of 3-24-34

What test confirmed diagnosis? apert. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Gaeneller M. D. ST. JOSEPH'S HOSPITAL (Address) BALTIMORE, MD.

10 1934

00267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME

John Brophy

(a) Residence: No.

1811 Jackson

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Dec 31/1931

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.
	2	13	8	7

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

3. NAME

John L. Brophy

4. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

5. MAIDEN NAME

Margaret Cooch

6. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

INFORMANT

Mrs Rose Brophy

(Address)

1811 Jackson St.

BURIAL, CREMATION, OR REMOVAL

Place

New Cathedral

Date

April 11, 1937

UNDERTAKER

(Address)

J. H. A. H. & Son
103-705 E. Howard St.

FILED

J. H. A. H. & Son
103-705 E. Howard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 10.35 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis due to
Obstructive Appendicitis

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of apr 7/

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. A. H. & Son M. D.

(Address)

103-705 E. Howard St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00268

CERTIFICATE OF DEATH

F 00268

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 Virginia Ave., St. 07-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Grant Pritchard

(a) Residence: No. 3419 Virginia Ave., St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Single

4. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 6, 1916

AGE Years Months Days If LESS than 1 day, hrs. or min.
17 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Secretary, Md.

13. NAME Alfred L. Pritchard

14. BIRTHPLACE (city or town) (State or country) Secretary, Md.

15. MAIDEN NAME Susie R. Bell

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Susie R. Pritchard (Address) 3419 Virginia Ave.,

BURIAL, CREMATION, OR REMOVAL

Place East New Market Cem. Date Apr. 12, 1934

UNDERTAKER (Address)

10-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 27 1933 to Apr 9 1934

I last saw him alive on 10 am Apr. 1934. Death is said

to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

Abscess brain secondary to pan. sinus disease Dec 27/33 went blind left eye embolism of artery continued well until Mt. before death. Meningitis.

Other contributory cause of importance: Congenital heart valve defect. "Blue Baby" Chr. Sinusitis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, by

(Signed) M. J. Fickler M. D.

(Address) 14 E Biddle St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00269

00269

CERTIFICATE OF DEATH.

54-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

2. FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

43 yrs. 4 mos. 19 ds.

ST.

WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town, (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town, (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town, (State or country)

Informant (Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY That I attended deceased from April 1 - 1934 to April 8 1934 that I last saw h alive on April 7 1934 and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

PR 10 1934

✓ F 00270

00270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Thirty-third

St. 12-01 (Ward)

Length of residence in city or town where death occurred yrs. mo. 7 da. How long in U. S. if of foreign birth? yrs. mo. da.

2. FULL NAME

Mr. John B. Welch

(a) Residence: No.

Port Tobacco, Md

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced

HUSBAND of

Mrs. J. B. Welch

(or) WIFE of

DATE OF BIRTH (month, day, year)

June 2, 1860

AGE

Years

Months

Days

If LESS than

73

72

9/10

297

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Oct - 1923

11. Total time (years) spent in this occupation

65 yrs

12. BIRTHPLACE (city or town) (State or country)

Charles County, Maryland

13. NAME

Lem Welch

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Liza Skinner

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Mrs. W. F. Anderson
Port Tobacco, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

La Plata, Md. April 1934

19. UNDERTAKER

(Address)

Henry J. Peck
La Plata, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9TH, 1934

22. I HEREBY CERTIFY, That attended deceased from April 2, 1934, to April 9, 1934

I last saw him alive on April 9, 1934 Death is said

to have occurred on the date stated above, at 10⁴² P.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease
- congestive failure

Date of onset

1932

(Other contributory causes of importance:

Chronic bronchitis

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hosp.

10 1934

00271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1141 Whateoob St. (Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Marshall Brown

(a) Residence: No.

1141 Whateoob St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Single
----------	-----------------------	---

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7/7/98

AGE

26

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Robert

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

funeral

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

D.C.

13. NAME

David E. Brown

14. BIRTHPLACE (city or town)
(State or country)

D.C.

15. MAIDEN NAME

Lillian Armstrong

16. BIRTHPLACE (city or town)
(State or country)

D.C.

INFORMANT

(Address)

Lillian E. Brown
3117 N. Calhoun

17. BURNING, CREMATION, OR REMOVAL

Place

Mt. Auburn

UNDERTAKER

(Address)

George T. A. Eibyn
1735 W. 11th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/7/34

22. I HEREBY CERTIFY. That deceased from

3/30/34 to 4/7/34
I last saw him alive on 4/9/34. Death is said
to have occurred on the date stated above 3300.The principal cause of death and related causes of
importance were as follows

Lobar pneumonia

Date of onset

Other contributory causes of importance

Chronic Nephritis

Name of operation

Pinacel

Date of

What test confirmed? Pinacel Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? - Date of injury - 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify?

(Signed) A. L. E. E. E. M. D.

(Address)

828 W. 11th St.

PR 10 1934

✓ F 00272

00272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *15-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Sinai Hospital* 3906 *Furman* St., *12th* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

April 10, 1934

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or 21 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Baltimore*
Maryland

13. NAME

Phillip *Baltimore*
*Md.*14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Mary *Cohen*
Baltimore
*Maryland*16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Reburied *Carmel* *4/10/34* 19

18. UNDERTAKER

(Address)

Joseph S. Cohen
143 E. Pratt St.
Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/10/34*, 1922. I HEREBY CERTIFY. That I attended deceased from
4/10/34, 19, to *4/10/34*, 19.I last saw her alive on *4/10/34*, 19. Death is said
to have occurred on the date stated above, at *12/0* m.The principal cause of death and related causes of
importance were as follows:*Duodenal Ulcer*

Date of onset

4/10/34

Other contributory causes of importance:

Name of operation *no* Date ofWhat test confirmed diagnosis? *clinical* there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Arthur Robert Cohen
Sinai Hospital

(Address)

M. D.

APR 10 1934

00273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 F 00273

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509.S. Quail St.

ST. 16-01 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Annie Kern.

(a) RESIDENCE No. 509.S. Quail St.

ST. 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Kern.

DATE OF BIRTH (month, day, and year) June 1886.

AGE 68 Years 9 Months 10 Days If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work retired. (b) General nature of industry, business, or establishment in which employed (or employer) housewife. (c) Name of employer

BIRTHPLACE (city or town) Balto Md. (State or country)

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) Germany. (State or country)

Informant Mrs. James Way. (daughter) (Address) 509.S. Quail St.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9. 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

CONTRIBUTORY (duration) yrs. mos. ds. Arterio Sclerosis

(Signed) J. H. Grogan M. D. (Coroner)

184 (Address) 1505 N. Petten on Pike

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Oak Lawn Cent.

DATE OF BURIAL

April 12. 1934

20 UNDERTAKER

ADDRESS

Tilly & Zeiler INC. 4033 Wolfe

01934

Registrar

F 00274

00274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 754 Melville Ave 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 754 Melville Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of The Mrs. Friedrich
(or) WIFE of

DATE OF BIRTH (month, day, year) April 4, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71		1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date April 11, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1934

22. I HEREBY CERTIFY That I attended deceased from April 1, 1934 to April 8, 1934

I last saw him alive on April 8, 1934 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Diabetes

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Frank J. Ayer M. D.
2005 E. Monument St.

APR 10 1934

00275

HEALTH DEPARTMENT—CITY OF BALTIMORE 00275

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 W Lexington 19-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1400 W Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 5, 1861

AGE Years 73 Months 0 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York (State or country)

13. NAME John Homer

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Rozana Brown

16. BIRTHPLACE (city or town) New York (State or country)

INFORMANT Records of Aged Men & Women (Address) 1400 W Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date April 10, 1934

UNDERTAKER Wm. J. Tichenor (Address) 1101 N. E. Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That attended deceased from April 18, 1934 to April 8, 1934

I last saw him alive on April 8, 1934, 9:00 P. m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Coronary Vascular
renal disease
Atherosclerosis
Hypertension
Atherosclerosis (recurrent) 15 yrs.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Chas. B. Garrett M. D.
1115 St. Paul St.

101934

F D. 00276

F 00276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Baker St. St., 16-91 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 45 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1807 Baker St. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of Annie Dwyer
WIFE ofDATE OF BIRTH (month, day, year) Sept. 6, 1872AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
61 7 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City10. Date deceased last worked at this occupation (month and year) 2, 21, 34 11. Total time (years) spent in this occupation 24 years12. BIRTHPLACE (city or town) (State or country) Ind.13. NAME Timothy Dwyer14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Jennie Rhoady16. BIRTHPLACE (city or town) (State or country) ScotlandINFORMANT Mrs. Annie Dwyer
(Address) 1807 Baker St.BURIAL, CREMATION, OR REMOVAL
Place St. Charles Cemetery April 11, 1934UNDERTAKER Wm. H. Dwyer
(Address) 1807 Baker St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th, 193422. I HEREBY CERTIFY. That I attended deceased from March 21st, 1934, to April 8th, 1934I last saw him alive on April 8th, 1934. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease
(Aortic Insufficiency)

Date of onset

2/24/34

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Sullivan

M. D.

(Address) 1701 N. E. 1st Ave.

01934

00277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00277

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4017 Fairbairn Ave. St., 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No. 4017 Fairbairn Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina

DATE OF BIRTH (month, day, year) Oct. 10, 1848

AGE Years 85 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Vahl

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) 4017 Fairbairn Ave.

BURIAL, CREMATION, OR REMOVAL

Place of Burial Hill Date April 11, 1934

UNDERTAKER (Address) 1524 Cypress

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY, That attended deceased from April 1, 1934, to April 8, 1934

I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis, Chronic Myocarditis

Other contributory causes of importance:

Broncho Pneumonia 3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. D. D. M. D.

(Address) 1524 Cypress

FILED R 10 1934

E 00278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *47 E. Barney* St. *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *47 E. Barney* St., *23-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

8. If married, widowed, or divorced, HUSBAND of *William Sinclair* (or) WIFE of

DATE OF BIRTH (month, day, year) *January 29-1873*

AGE Years *61* Months *2* Days *9* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Vincent Anthony*14. BIRTHPLACE (city or town) (State or country) *VA*15. MAIDEN NAME *Hemitta Davis*16. BIRTHPLACE (city or town) (State or country) *VA*INFORMANT *Mrs. Sadie Bayner* (Address) *1718 Light St.*BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Apr. 11, 1934*UNDERTAKER *Margaret S. Flynn* (Address) *2107 N. Hilton St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8-1934*22. I HEREBY CERTIFY That I attended deceased from *Mar. 18, 1934* to *Apr. 8, 1934*I last saw her alive on *Apr. 7, 1934* Death is said to have occurred on the date stated above, at *2:40* a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset *3/15/34*

Other contributory causes of importance:

Exhaustion Date of onset *4/6/34*Name of operation *None* Date of *None*What test confirmed diagnosis *Clinical* There an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned *J. H. Campbell* M. D.(Address) *1644 Harwood St.*

101934

0279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *24* Ward)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1012 Riverside Ave.* St. *---* Ward. *---*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced
HUSBAND of *---*
(or) WIFE of *---*

DATE OF BIRTH (month, day, year) *March 1, 1931*

AGE Years Months Days
3 *1* *8*
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto., Md.*
(State or country)

12. NAME *Wm. Gordon Pohler*

14. BIRTHPLACE (city or town) *Balto., Md.*
(State or country)

15. MAIDEN NAME *Elizabeth Duvin*

16. BIRTHPLACE (city or town) *Balto., Md.*
(State or country)

INFORMANT *Mrs. Elizabeth Pohler*
(Address) *1012 Riverside Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn Cmc.* Date *April 12, 1934*

UNDERTAKER *Margaret H. Flynn*
(Address) *14220 Right St.*

FILED *10 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-9*, 19*34*

22. I HEREBY CERTIFY. That I attended deceased from *4-7-34*, 19*34*, to *4-9-34*, 19*34*.

I last saw him alive on *4-9-34*, 19*34*. Death is said to have occurred on the date stated above, at *8:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis
Bronchopneumonia

Date of onset
4-5-34
3-22-34

Other contributory causes of importance:

Name of operation *Autopsy* Date of *---*

What test confirmed diagnosis? *Smear* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *---*, 19*---*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Francis Waverly* M. D.
(Address) *University Hospital*

Yerby

F 00280

0280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. Union Memorial Hospital St. 12-81 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced Married Harry P. Yerby (or) WIFE of7. DATE OF BIRTH (month, day, year) Sept. 23, 18798. AGE Years 54 Months 5 Days 17 If LESS than 1 day, — hrs. or — min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no11. Total time (years) spent in this occupation no12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Geo. L. Peters14. BIRTHPLACE (city or town) France (State or country)15. MAIDEN NAME Sophie Albert16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)17. INFORMANT Hospital Record (Address)18. BURIAL, CREMATION, OR REMOVAL Place Woodson Park Date 4/11 193419. UNDERTAKER Henry W. Dears (Address) 805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934I HEREBY CERTIFY, That attended deceased from 3-29-34 to 4-10, 1934I last saw her alive on 4-9, 1934. Death is said to have occurred on the date stated above, at 1:22 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 4-2-34What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) Richard France M. D.(Address) Union Memorial Hosp.

1934

E 00281

00281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Aliceanna St., 2-01 Ward)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

FULL NAME Jacob Coponic(a) Residence: No. 506 S. Duham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) UnknownAGE Years Months Days If LESS than 1 day, hrs. or min.
60 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date April 2, 1934

UNDERTAKER

(Address)

FILED

101934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 530 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Alcoholism

Name of operation

Date of

What test confirmed diagnosis? Stu Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

305 N. Patterson Park

00282

HEALTH DEPARTMENT - CITY OF BALTIMORE

F 00282

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Bayonne Ave. ST. 27-01)

2-FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

74 yrs. mos. ds.

WARD

WARD

(If non-resident give city or town and State)

How long in U. S., if foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ F 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Fritz

DATE OF BIRTH (month, day, and year) April 2 - 1850

AGE 84 Years Months Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) State or country Germany

10 NAME OF FATHER Cornelius Hillms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Miss Amelia Fritz (Address) 3107 Bayonne Ave.

0 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 - 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1920, to Dec 31, 1934, that I last saw her alive on Mar 31, 1934, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic (duration) 4 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) acute rheumatism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Clark, M. D.

1934 (Address) 1100 N. E. 2nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- BROYAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

0283

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Perce St. 17-01 Ward)Registered No. 93-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in Baltimore where death occurred 1 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 1 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 740 Perce St., 17-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced WidowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 42 Months 1892 Days 04 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Cordiac Insufficiency

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

Coroner

M. D.

1934

00284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balt. City Hosp. 26-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced: HUSBAND of *Elizabeth* (or) WIFE of6. DATE OF BIRTH (month, day, year) *6-24-1854*7. AGE *79* Years *9* Months *15* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *015*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Virginia* (State or country)13. NAME *Herman Crabell*14. BIRTHPLACE (city or town) *Penn.* (State or country)15. MAIDEN NAME *Catherine Howe*16. BIRTHPLACE (city or town) *VA* (State or country)17. INFORMANT *Records* (Address) *Balt. City Hosp*18. BURIAL, CREMATION, OR REMOVAL *Monaca, Va.* Place Date *4/10/34*19. UNDERTAKER *Felix Zeller Jr* (Address) *433 So. Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9, 1934*22. I HEREBY CERTIFY. That I attended deceased from *April 6, 1934* to *April 9, 1934*I last saw him alive on *April 9, 1934* Death is said to have occurred on the date stated above, at *3:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Insufficiency
to Congestive failure
venous fibrillation*

Data of onset

Other contributory causes of importance:

Smoking

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Phagel* (Address) *Balt. City Hosp.* M. D.

1934

apr

F 00285

F 00285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland General Hospital*

Registered No.

CITY OF BALTIMORE: (No.

St., *17* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Carl Brown*

(a) Residence: No.

702 George

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

March 1902

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*32**1902 March**7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Va*13. NAME *Carl Brown*14. BIRTHPLACE (city or town)
(State or country)*Va*15. MAIDEN NAME *Sophia*16. BIRTHPLACE (city or town)
(State or country)*Va*

INFORMANT

Mrs. Mattie Brown

(Address)

702 George

BURIAL, CREMATION, OR REMOVAL

Place

*MT Auburn*Date *April 10, 1934*

UNDERTAKER

Thomas C. Nelson

(Address)

1303 Canton St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-8*, 193422. I HEREBY CERTIFY, That I attended deceased from *4-5*, 1934, to *4-8*, 1934I last saw him alive on *4-8-34*, 19. Death is said to have occurred on the date stated above, *4-8-34* p.m.

The principal cause of death and related causes of importance were as follows:

*Labar pneumonia with pleurisy.*Date of onset
4-1-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

W. C. Nelson
W. C. Nelson
W. C. Nelson

M. D.

R 10 1934

00286 HEALTH DEPARTMENT—CITY OF BALTIMORE 00286

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 1 1/2 yrs. How long in U. S. If of foreign birth? 12-01 mos. 12-01 da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>child</u>		
DATE OF BIRTH (month, day, year) <u>Feb. 9-1933</u>		
AGE	Years <u>1</u>	Months <u>2</u>
	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

BIRTHPLACE (city or town, State or country)

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 8, 1934, to April 9, 1934

I last saw him alive on April 9, 1934. Death is said

to have occurred on the date stated above, at 120 P.M.

The principal cause of death and related causes of importance were as follows:

Cholera
Bronchopneumonia

Date of onset

April 8

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis positive Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

FILED

PR 10 1934

F 00287

0287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Montebello Terrace St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph S. Walker

(a) Residence: No. 2910 Montebello Terrace St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Susie Walker
(or) WIFE of

DATE OF BIRTH (month, day, year) December 17, 1871

AGE Years 63 Months 3 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) February 6, 1934 11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William S. Walker

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine Williams

16. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandINFORMANT Mrs. Susie Walker
(Address) 2910 Montebello TerraceBURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Day April 11, 1934

UNDERTAKER (Address) 1003 N. Baltimore St.

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from Feb 7 - 34 April 8, 1934

I last saw him alive on April 8, 1934 Death is said to have occurred on the date stated above, at 10.10 PM.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Date of onset 4-4-34

Other contributory causes of importance:

Cerebral Thrombosis

2-7-34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. L. Gordy M. D.

(Address) Harford Rd & Overland Ave.

0288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Hanover St. 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1011 Hanover St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
 6. If married, widowed, or divorced S. Woods = Wife

DATE OF BIRTH (month, day, year) Dec. 6, 1880

AGE Years 53 Months 4 Days 4 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

13. NAME John W. Wood

14. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

15. MAIDEN NAME Annie R. Hance

16. BIRTHPLACE (city or town) Calvert Co. Md. (State or country)

INFORMANT Mrs. S. Woods (Address)

BURIAL, CREMATION, OR REMOVAL Place Calvert Co. Ark. Date Apr. 10, 1934

UNDERTAKER A. G. Harkness & Son (Address) Mutual, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to Apr. 10, 1934

I last saw him alive on Apr. 9, 1934 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis Indefinite

Other contributory causes of importance:

Anemia

4/7/34

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. L. Campbell M. D.

4/10/34 (Address) 1644 Hanover St.

1934

00289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00289

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Fish Market, Market Place, 20-01 Ward

Length of residence in city or town where death occurred 9 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Charles E. Webster.

(a) Residence: No.

206 N. Monastery St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, name of HUSBAND of

Do not know.

DATE OF BIRTH (month, day, year) February 15, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	26	25

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fish salesman.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland.

3. NAME

James G. Webster.

4. BIRTHPLACE (city or town) (State or country)

Maryland.

5. MAIDEN NAME

Helen B. Webster.

6. BIRTHPLACE (city or town) (State or country)

Maryland.

INFORMANT

Irvin Webster. (son)

(Address)

206 N. Monastery St.

Burial, CREMATION, OR REMOVAL

Burial

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation

None.

Date of

What test confirmed diagnosis?

Inquiry

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Charles E. Webster

Coroner

M. D.

4/10/34

(Address)

1017 N. Charles St.

1934

F 00290

00290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-01 St. Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Artis Rufus Wrenn

(a) Residence: No. 400 W. Camden st. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) August 22, 1894

7. AGE Years 39 Months 7 Days 13 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME James Wrenn

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Sally Tatum

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Apex N.C. Date April 10, 1934

19. UNDERTAKER (Address) J. C. Miller 1235 E. Jones St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1934

22. I HEREBY CERTIFY. That I attended deceased from February 6, 1934 to April 5, 1934

I last saw him alive on April 5, 1934 Death is said to have occurred on the date stated above, 10.05 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis

Oct. 1933

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

F 00291

0291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Chateau Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella A. Wright

(a) Residence: No. 508 Chateau Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

HUSBAND of John William Wright (or) WIFE of

DATE OF BIRTH (month, day, year) March 5, 1862

AGE 72 Years 1 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Pennsylvania (State or country) Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Margaret E. Eaton

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

INFORMANT Bessie C. Kunkel (Address) 508 Chateau Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Apr 12, 1934

UNDERTAKER Harry T. Amacost & Son (Address) 4204 Ridgewood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10, 1934

22. I HEREBY CERTIFY. That I attended deceased from Oct. 2, 1933, to April 10, 1934

I last saw her alive on April 9, 1933. Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Endocarditis

Date of onset

Oct. 1933

Other contributory causes of importance:

Hypostatic pneumonia

3 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Carl H. Benson (Address) 5111 York Rd.

M. D.

01934

M.D. B. 114-292

F 00292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2818 Montebello Terrace

CITY OF BALTIMORE: (No. _____)

St. 27th Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George Thomas McTaggart

(a) Residence: No. _____

2818 Montebello Terrace

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) 18578. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min. 779. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) (State or country) Baltimore14. NAME James McTaggart15. BIRTHPLACE (city or town) (State or country) Baltimore16. MAIDEN NAME Sarah Ann Whalen17. BIRTHPLACE (city or town) (State or country) Baltimore18. INFORMANT George C. McTaggart(Address) 2818 Montebello Terrace Baltimore

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date April 11 193420. UNDERTAKER Clement E. Arthur(Address) 208 N. York Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1934 to April 8 1934I last saw him alive on April 8 1934 Death is said to have occurred on the date stated above, at 8:05 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
(Ch. Interstitial Nephritis)
Uremia

Date of onset

192019261934

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. A. Alston(Address) 6217 Harford Rd

M. D.

RT 1 1934

L. D. B. 100293

F 00293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6018 Harford Rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 6018 Harford Rd

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced MarriedIf married, widowed, or divorced HUSBAND of Amelia E. Wood (or WIFE of)DATE OF BIRTH (month, day, year) Nov 18th 1892
AGE Years Months Days If LESS than 1 day, hrs. or min.
41 4 216. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation XBIRTHPLACE (city or town) Middlesex Va. (State or country)13. NAME William V. Wood14. BIRTHPLACE (city or town) Middlesex Va. (State or country)15. MAIDEN NAME Fouella Dillard16. BIRTHPLACE (city or town) Middlesex Va. (State or country)INFORMANT Mrs Amelia Wood (Address) 6018 Harford RdBURIAL, CREMATION, OR REMOVAL Place Moseland Park Date April 13, 1934UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 - 193422. I HEREBY CERTIFY, That 1 attended deceased from April 7, 1934 to April 9, 1934I last saw him alive on April 9, 1934 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Influenza
Ch. Subcuticular nephritis
Hypertension
Ch. Endocarditis
Acute cardiac dilatation
Date of onset
April 1934
1932
1932
1932
1932

Other contributory causes of importance:

Name of operation none Date of clinicalWhat test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no(Signed) S. A. Alson, M.D.(Address) 6217 Harford Rd

111034

F 00294

F 00294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Smith Balle General* *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

ms Florence Brizendine(a) Residence: No. *5215 Linden Heights Ave*, Ward. *X*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6. If married, widowed, or divorced

last WIFE of

Edward Brizendine

DATE OF BIRTH (month, day, year)

April 12, 1900

AGE

33

Years

Months

11

Days

28

If LESS than 1 day,.....hrs. or.....min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At home

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Harry Styles

14. BIRTHPLACE (city or town) (State or country)

Dyers town Md

15. MAIDEN NAME

Eva T. O'Connor

16. BIRTHPLACE (city or town) (State or country)

Chicfield Md.

INFORMANT

(Address)

Mrs Cora Hibbs Bowleys Quarters

BURIAL, CREMATION, OR REMOVAL

Place

*Balto*Date *Apr 13* 1934

UNDERTAKER

(Address)

Wm Cook 1217 St Paul St

FILED

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 10* 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 7 1934 to *April 10* 1934I last saw her alive on *April 10* 1934 Death is said to have occurred on the date stated above, at *5:25 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Uterus March 29, 1934

Other contributory causes of importance:

*Dysentery Septicemia*Name of operation *Hysterectomy* Date of *April 8, 1934*What test confirmed diagnosis? *chime* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Michael J. Viciach

M. D.

(Address)

Loch Balto Ten Longs

M. D. 1934 00295

F 00295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 624Mc Cabe St.Ward. 10

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Belin (or) WIFE of Rutherford7. DATE OF BIRTH (month, day, year) March 21, 18808. AGE Years 54 Months 0 Days 18 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage worker10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto mobile11. Total time (years) spent in this occupation 05612. BIRTHPLACE (city or town) Harrisonburg (State or country) Virginia13. NAME Martin D Rutherford14. BIRTHPLACE (city or town) Harrisonburg (State or country) Va15. MAIDEN NAME Catherine Vaughn16. BIRTHPLACE (city or town) Harrisonburg (State or country) Va17. INFORMANT Records (Address) Bald City Hosp18. BURIAL, CREMATION, OR REMOVAL Place Morraine Date Apr 12 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. FILED 11-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 193422. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to April 9 1934I last saw him alive on April 9 1934. Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

3 days

Other contributory causes of importance:

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in what the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Phagel M. D.(Address) Bald City Hosp

M. D. 100296

F 00296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

1. PLACE OF DEATH

Saint Baltimore General Hospital

CITY OF BALTIMORE: (No. 21-1-11)

2. FULL NAME

Mr. Charles Gerhard

(a) Residence: No. 508 W. Hamburg St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced, name of HUSBAND or WIFE
Lea Gerhard

DATE OF BIRTH (month, day, year) July 29th 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) Balto Md

13. NAME 2. Gerhard

14. BIRTHPLACE (city or town) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown

INFORMANT Arthur V. Reese

(Address) 333 Daisy Ave English Consul

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date Apr 11th 1934

UNDERTAKER Mrs. Cook

(Address) 1217 St. Paul St

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/34

22. HEREBY CERTIFY, That I (deceased) died from 4/6/34 to 4/9/34

I last saw him alive on 4/9/34

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Myocardial infarct

Other contributory causes of importance:

Arteriosclerosis

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. H. L. Cunningham M. D.

(Address) 20 Balto. Gen. Hosp.

00297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W. Fort Ave. 23-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 114 W. Fort Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 8, 1934

AGE Years Months Days If LESS than 1 day, 10 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John W. Mike

14. BIRTHPLACE (city or town) (State or country) Wash D. C.

15. MAIDEN NAME Julia S. Harvour

16. BIRTHPLACE (city or town) (State or country) Frederick Md

INFORMANT John W. Mike

(Address) 114 W. Fort Ave

BURIAL, CREMATION, OR REMOVAL

Place Holly Cross Cem

UNDERTAKER

(Address) 1536 Poplar St

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1934

22. I HEREBY CERTIFY That I attended deceased from April 8, 1934 to April 9, 1934

I last saw h. & R. alive on April 8, 1934 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Debility

Other contributory causes of importance:

Exhaustion

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so specify

(Signed) J. H. Campbell M. D.

4/9/34 (Address) 1644 Harvour St

1934

M. D. 1934 00299

Stevvater

F 00299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 3-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. *1* mon. *0* ds. How long in U. S. If of foreign birth? *25* yrs. *1* mon. *0* ds.

2. FULL NAME

Essie Stevater(a) Residence: No. *1430*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *divorced*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Steve* (Divorced)6. DATE OF BIRTH (month, day, year) *1895*7. AGE *39* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Quantico* (State or country) *Va*13. NAME *Wm Wyrceop*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Ida Cato*16. BIRTHPLACE (city or town) *Quantico* (State or country) *Va*17. INFORMANT *Records*(Address) *Bald City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Paul's Cem.* Date *April 11, 1934*19. UNDERTAKER *Wendell J. Dippel*(Address) *300 S. Calver St.*

20. FILED

R 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 31, 1934* to *April 7, 1934*I last saw her alive on *April 2, 1934* Death is said to have occurred on the date stated above, at *6:30* A.M.

The principal cause of death and related causes of importance were as follows:

Tumor of Brain
Gumma of Brain

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Pharrell*(Address) *Bald City Hosp.*

M. D.

F 00300

F 00300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2587 W Balto. 70-01 Ward)

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. 2587 W Balto. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Lillie J. Garrison (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 49 Years 5 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas. & Elec. Employer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Edward J. Garrison

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Catherine E. Folen

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT Mr. Lillie J. Garrison

(Address) 2587 W Balto. St.

BURIAL, CREMATION, OR REMOVAL

Place Western Bur Date April 14 1934

UNDERTAKER George L. Beyer Jr

(Address) 1512 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from 10/12, 1930, to 4/10, 1934

I last saw him alive on 4/10, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Degenerative Cardiac Refuse Disease

Date of onset

1929

Other contributory causes of importance:

Hepatic Cirrhosis

1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. J. J. J.

(Address) 1324 W. Lombard St. M. D.

71934

F 00301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Hayward St., 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ernest Edward Smiley

(a) Residence: No. 4300 Hayward St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Sophia Smiley

DATE OF BIRTH (month, day, year)

March 4, 1864

AGE

Years 70

Months 4

Days 5

If LESS than 1 day, hrs. 4 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

England

13. NAME

Ernest Smiley

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Mary E. Spang

16. BIRTHPLACE (city or town) (State or country)

England

INFORMANT

Sophia Smiley

(Address)

4300 Hayward St.

BURIAL, CREMATION, OR REMOVAL

Place

Lodge Room

Date

8/11/34

UNDERTAKER

(Address)

H. J. McQuinn, 1000 N. Howard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1933 to April 9, 1934

I last saw him alive on April 8, 1934 Death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

1932

Other contributory causes of importance:

Prostatic Hypertrophy

1930

Name of operation

Prostatectomy

Date of

1932

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) William F. Freeman

M. D.

(Address)

6 East Biddle St.

11 1934

F 00302

F 00302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *15-01* Ward)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *40* yrs. *0* mos. *0* ds.

2. FULL NAME

Annie Himmelstark
(a) Residence: No. *2206 Baker St.* Ward. *15-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced
HUSBAND of *Frank*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *75* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *037*

BIRTHPLACE (city or town) (State or country) *Russia*

12. NAME *Annie*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Rae*

16. BIRTHPLACE (city or town) (State or country) *Russia*

INFORMANT *Paul Himmelstark - Son*

(Address) *474 K. St. Washington D.C.*

BURIAL, CREMATION, OR REMOVAL

Place *Funeral Home* Date *4/11/34* 19

UNDERTAKER *Jack Lewis Inc.*

(Address) *1439 E. Baltimore St.*

FILED *11-19-34*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-10-34* 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at *10.15 A.M.*

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia
Fractured right femur at hip

Date of onset

Apr 2/34

Other contributory causes of importance:

(In Sinat since Nov 8/33)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* of Injury 19

Where did injury occur? *Baltimore, Md.*

Specify whether injury occurred in industry, in home, or in public place *in Sinai Hospital*

Manner of injury *arrising from chair in room*

Nature of injury *slipped to floor.*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Hest*

(Address) *5086 N. Mt. Ave.*

Coroner

M. D.

00303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00303

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S. Bontleau St. Ward 70-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 27 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 340 S. Bontleau St., 70-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Ellie

DATE OF BIRTH (month, day, year)

AGE 88 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Benjamin

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

not known

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT (Address)

Nathan Greenwalt

BURIAL, CREMATION, OR REMOVAL

Delivered to family Date 4/11/34 19

UNDERTAKER (Address)

Paul Lewis, Inc.
1439 E. Balto St.

FILED

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 193422. I HEREBY CERTIFY, That I attended deceased from April 8 1934 to April 10 1934I last saw her alive on April 10 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac asthma
Chronic myocarditis

Date of onset

5 yrs

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical findingsWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Benjamin Miller

M. D.

(Address)

2030 Wilkens Ave.

M. F. B. 00304

F 00304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

40

1. PLACE OF DEATH

Maryland General Hospital

St. 15-01 Ward

CITY OF BALTIMORE: (No. 40)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth: yrs. mos. da.

2. FULL NAME

Ignatz Weisberg

(a) Residence: No. 3819 Park Heights Ave

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Bertha Fisher Weisberg

DATE OF BIRTH (month, day, year)

Oct. 20, 1865

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

5

15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

080

12. BIRTHPLACE (city or town) (State or country)

Hungary

13. NAME

Henry Weisberg

14. BIRTHPLACE (city or town) (State or country)

Hungary

15. MAIDEN NAME

Bertha Fisher

16. BIRTHPLACE (city or town) (State or country)

Hungary

INFORMANT (Address)

Hospital Records

17. BURIAL, CREMATION, OR REMOVAL

Hebrew Cemetery Date 4/11/34 19

18. UNDERTAKER (Address)

J. E. Hall

FILED

19

R 111 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1933 to 4-8-1934

I last saw him alive on 4-8-1934 Death is said to have occurred on the date stated above, 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis & hypertension
Cerebral hemorrhage
& Hemiplegia (left)
Diabetes Mellitus

Date of onset

?

Nov. 1933

?

Other contributory causes of importance:

Bronchopneumonia

4-5-34

Name of operation

Date of

What test confirmed diagnosis CLINICAL as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

J. E. Hall Hospital D.

F. 00305

F. D. B. 1934

✓ F 00305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp* St. *16-01* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1631* *Laurens* St., *Laurens* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Pearl*6. DATE OF BIRTH (month, day, year) *Sept. 7, 1900*7. AGE *37* Years *7* Months *7* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *040*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Alexander Jones*14. BIRTHPLACE (city or town) (State or country) *Eastern Shore*15. MAIDEN NAME *Mary Jennings*16. BIRTHPLACE (city or town) (State or country) *Wine Tunnel*17. INFORMANT *Reeds* (Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *National Cemetery* *April 11, 1934*19. UNDERTAKER *Thomas E. Nelson* (Address) *1303 Reservoir*20. FILE NO. *11934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 7, 1934*22. I HEREBY CERTIFY. That I attended deceased from *April 2, 1934* to *April 7, 1934*I last saw him alive on *April 7, 1934* Death is said to have occurred on the date stated above, at *7:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension
Myocarditis, arteriosclerosis (3 hrs?)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *P. Magill*(Address) *Balt. City Hosp*

M. D.

F 00306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00306

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2026 Hlewlyn ave 8-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

McKinley Pitts

(1) RESIDENCE NO.

2026 Hlewlyn ave

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos

7

ds.

How long in U. S., if of foreign birth?

yrs.

mos

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

1. COLOR OR RACE

3. Single, Married, Widowed, or Divorced, (write the word)

Male Color

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

7

11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

10. NAME OF FATHER

Daniel Pitts

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

N.C.

12. MAIDEN NAME OF MOTHER

Viola Lucas

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

N.C.

Informant
(Address)Viola Pitts
2026 Hlewlyn Ave

Filed

1934

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year)

4-9-34

17

I HEREBY CERTIFY, That I attended deceased from

4-6-1934, to 4-9-1934

that I last saw him alive on

4-8-1934

and that death occurred, on the date stated above, at 9-A - m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration)

yrs.

mos

12 ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos

ds.

18. Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

W. H. Hargis

M. D.

4-9-1934

(Address)

611-N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

20. UNDERTAKER

W. H. Hargis

ADDRESS

April 11 1934

1129 Garding

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 00307

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *634 St Anns* St., *9-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

Nellie E. Scott

(a) Residence: No. *634 St Anns* St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 2. Color or Race *White* 3. Single, Married, Widowed, or Divorced (write the word) *Widowed*

4. If married, widowed or divorced, name of (or) WIFE of *Charles E. Scott*

DATE OF BIRTH (month, day, year) *April 15-1906*

AGE Years *77* Months *11* Days *24* If LESS than 1 day, _____ hrs. or _____ min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *April 1-1934*

11. Total time (years) spent in this occupation *Life*

BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

13. NAME *Alexandra Cramer*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

15. MAIDEN NAME *Ellen Cramer*

16. BIRTHPLACE (city or town) *St. Sea* (State or country) *Canada to U.S.A.*

INFORMANT *Nellie Evans*

(Address) *634 St Anns Avenue*

BURIAL, CREMATION, OR REMOVAL

Place *Baltimore County, April 12, 34*

UNDERTAKER *William Cook*

(Address) *1217 St Paul Street*

FILED *11-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9th, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 12th, 1934* to *April 9th, 1934*

I last saw him alive on *April 9th, 1934* Death is said to have occurred on the date stated above, at *6:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Antagonistic Nephritis Date of onset *May 1929*

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

Autopsy Exam Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If no, specify _____

(Signed) *Geo W. King* M. D.

(Address) *401 E 25th St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs _____ mos _____ ds.

2. FULL NAME

(a) Residence: No. 40 West Lane Glyndon St., 28 Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE Years 50 Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____
(State or country) _____13. NAME William Jackson14. BIRTHPLACE (city or town) _____
(State or country) _____15. MAIDEN NAME Martha Whittington16. BIRTHPLACE (city or town) _____
(State or country) _____INFORMANT Josephine Whittington(Address) 1113 Park Ave

17. BURIAL, CREMATION, OR REMOVAL

Place St. GabrielDate April 11, 193418. UNDERTAKER Grady H. Holland(Address) 151 South Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 193422. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to April 9, 1934I last saw him alive on April 9, 1934 Death is said to have occurred on the date stated above, at 9:26 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset _____

Other contributory causes of importance: _____

Name of operation H. & S.

Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Nathan Higgins(Address) Providence Hospital

M. D.

APR 11 1934

00309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00309

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital
St. *2-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Stanley Kuczyński

(a) Residence: No.

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Dec 8, 1889

AGE

44

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Stenographer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

Poland

13. NAME

Andrew Kuczyński

14. BIRTHPLACE (city or town)
(State or country)

Poland

15. MAIDEN NAME

Wente

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

Loop Records

17. BURIAL, CREMATION, OR REMOVAL

Place

Holy Rosary

Date *April 13, 1934*

18. UNDERTAKER

(Address)

Two Brothers Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 9, 1934

22. I HEREBY CERTIFY. That

attended deceased from

4/6/34 19 to *4/9/34* 19

I last saw him alive on *4/7/34* 19 Death is said to have occurred on the date stated above, at *1:00* m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis

Date of onset

1/2/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

PR 11 1934

F 00310

HEALTH DEPARTMENT—CITY OF BALTIMORE

00310

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2526 4th Ait Ave. St. 1-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2526 4th Ait Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Antoszewski

DATE OF BIRTH (month, day, year) 1877 AGE 57 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland 13. NAME Vincent Antoszewski

14. BIRTHPLACE (city or town) Poland

15. MAIDEN NAME none

16. BIRTHPLACE (city or town) Poland

INFORMANT Frank Antoszewski (Address) 2526 4th Ait Ave.

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date April 2 1934

UNDERTAKER Joseph Antoszewski (Address) 2526 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1934 22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to April 8, 1934. I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Disease (M. 193)

Other contributory causes of importance: Chronic Nephritis

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place Manner of Injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John J. Kruger M. D. (Address) 26 1/2 Eastern Ave.

APR 11 1934

00311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **F 00311**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **836** of East Ave St., **1-01** Ward)Length of residence in city or town where death occurred **47** yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. **836** of East Ave St., **1-01** Ward.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

R 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of

importance were as follows:

Carcinoma of lungs - 2 mo**Carcinoma of breast - 5 yrs**

Other contributory causes of importance

Name of operator

What test confirmed

23. If death was due to external causes (violence) fill in also the fol-

lowing:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00312 HEALTH DEPARTMENT—CITY OF BALTIMORE 00312

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Mary Hospital* St., *8-01* Ward)Length of residence in city or town where death occurred *6* yrs. *4* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ethel Leimbach(a) Residence: No. *2413 E North Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Nov 16 - 1927*AGE Years Months Days *4* If LESS than 1 day, hrs. or min. *10 4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

CC Tool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country)12. NAME *August Leimbach*14. BIRTHPLACE (city or town) *Baltimore*
(State or country)15. MAIDEN NAME *Anna Snowbray*16. BIRTHPLACE (city or town) *Maryland*
(State or country)INFORMANT *A. Leimbach*
(Address) *2413 E. North Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *Apr 13 1934*

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/10/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *4/6/34*, 19, to *4/10/34*, 19I last saw *her* alive on *4/10/34*, 19. Death is said to have occurred on the date stated above, at *6:20* A.M.

The principal cause of death and related causes of importance were as follows:

Appendicitis
Peritonitis
Paralytic ileus

Date of onset

Other contributory causes of importance:

Name of operation *Appendectomy* Date of *4/6/34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. M. W. H. W. H. W.*

M. D.

(Address) *Mary Hospital*

11934

F 00313

F 00313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3630 Hudson ST., 1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Valenty Jaronin

(a) RESIDENCE NO.

3630 Hudson ST.,

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMaryanna

DATE OF BIRTH (month, day, and year)

AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Poland

10 NAME OF FATHER

Wicenty

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Poland

12 MAIDEN NAME OF MOTHER

Michalina Suprun

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Poland

Informant

(Address)

Cas Krysiak
3630 Hudson St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Apr. 10, 1934

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to April 10, 1934, that I last saw him alive on April 9, 1934and that death occurred, on the date stated above, at 4:15 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis
Myocardial InsufficiencyCONTRIBUTORY (duration) yrs. mos. ds. Chronic nephritis
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Andrew J. Jaronin, M. D.4/10, 1934 (Address) 2579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

St. Stanislaus4/141934

20 UNDERTAKER

ADDRESS

Sam J. Duda 2811 Hudson St

11 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00314

CERTIFICATE OF DEATH

Registered No. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-21 Ward)Length of residence in city or town where death occurred 8 yrs. 8 mos. 13 ds. How long in U. S. If of foreign birth? 8 yrs. 13 mos. 13 ds.2. FULL NAME Vitus Smith(a) Residence: No. Hanover Pa

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6. If married, widowed, or divorced
HUSBAND of Mary
(or) WIFE of Mary7. DATE OF BIRTH (month, day, year) 7/25/768. AGE Years 57 Months 8 Days 15 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Pa
(State or country)14. NAME unknown15. BIRTHPLACE (city or town) "
(State or country)16. MAIDEN NAME "17. BIRTHPLACE (city or town) "
(State or country)18. INFORMANT Road

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place WashingtonDate April 10193420. UNDERTAKER J. J. Hearn

(Address)

21. FILED 11 1934

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) April 10, 193423. I HEREBY CERTIFY, That I attended deceased from April 2, 1934 to April 10, 1934I last saw him alive on April 10, 1934 Death is said to have occurred on the date stated above, at 2:50 P.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion?
Pulmonary Embolism

Date of onset

4-10-344-10-34

Other contributory causes of importance:

Arteritis & Pyelitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? " Date of injury ", 19"

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no.

If so specify

(Signed)

Edward S. Staffors

M. D.

(Address)

The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

00315

F 00315

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3036 Stafford St. 70-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3036 Stafford St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Philip Flock

DATE OF BIRTH (month, day, year) April 11 1874

AGE 62 Years Months — Days 87 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

2. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Adolph Beckmann

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna Segelf

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

7. INFORMANT Philip Flock (Address) 3037 Hudson St

8. BURIAL, CREMATION, OR REMOVAL Funeral Home Place _____ Date 4/11/34

9. UNDERTAKER W. B. Gifford & Son (Address) 1301 E. Pratt St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/3422. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Apr 8 1934

I last saw him alive on Apr 8 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

HypertensionDate of onset indefinite

Other contributory causes of importance:

Cardiac decompensation 2 wksName of operation ✓ Date of —What test confirmed diagnosis? ee Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 19____

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury —Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Kyper M. D.(Address) 3321 Franklin Ave

PR 11 1934

Registrar.

00316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Mumet St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Sex 3. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

7. BIRTHPLACE (city or town) (State or country)

8. NAME

9. BIRTHPLACE (city or town) (State or country)

10. MAIDEN NAME

11. BIRTHPLACE (city or town) (State or country)

12. INFORMANT

(Address)

13. BURIAL, CREMATION, OR REMOVAL

Place

Date April 10, 1934

14. UNDERTAKER

(Address)

R 11 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Coroner

M. D.

F 00317

F 00317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hosp.*)St. *4-01* Ward)Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Charles County, Md.*

(Usual place of abode)

St. *4-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *70* Years Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Md.*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's Hospital*Date *June 10*, 19*34*

UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-7-1934*22. I HEREBY CERTIFY, That I attended deceased from *4/3/34*, 19 to *4/7/34*, 19I last saw him alive on *4/7/34*, 19 Death is said to have occurred on the date stated above, at *2 P. m.*

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

1 hour

Other contributory causes of importance:

*arterio-sclerosis, chronic nephritis, hypertension**? yrs, ? yrs, ? yrs*

Name of operation

Date of *no*

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. Burns*

(Address)

M. D.

Mercy Hospital

11 1334287

F 00318

F 00318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1317* St. *Light* Ward)Length of residence in city or town where death occurred *34* yrs. *4* mos. *13* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1317* St. *Light* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

If married, widowed, or divorced

HUSBAND of *Anna C. Rechart*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *66* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Iron Store*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *ironer*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Ind*
(State or country)13. NAME *Ind*14. BIRTHPLACE (city or town) *Ind*
(State or country)15. MAIDEN NAME *Anderson*16. BIRTHPLACE (city or town) *Anderson*
(State or country)INFORMANT *Mrs. H. F. Rechart*(Address) *32nd & Guilford*

BURIAL, CREMATION, OR REMOVAL

Place *Laurel Park* Date *4/11/34* 19UNDERTAKER *J. J. Taylor & Sons*(Address) *1318 Light St.*FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 8, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 2, 1934* to *April 8, 1934*I last saw him alive on *April 8, 1934*. Death is said to have occurred on the date stated above, at *7:25 A.M.*

The principal cause of death and related causes of importance were as follows:

arteriosclerosis
cardio-vascular
renal disease
broncho pneumonia

Date of onset

*2**4/5/34*

Other contributory causes of importance:

Name of operation *Amputation* Date of *20*What test confirmed diagnosis *Amputation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. M. C. Currie* M. D.(Address) *1318 Light St.*

F 00320

F 00320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S Wuman St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 224 S Wuman St., 2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced HUSBAND of (or) WIFE of childDATE OF BIRTH (month, day, year) July 25 1929AGE Years Months Days If LESS than 1 day, hrs. or min. 4 8 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt Md.13. NAME Otto Heim14. BIRTHPLACE (city or town) (State or country) Newark N.J.15. MAIDEN NAME Marie Tribull16. BIRTHPLACE (city or town) (State or country) Balt.INFORMANT Marie Heim mother (Address) 224 S Wuman St

BURIAL OR REMOVAL

Place Holy Redeemer Date Apr 12 1934UNDERTAKER (Address) W. J. Ziehl

FILED

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 193422. I HEREBY CERTIFY That I attended deceased from April 4 1934 to April 10 1934I last saw him alive on April 9 1934 Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows

Pneumonia following measles

Date of onset

3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Marie Heim M. D.(Address) 700 Y B. Pratt St

F 00321

F 00321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospitals* St., *26-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *?*6. DATE OF BIRTH (month, day, year) *1900-?*7. AGE *28* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none of* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *?*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *?*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, or REMOVAL

Place

Date

19. UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 5-1934*22. I HEREBY CERTIFY. That I attended deceased from *Dec 16-1929* to *April 5-1934*I last saw him live on *April 5-1934* Death is said to have occurred on the date stated above, at *9:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Lobar pneumonia

Date of onset

*4 days**2 days*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F/00322

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Found floating in the water
Pier 4 Pratt St. St., 22-01 Ward)(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 25 yrs. How long in U. S. If of foreign birth 2 yrs. 11 mo. 183

2. FULL NAME

Anthony Labanauskas.

(a) Residence: No.

213 S. Penn St.
(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 45 Years Months Days Do not know. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Tailor.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Lithuania.

13. NAME

Kastantas Labanauskas.

14. BIRTHPLACE (city or town)
(State or country)

Lithuania.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town)
(State or country)

Lithuania.

INFORMANT Kastantas Labanauskas. (brother)

(Address)

213 S. Penn St.

BURIAL, CREMATION, OR REMOVAL

Place

London Park Date April 11, 1934

UNDERTAKER

(Address)

John Brebliauskas
423 S. Penn St.

1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 to 19 Death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as follows:Drowning.
Probably accidental.

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Finckh

(Address)

1017 E. Charles St. Coroner

M. D.

F 00323

HEALTH DEPARTMENT—CITY OF BALTIMORE

323

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* St. *15-01* Ward)Length of residence in city or town where death occurred *7* yrs. *mon.* *da.* How long in U. S. If of foreign birth? *7* yrs. *mon.* *da.*

2. FULL NAME

(a) Residence: No. *3309 Piedmont Ave.* Ward. *15-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widowed*

6a. If married, widowed, or divorced

HUSBAND of *Harry Lindberg*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec. 1868*AGE Years *65* Months *4* Days *00* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Caesar Bernard*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Mrs. J. Smith*(Address) *3309 Piedmont Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *West Shalom* Date *Apr. 12, 1934*19. UNDERTAKER *David Soudain & Son*(Address) *1902 Curtis Place*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *4-10, 1934* to *4-11, 1934*I last saw her alive on *4-11, 1934* Death is said to have occurred on the date stated above, at *9:35 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic Cardiovascular Disease
Chronic Nephritis
Uraemia*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Gustav Hightstein
Sinai Hospital

M. D.

F 00324

F 00324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. St. 3-01 Ward)

Length of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs mos. da.

2. FULL NAME Elizabeth Jones

(a) Residence: No. 1611 E. Lombard st. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Married

a. If married, widowed, or divorced
HUSBAND of Willie Jones
(or) WIFE of

DATE OF BIRTH (month, day, year) June 11, 1893

AGE Years Months Days If LESS than 1 day, hrs. or min.
40 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) North Carolina
(State or country)

13. NAME Stevens Quinley

14. BIRTHPLACE (city or town) North Carolina
(State or country)

15. MAIDEN NAME Lydia Patrick

16. BIRTHPLACE (city or town) North Carolina
(State or country)INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Ayden, N.C. Date 4-11-1934

UNDERTAKER
(Address)Pitt Co
James A. Staines
142 W. 11th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1934 to April 5, 1934

I last saw her alive on April 5, 1934. Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

2 months

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy, Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw, M. D.
(Address) Baltimore City Hospitals

1934

F 00325

00325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1404 W. Lexington St.* Ward *19-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1404 W. Lexington* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Nov 16/1854*7. AGE Years *79* Months *04* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *MD*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *MD*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *MD*

17. INFORMANT

(Address) *1404 W. Lexington*

18. BURIAL, CREMATION, OR REMOVAL

Place *W. burial* Date *Apr 12, 1934*

19. UNDERTAKER

(Address) *1532 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 7, 1928* to *April 10, 1934*I last saw her alive on *April 9, 1934* Death is said to have occurred on the date stated above, at *11:30* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Myocarditis Chronic
Atherosclerosis
Senile Degeneration*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

0326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00326

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

aged Women's Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Marie E. Miller

(a) Residence: No. 1404 W. Lexington St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

Apr 16, 1852

8. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

81

11

25

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Mary E. Forestal
1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

1934

19. UNDERTAKER

(Address)

F. Vernon Becker
1532 Hollins St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on April 10, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance are as follows:

Broncho pneumonia
Atherosclerosis
Hypertension
Myocardial infarctionDate of onset
4/9/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward B. Gentry M. D.

(Address) 1115 E. Ave. N.

1934

0327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00327

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1727 E. Eager

St.,

Ward)

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Curtis Wilson

(a) Residence: No.

1727 E. Eager

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb 26/34

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

1

10

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Dorothy Wilson

16. BIRTHPLACE (city or town)
(State or country)

Maryland

INFORMANT
(Address)

Hopkins Records

BURIAL, CREMATION, OR REMOVAL

Place

Date April 11, 19

UNDERTAKER
(Address)

1934

0201

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5/ 34 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 5 A.M. 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Patent Foramen Ovale
(Congenital Heart)

Patent Interventricular Septum

Other contributory causes of importance:
Bronchopneumonia (primary)

Date of onset

Birth

Birth

9

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Coroner

M. D.

E 00328

00328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 18-01 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 122 N Schroeder St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) S6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -6. DATE OF BIRTH (month, day, year) 4/8/347. AGE Years Months Days If LESS than 1 day 10 hrs. or ... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -10. Date deceased last worked at this occupation (month and year) -11. Total time (years) spent in this occupation -12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME James Walter Carter14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Nickles Loraine Walton16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Nicolas Carter(Address) 122 N Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's HospitalDate April 11, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8, 193422. I HEREBY CERTIFY, That I attended deceased from 4/8, 1934 to 4/8, 1934I last saw her alive on 4/8, 1934 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation -Date of -What test confirmed diagnosis? clinical Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19-Where did injury occur? - (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place -Manner of injury -Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify -(Signed) W. V. Bowman(Address) University Hospital

M. D.

11934

0232

F 00330

0330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5821 Belair Rd. St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Dayton Fairbanks

(a) Residence: No. 5821 Belair Rd. (Usual place of abode)

St. 26th Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Edith Grace

DATE OF BIRTH (month, day, year) Oct. 5, 1864

AGE Years Months Days If LESS than 1 day, hrs. or min. 69 6 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 47

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME Edward Fairbanks

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Mary A. Horney

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. C. D. Fairbanks (Address) 5821 Belair Rd.

BURIAL, CREMATION, OR REMOVAL Date April 12, 1934

UNDERTAKER

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 30, 1934 to April 9, 1934

I last saw him alive on April 9, 1934 Death is said to have occurred on the date stated above, at 6:05 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage causing rt. hemiplegia

Date of onset

Mar. 30

Other contributory causes of importance:

Arterio-Sclerosis

Not

Known

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. L. Wilkinson M. D. 5713 Belair Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00331

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Lake Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Berlincke(a) Residence: No. 2205 Lake Ave St., 8-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND
(or) WIFE ofFrank R. BerlinckeDATE OF BIRTH (month, day, year) Aug. 4 1872

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.6186

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

13. NAME

George Hoffman14. BIRTHPLACE (city or town)
(State or country)New York

15. MAIDEN NAME

Mary Berlincke16. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

INFORMANT

Frank R. Berlincke

(Address)

2205 Lake Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 12 1934

UNDERTAKER

Frederick L. Lushbaugh & Son

(Address)

744 N. E. St.

1934

19 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1934

22. I HEREBY CERTIFY. That I attended deceased from

Feb 16 1934 to April 10 1934I last saw him alive on April 10 1934 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Jan 1927

Other contributory causes of importance:

Cardiac DecompensationFeb 16 1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Morris B. Green, M.D.(Address) 5543 Harford Rd city

00332

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00332

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5425 Reisterstown Rd., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

FULL NAME

Ward.

(If non-resident give city or town and State)

(a) Residence

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color of skin White 3. Single, Married, Widowed, or Divorced Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER (Address)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934

I last saw him alive on 4/12/34 Death is said to have occurred on the date stated above, at 6 days

The principal cause of death and related causes of importance were as follows:

Measles.

Date of onset

6 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

R 11 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **00333**

PLACE OF DEATH

CITY OF BALTIMORE: (No. **3511** *Edmondson Ave* St. **20-01** Ward)Length of residence in city or town where death occurred **30** yrs. **0** mos. **0** ds. How long in U. S. If of foreign birth? **0** yrs. **0** mos. **0** ds.FULL NAME **Henry C. Klein**(a) Residence: No. **3511** *Edmondson Ave* St., **20-01** Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
-----------------	-------------------------------	--

If married, widowed, or divorced
HUSBAND of **Lena Klein**
(or) WIFE ofDATE OF BIRTH (month, day, year) **June 4 - 1890**

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **Germany**
(State or country)13. NAME **Carl Klein**14. BIRTHPLACE (city or town) **Germany**
(State or country)15. MAIDEN NAME **Unknown**16. BIRTHPLACE (city or town) **Germany**
(State or country)INFORMANT **Lena Klein**(Address) **3511 Edmondson Ave**BURNED, CREMATION, or REMOVAL **4/13/34**UNDERTAKER **Geo. H. Leimbach**(Address) **16 South Broadway****11934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **April 10, 1934**22. I HEREBY CERTIFY. That I attended deceased from **1934** to **1934**I last saw h. **Inquiry** alive on **1934** Death is said to have occurred on the date stated above, at **10 P. m.**

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to inhalation of carbon monoxide gasDate of onset **Apr 10 1934**

Other contributory causes of importance:

SuicideName of operation **Inquiry** Date of **70**What test confirmed diagnosis **Inquiry** as there an autopsy? **no**23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **no** Date of injury **1934**Where did injury occur? **In Garage** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place **In Garage**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no** If so, specify(Signed) **John S. White** M. D.
Address **16 South Broadway** Coroner

00334

F 00334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Arunah Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louise L. Menke

(a) Residence: No.

2530 Arunah Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (Use the word) Single
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a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) **Aug. 20, 1872.**

AGE 61	Years 7	Months 19	Days 19	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Md.**13. NAME **Frederick W. Menke**14. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Md.**15. MAIDEN NAME **Mary D. Topp**16. BIRTHPLACE (city or town) **Germany**
(State or country)INFORMANT **William Menke**
(Address) **2530 Arunah Ave.**

BURIAL, CREMATION, OR REMOVAL

Place **Loudon Park** Date **April 12/34**UNDERTAKER **Harry H. Witzke**
(Address) **4101 Amundson Ave.**

FILED

1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **April 7, 1934**22. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1934** to **April 1, 1934**I last saw him alive on **April 1, 1934** Death is said to have occurred on the date stated above, at **1 P. m.**

The principal cause of death and related causes of importance were as follows:

Cerebral Laceration**Asphyxia**

Date of onset

6 weeks**3 weeks**

Other contributory causes of importance:

metastasis of brain tumorName of operation **Supratentorial** Date of **Jan 10**What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **L. R. Peckard M. D.**(Address) **2530 Arunah Ave.**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 2 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME William J. Vermillion Jr(a) Residence: No. Whitesburg

(Usual place of abode)

St. _____

Ward. Kentucky

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
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6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____7. DATE OF BIRTH (month, day, year) 8/28/13

8. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>7</u>	<u>13</u>	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Whitesburg Ky.
(State or country)14. NAME William Vermillion15. BIRTHPLACE (city or town) Ky.
(State or country)16. MAIDEN NAME Ava Pendleton17. BIRTHPLACE (city or town) va
(State or country)

18. INFORMANT

(Address) Records.

19. BIRTHPLACE, OR REMOVAL

Whitesburg KyDate 4/13/34

20. UNDERTAKER

(Address) 751 Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 18 - 1934 to April 11, 1934I last saw him alive on April 11, 1934 Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma retroperitoneal malignant - (Primary source) Not known

Date of onset

5 months

Other contributory causes of importance:

NoneName of operation ColostomyDate of 8-1-33What test confirmed diagnosis Leukemia Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Fred W. Keith

M. D.

(Address) The Johns Hopkins Hosp

121934

D. 100336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Kuskamp

(a) Residence: No. Wellston Ohio. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)
male white singleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby. 14. 1915

AGE Years Months Days If LESS than 1 day, hrs. or min.
19 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Ohio

13. NAME

John F. Kuskamp

14. BIRTHPLACE (city or town)
(State or country)

Ohio

15. MAIDEN NAME

Daisy Norris

16. BIRTHPLACE (city or town)
(State or country)

Ohio

INFORMANT Daisy Norris Kuskamp
(Address) Wellston Ohio

BURIAL, CREMATION, OR REMOVAL

Place Wellston Ohio Date Apr. 14. 1934

UNDERTAKER

(Address) 1900 Eutaw Place

12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, 11.45 P.M.

The principal cause of death and related causes of importance were as follows:

Shock-Brain Tumor-left lateral ventricle

Date of onset

Other contributory causes of importance:

Name of operation Exploratory

Date of 4/11/34

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Hutter

(Address) 508 E. North Ave.

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH

Found floating in the water at
CITY OF BALTIMORE: (No. Pier 2 Pratt St. St. 77-01 Ward)(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

2. FULL NAME

~~James Parker~~ (C) James Powell. (C)
see reverse of certificate

(a) Residence: No.

326 S. Sharp St.
(Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Do not know.If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Do not know.

AGE 42 Years Months Days If LESS than
1 day, ...hra.
or ...min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Do not know.

12. NAME

Do Not know.

14. BIRTHPLACE (city or town)
(State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town)
(State or country)

Do not know.

INFORMANT Police Report. C.D.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va. Date 4/12/34

UNDERTAKER

(Address)

71934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from
19... to 19...I last saw h... alive on 19... Death is said
to have occurred on the date stated above, at ... m.The principal cause of death and related causes of
importance were as follows:Drowning.
Probably accidental.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19...Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no reply

(Signed) Otto H. Reinhard

4/11/34

(Address)

1017 S. Charles St.

Coroner

M. D.

F 00338

F 00338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. Fort Ave. St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Birdie A. Meekins

(a) Residence: No. 112 E. Fort Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Milton W. Meekins Jr.

7. DATE OF BIRTH (month, day, year)

Dec 19 1973

AGE

Years 60

Months 3

Days 21

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Cumberland Md.

13. NAME

George Burdette

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME Barbara Klein

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT Milton W. Meekins Sr
(Address) 112 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date Apr. 13 1934

19. UNDERTAKER
(Address)J. F. M. Gully
130 E. Fort Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 10 1934

22. I HEREBY CERTIFY, That attended deceased from

Feb 5 1934 to April 10 1934

I last saw her alive on April 10 1934. Death is said to have occurred on the date stated above, at 9:29 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset 7/10/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter Kohn M.D.
(Address) 102 E. Fort Ave.

M. D.

121934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced.

HUSBAND of Mrs. Ellen Kolscher

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-vascular - renal disease
Broncho pneumonia

Other contributory causes of importance:

Arteriosclerosis, generalized
Secondary atherosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

121934

M. D. B. F 00340

F 00340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Med* *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. *14-01* Ward)Length of residence in city or town where death occurred *5-5-1* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Annie Mills*(a) Residence: No. *5-5-1*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color of Race *black* 5. Single, Married, Widowed, or Divorced (write the word) *Mar. separated*a. If married, widowed, or divorced HUSBAND of (or) WIFE of *unknown*DATE OF BIRTH (month, day, year) *Aug. 16, 1884*AGE Years *49* Months *7* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *cook*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Maryland* (State or country)13. NAME *Phyllis Quinton*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *Maryland* (State or country)7. INFORMANT *JOHNS HOPKINS HOSPITAL* (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place *not known* Date *4/13/34*9. UNDERTAKER *Thomas B. Nelson* (Address) *223 Pershing St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *APR 10 1934*22. I HEREBY CERTIFY That I attended deceased from *Mar 20 1934* to *April 10 1934*I last saw her alive on *April 10 1934*. Death is said to have occurred on the date stated above, at *12:20 p.m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Cervix
Hydrocephalus, bilateral
Metastatic carcinoma of lungs and
liver*

Date of onset

*1933**1934**1933*

Other contributory causes of importance:

*Tertiary Syphilis of Larynx**1915*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Aut.* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *James Bondley* M. D.(Address) *Johns Hopkins Hospital*

12 1934

F 00341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 00341

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Gilman St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Spence

(a) Residence: No. 1022 Gilman St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 14, 1919 AGE 14 Years Months Days 4 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) 4-6-34 11. Total time (years) spent in this occupation 8 yrs

BIRTHPLACE (city or town) Lancaster Co (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Ida Watty

16. BIRTHPLACE (city or town) Lancaster Co (State or country) Va

INFORMANT Helen Spence (Address) 1022 Gilman St.

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 4/12/34

UNDERTAKER Thomas B. Nelson (Address) 1303 Pennsylvania St.

FILED 27554d

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-8-1934 to 4-9-1934

I last saw her alive on 4-9-1934 Death is said to have occurred on the date stated above, at 2:15 Am.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 4-6-34

Other contributory causes of importance:

Exposure

Unknown

Name of operation none Date of Physical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stucker

00342

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 90342

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Carey St. 16-01 Ward)

Length of residence in city or town where death occurred: 10 yrs. 6 mo. 0 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 720 N. Carey St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. Color or Race Q.	5. Single, Married, Widowed, or Divorced (write the word) Married
--------------	------------------------	--

a. If married, widowed or divorced HUSBAND of (or) WIFE of John Morgan

DATE OF BIRTH (month, day, year) Nov 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/34

22. I HEREBY CERTIFY, That I attended deceased from 3/11/34 to 4/11/34

I last saw him alive on 4/10/34 Death is said to have occurred on the date stated above, at 4:15 AM

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia 4/11/34

Other contributory causes of importance

Hæmorrhage from disintegrating fibroid tumor

Name of operator

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) A. E. Elkin M. D.

(Address) 524 Madison Ave

APR 12 1934

00343 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00343

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Cora Rodgers 1633 Ellsworth St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Henry Rodgers

DATE OF BIRTH (month, day, year) 1907

AGE Years Months Days If LESS than 1 day, hrs. or min. 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

N.C.

13. NAME

John Brown

14. BIRTHPLACE (city or town)
(State or country)

N.C.

15. MAIDEN NAME

Mary Jones

16. BIRTHPLACE (city or town)
(State or country)

N.C.

INFORMANT

Henry Rodgers

(Address)

1633 Ellsworth St

BURIAL, CREMATION, OR REMOVAL

Place

Asbury Cemetery Date April 13, 1934

UNDERTAKER

(Address)

Edward Bryson
1633 Ellsworth St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5/34

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure (Hypertrophy Rt. Ventricle)

Date of onset

Other contributory causes of importance:

Inactive Pulm. Tuberculosis ????
(Old Scars in lung & rt kidney)

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Bryson
508 G North Ave
M. D.

12 1934

F 00344

F 00344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE:

2. FULL NAME

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(a) Residence: No.

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place Date

UNDERTAKER (Address)

FILED

Registrar.

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? If there an autopsy?

23. If death was due to external causes (violence)—fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Coroner

M. D.

M. D. F 00345

F 00345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-01 St., 7-01 Ward)Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. 3 mos. 3 ds.2. FULL NAME Martin H. Shorin(a) Residence: No. 603 Lefferts ave St., Brooklyn N Y Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-2-19287. AGE Years 5 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn N Y (State or country)13. NAME Abram Shorin14. BIRTHPLACE (city or town) N Y (State or country)15. MAIDEN NAME Jay Rascen16. BIRTHPLACE (city or town) N Y (State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Brooklyn N Y Date April 14, 193419. UNDERTAKER John C. Mitchell & Sons(Address) 1300 Curtis Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 193422. I HEREBY CERTIFY, That I attended deceased from April 9, 1934, to April 12, 1934.I last saw him alive on April 12, 1934. Death is said to have occurred on the date stated above, at 345 A m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor
Malignant

Date of onset

Jan 1932

Other contributory causes of importance:

Name of operation Cerebral Exploration Date of 4-10-34What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Kunkel(Address) The Johns Hopkins Hospital

M. D.

M. D. P. 100346

F 00346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City* *Hop 24-01* St. *24-01* Ward)

Length of residence in city town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1415* *Belk* St., *Belk* Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Lena* *(Divorced)*6. DATE OF BIRTH (month, day, year) *April 14, 1868*7. AGE *71* Years *11* Months *27* Days *28* If LESS than 1 day..... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Ulrich*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mary Schme*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Friends* (Address) *Balt City Hop*18. BURIAL, CREMATION, OR REMOVAL Place *Schwartz Crn* Date *4/14* 193419. UNDERTAKER *E. B. Hasky* (Address) *115 E. 2nd St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 10, 1934* to *April 11, 1934*I last saw him alive on *April 11, 1934* Death is said to have occurred on the date stated above, at *9:30* A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

6 hrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *T. P. Hasky*(Address) *Balt City Hop*

M. D.

PR 12 1934

F 00347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Wilkins + Caton St. 20-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Frank Mc Kean

(a) Residence: No. 310 S. Payson

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

September 12, 1877

AGE

54

Years

56

Months

6

Days

29

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Huckster

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Elizabeth

xxxxx Pennsylvania

13. NAME

Theodore McKean

14. BIRTHPLACE (city or town)
(State or country)

Pennsylvania

15. MAIDEN NAME

Jane Storei

16. BIRTHPLACE (city or town)
(State or country)

Pennsylvania

17. INFORMANT

(Address)

Mr. C. W. DeVove

Washington, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, Pa.

Date April 12, 1934

19. UNDERTAKER

(Address)

1003 W. Baltimore St.

R121934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from

February 7, 1934 to April 11, 1934

I last saw him alive on April 11, 1934 Death is said
to have occurred on the date stated above, at 5:45 p.m.The principal cause of death and related causes of
importance were as follows:Coronary artery disease
myocardial infarction
chronic heart failure

Date of onset

Feb 7

1 year

Other contributory causes of importance:

Name of operation

Date of 4/23/34

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John C. Dummer, M. D.
(Address) St. Agnes Hospital

F 00348

Sigbee Janson & Johnson

F 00348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Elderon Ave. St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sigbee Janson

(a) Residence: No. 4201 Elderon Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced
 HUSBAND of Caroline Janson
 (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 17-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	24	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.S. 686
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarter Master
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Norway
(State or country)

13. NAME Sigbjorn Janson

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Norway
(State or country)INFORMANT Caroline Janson
(Address) 4201 Elderon Ave. W. ArlingBURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date April 13, 1934UNDERTAKER Mrs. E. M. Miller
(Address) 2334 Jefferson St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1934, to Apr 10, 1934

I last saw him alive on Apr 9, 1934. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Anemia

Apr 7

Other contributory causes of importance:

Nephritis, Anemia,

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Miller M. D.

(Address) 1276 Park Heights Ave

F 00349

HEALTH DEPARTMENT—CITY OF BALTIMORE 0349

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. North Avenue St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Kenney

(a) Residence: No. 1106 E. North Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick H. Kenney

DATE OF BIRTH (month, day, year) Feb. 4, 1837.

AGE Years Months Days If LESS than 97 2 6 #####

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

12. NAME Michel Woods

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Elizabeth Mifflin

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mr. Herman C. Kenney (Address) 1723 Aiken Street

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 13, 1934

UNDERTAKER

(Address) 1730 N. ...

FILED

R 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to April 10, 1934

I last saw her alive on Apr 4, 1934 Death is said to have occurred on the date stated above, at 4 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency Ch. passive pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. ...

(Address) 1106 North Ave

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00350

CERTIFICATE OF DEATH

Registered No. 131 F 00350

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N. Durham St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Feige

(a) Residence: No. 1718 N. Durham St., Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 Color or Race white 5. Single, Married, Widowed, or Divorced (Write the word)

a. If married, widowed, or divorced
HUSBAND of Louis J. Feige
(or) WIFE of

DATE OF BIRTH (month, day, year) 22-1-68

AGE 66 Years 2 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs. Gertrude Jacobs
(Address) 1718 N. Durham St.BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 4-14-34 19UNDERTAKER Wendell C. Thompson
(Address) 1501 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-34 19

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934 to April 12, 1934

I last saw her alive on April 11, 1934 death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Bronch pneumonia

Date of onset 4/1/34

Other contributory causes of importance:

Older pneumonia 10 years
Chronic interstitial nephritis 8 yearsName of operation None Date of clinical
What test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed) A. C. Schorsch M. D.
(Address) 2937 Mc Cleary St.

PR 12 1934

Registrar

00351

264 Erdman

HEALTH DEPARTMENT—CITY OF BALTIMORE

00351

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Franklin Square Hospital
St., Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Alphonse Riopelle

(a) Residence: No.

1106 W. Pratt

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-17-1872

AGE Years 61 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mach Shop

10. Date deceased last worked at this occupation (month and year) Dec 1934 11. Total time (years) spent in this occupation 29

BIRTHPLACE (city or town) (State or country) C. Bayfield Pa

12. NAME Nazie J. Riopelle

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Mary Le Count

16. BIRTHPLACE (city or town) (State or country) Frenchville Pa

INFORMANT Mr. C. E. Allen
(Address) 72 W 35th St N.Y. City

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Apr. 13 1935

UNDERTAKER Wm. J. Tucker
(Address) 1106 W. Pratt

FILED 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 12 1935 to Mar. 22 1935
I last saw him alive on April 10 1935 Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

Anteriorly Heart Disease
Coronary Thrombosis

Date of onset
1724
3-22-35

Other contributory causes of importance:

Chronic Bronchitis, Asthma 1920

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 16 E. Broadway Coroner

00352 HEALTH DEPARTMENT—CITY OF BALTIMORE

00352

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No

1300 Weldon Ave. ST. 13-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Mary Jane Mossholder

(a) RESIDENCE NO.

1300 Weldon Ave.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

E. Mossholder

DATE OF BIRTH (month, day, and year)

May 9, 1854

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

74

11

2

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Frederick, Maryland

10 NAME OF FATHER

William H. Mossholder

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Frederick, Maryland

12 MAIDEN NAME OF MOTHER

M. J. Moss

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Frederick, Maryland

Informant
(Address)Mrs. W. J. Mossholder
1300 Weldon Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 11, 1934

17

I HEREBY CERTIFY, That I attended deceased from

April 11, 1934, to April 11, 1934

that I last saw him alive on April 10, 1934

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis. No. 1
acute coronary thrombosis. No. 1
Chronic Coronary Thrombosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis, Smear

(Signed) J. A. S. Thomas M. D.

4-11-34 (Address) 2878 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Oakland, Md.

DATE OF BURIAL

Apr. 12, 1934

20 UNDERTAKER

Wm. J. Tickner & Son N. P. Ave.

121334

F 00353

F 00353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Butler Brothers.

CITY OF BALTIMORE: (No. Baltimore & Liberty Sts. Ward) 25-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 1 mo. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ferdinand W. Findling.

(a) Residence: No.

2336 Annapolis Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, name of HUSBAND XXXXXXXXXXSophie L. Findling.

DATE OF BIRTH (month, day, year)

March 3, 1886

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4817

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shipping clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Butler Bros. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

12. NAME

John W. Findling.

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Theresa M. Zipprian.

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

INFORMANT

(Address)

Sophie L. Findling. (wife)2336 Annapolis Rd.

BURIAL, CREMATION, OR REMOVAL

Place

London, Ark.

Date

4/14/34

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Otto H. Reinhardt

M. D.

Coroner

(Address) 1017 E. Charles St.

4/12/34

Registrar

M. D. B. 1264

F 00354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Ward St. 9-01 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther6. DATE OF BIRTH (month, day, year) Dec. 8, 1873

7. AGE

60

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

20. FINDER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 193422. I HEREBY CERTIFY. That I attended deceased from April 6, 1934 to April 9, 1934I last saw him alive on April 9, 1934 Death in said to have occurred on the date stated above, at 6:01 a.m.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage 4 days

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

F 00355

F 00355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sim Hospital* St. *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2618 Mc Elderry* St., *Ward.* (If non-resident give city or town and State)

(Usual place of Abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Geo. J. Webster*6. DATE OF BIRTH (month, day, year) *July 18/1890*7. AGE Years *43* Months *8* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *John T. Brampton*14. BIRTHPLACE (city or town) (State or country) *Wash D.C.*15. MAIDEN NAME *May Knapp*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Geo. J. Webster*(Address) *2618 Mc Elderry St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *4/13/34*19. UNDERTAKER *Philip H. Hargis*(Address) *2016 E. Canton St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 9, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Mar 23, 1934* to *April 9, 1934*I last saw him alive on *April 9, 1934* Death is said to have occurred on the date stated above, at *9:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Pelvic abscess**Broncho-pneumonia**Dysentery**Symphysis pubis*

Date of onset

*3-27-34**3-30-34**3-28-34**4-4-34*

Other contributory causes of importance:

*Chronic cystitis**Prostatic tumor*Name of operation *Vaginal hysterectomy* Date of *3-22-34*What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Mark Hallen*(Address) *Sim Hospital*

M. D.

FILED

PR: 2-1934

M. D. B. 00356

F 00356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Alvarado Sq St. 27-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

David Koether(a) Residence: No. 2816 Alvarado Sq. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower5a. If married, widowed, or divorced, HUSBAND of (or ~~WIFE~~) Gottlieb Koether6. DATE OF BIRTH (month, day, year) Dec 17, 18607. AGE Years 73 Months 4 Days 23 If LESS than 1 day, hrs. 24 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe maker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Henry Koether14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elise Kolkner16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Louise Koether (Address) 2816 Alvarado Sq.

18. BURIAL, CREMATION, OR REMOVAL

Place German Cemetery Date 4/12/34 1919. UNDERTAKER Philip R. Smith (Address) 200 E. Pratt St.20. FILED 1934 He. S. to. F. B. S. S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 193422. I HEREBY CERTIFY, That I attended deceased from April 7, 1934 to April 10, 1934I last saw him alive on April 10, 1934. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

not known

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Francis W. Stuck M. D.(Address) German Apts.

00357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 2637 Biddle St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. 2637 E Biddle St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years 13

Months 9

Days 25

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY That I attended deceased from April 10, 1934 to April 18, 1934

I last saw him alive on April 10, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Dysentery, Ulcer following Polio myelitis

Date of onset

April 1932.

Other contributory causes of importance:

Hypertensive Pneumonia

April 7th

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00358

HEALTH DEPARTMENT—CITY OF BALTIMORE

00358

CERTIFICATE OF DEATH

Registered No. 183

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Pier 19 Light St. St. 22-01 Ward)

length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Bowser. (C)

(a) Residence: No. 642 N. Lee St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, name of HUSBAND of ~~XXXXXXXXXX~~ Lucy Bowser. (C)

DATE OF BIRTH (month, day, year) March 15, 1886

AGE Years Months Days If LESS than 1 day, hrs. or min.
48 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Steveadore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) North Carolina.
(State or country)

13. NAME Ned Bowser. (C)

14. BIRTHPLACE (city or town) North Carolina.
(State or country)

15. MAIDEN NAME Lee Ann Williams. (C)

16. BIRTHPLACE (city or town) North Carolina.
(State or country)

INFORMANT Lucy Bowser. (C) wife.
(Address) 642 N. Lee St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 13, 1934

UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Schreder St.

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing November 30, 1933

22. I HEREBY CERTIFY that I attended deceased from April 10, 1934

I last saw him alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowning.

Probably accidental.

Other contributory causes of importance:

Date of onset

Name of operation None. Date of inquiry No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Otto H. Reinhardt
1017 E. Charles St.

Coroner

M. D.

M. D. F 00359

F 00359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Beaufort Ave. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Emma A. Burgess

(a) Residence: No. 5201 Beaufort Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

George H. Burgess

6. DATE OF BIRTH (month, day, year)

July 12 - 1864

7. AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

69

89

23

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Ind.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Balt. Ind.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

7/ Ind.

17. INFORMANT

George H. Burgess

(Address) 5201 Beaufort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place 13 Apr. 1934

19. UNDERTAKER

D. Smith, Super

(Address) 1200 W. North Ave.

12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Apr 10, 1934

I last saw him alive on Apr 10, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

apoplexy, Hemiplegia

Date of onset

Feb 1 34

Other contributory causes of importance:

Disturbance, Sensitivity

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Miller

M. D.

(Address) 5276 Park Heights Dr

0360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 2-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Chester Robinson. (C)(a) Residence: No. 705 S. Charles St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male C 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know.If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Do not know.AGE Years 32 Months --- Days --- If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Do not know.
(State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know.
(State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know.
(State or country)INFORMANT Police Report. S.D.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Church Date April 13, 1934

UNDERTAKER

(Address)

DEED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 10 10¹⁹ Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

2nd & 3rd degree burns of face and body. Upsetting of lighted oil lamp. Accidental death.

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3/25/34 19Where did injury occur? 705 S. Charles St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place At home. (Husband alive)Manner of injury Upsetting of lighted oil lampNature of injury 2nd & 3rd degree burns.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edo H. Reinhardt M. D.
1017 S. Charles St. Coroner
(Address)

0266

F 00361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

00361

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Richard Olford. (C)(a) Residence: No. 600 E. Pratt St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know.If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) Do not know.AGE Years 50 Months _____ Days _____ If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Do not know.

12. NAME

Do not know.

14. BIRTHPLACE (city or town) (State or country)

Do not know.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.INFORMANT Police Report. C.D.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hospital Date Apr 12 1934UNDERTAKER St. Mary's Hospital
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

Burns and suffocation due to fire at 16 E. Pratt St. Accidental Death-

Date of onset

Other contributory causes of importance:

Name of operation None. Date of _____What test confirmed diagnosis Inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident 2/28/34Accident, suicide, or homicide? Accident Date of Injury 16 E. Pratt St. 1934Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In industry.Manner of Injury Fire at 16 E. Pratt St.Nature of Injury Burns and suffocation.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D.
(Address) 1017 E. Charles St. Coroner

JUN 1 1934

0298

00362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Spring St. 3-01 Ward)

2. FULL NAME

(a) Residence: No. 315 S. Spring

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

2

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

2-1934

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 Death is said
to have occurred on the date stated above, at 29 m.The principal cause of death and related causes of
importance were as follows:Acute Myocarditis

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

0301

10363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00363

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Infirmary* St. *6* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Baby girl Hopkins
2928 E. Baltimore St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *April 11, 1934*

8. AGE Years Months Days If LESS than 1 day, 6 hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Church Home & Inf. Baltimore Md*14. NAME *William Roscoe Hopkins*15. BIRTHPLACE (city or town) (State or country) *Princess Anne Maryland*16. MAIDEN NAME *Gertrude Mae Daniel*17. BIRTHPLACE (city or town) (State or country) *Princess Anne Maryland*

18. INFORMANT

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place *Med School*Date *April 12* 19

20. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 11, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Apr. 11* 1934 to *Apr. 12* 1934I last saw her alive on *Apr 12* 1934 Death is said to have occurred on the date stated above, at *1 A.* m.

The principal cause of death and related causes of importance were as follows:

Premature Infant.
wt 2 lbs 11 3/4 oz.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

David H. Andrew M. D.
Church Home & Infirmary

21934

0303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00364

0364

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5128 Harford Ave St. 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Deinlein

(a) Residence: No.

5128 Harford Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Jennie

DATE OF BIRTH (month, day, year)

June 19/ 1870

AGE

Years 63 Months 9

Days 24

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

George Deinlein (son)

(Address)

5128 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer April 13-34

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 10/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on

19 Death is said

to have occurred on the date stated above. 8 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Apr 10/34

Other contributory causes of importance:

Contusion of chest

Apr 4/34

Hemiplegia

1930

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: accident of injury Apr 4/34

Baltimore, Md.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place in home. Fell against bath tub

Manner of Injury Injury to chest wall

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

00365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St.

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles E. Herrman

(a) Residence: No.

Fullerton Md

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov 8-1865

7. AGE

68

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Harford Co Md

13. NAME

Wm O Herrman

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Hannah E. Holland

16. BIRTHPLACE (city or town) (State or country)

Harford Co Md

17. INFORMANT

(Address)

James Herrman Bel Air Md Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

Rock Spring

Date Apr 14, 1934

19. UNDERTAKER

(Address)

Dean & Son Bel Air Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 21, 1934, to April 12, 1934

I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

1. Lipoma uratum
2. Chronic ~~uratum~~
3. Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Removal of Lipoma

What test confirmed diagnosis clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

21934

00366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9/1 00366

✓ 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 17-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *613 S Fremont Ave St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *col.* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced HUSBAND or (or) WIFE of *✓*DATE OF BIRTH (month, day, year) *Sept 12, 1928*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *5 6 28*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Balto*13. NAME *Samuel Vaughn Jr.*14. BIRTHPLACE (city or town) (State or country) *Cambridge, Md*15. MAIDEN NAME *Catherine He*16. BIRTHPLACE (city or town) (State or country) *Madison, Md*INFORMANT *Samuel Vaughn Jr.*(Address) *613 S Fremont Ave*

BURIAL, CREMATION, OR REMOVAL

Place *mt. Calvary* Date *8/13*UNDERTAKER *Walter B. Spragg*(Address) *139 W. 2nd St. S. E.*

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *injury* 19 to 19.I last saw *alive on injury* 19. Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull

Date of onset

Other contributory causes of importance:

*Automobile Accident*Name of operation *none* Date ofWhat test confirmed diagnosis *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *accident* Date of injury *4/12, 1934*Accident, suicide, or homicide *700 Block Dover St* (Specify city or town, county, and State)Where did injury occur? *Street* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *accident*Manner of injury *Struck by auto while playing on the street*Nature of injury *Struck by auto while playing on the street*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Joseph P. Brown*(Address) *2200 E. Madison St.*

Coroner

M. D.

00367

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 00367

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins + Caton and

St.

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Margaret Mc Neal

(a) Residence: No. 2418 Briarwood Rd. St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

7. DATE OF BIRTH (month, day, year) _____

AGE 63 Years Months Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME James McNeal

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sarah Flaherty

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT James M. Graff (Address) 2418 Briarwood Road

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery 4/14, 1934

18. UNDERTAKER

(Address) 505 N. Calvert St.

19. 1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1934 to April 11, 1934.

I last saw him alive on April 11, 1934 Death is said to have occurred on the date stated above, at 8 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Body of Uterus

Date of onset

12-13-34

Other contributory causes of importance:

Ca of Vagina
Cardio-vascular failure
Secondary Anemia

6-30-34

7-15-34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Dorothy C. Upton, M.D.
St Agnes Hosp

00368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00368

CERTIFICATE OF DEATH

✓ 93003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Sexton St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1633 Sexton St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Theodore Ohlendorf (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 30, 1861

AGE Years 72 Months 7 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME John M. Smith

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME Elizabeth Dicus

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

INFORMANT

Mrs. Salome Wood

(Address)

421 Field St

BUTIAL, CREMATION, OR REMOVAL

Buried Mary Haysden Date April 14, 1934

UNDERTAKER

Chenoweth & Son

(Address)

8615-12 Chestnut Ave

D

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Apr. 12 1934

Other contributory causes of importance:

Chronic Myo-Carditis Arteriosclerosis

about 2 yrs.

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Joseph L. Valentine M. D. Coroner

(Address)

00369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 9-01 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Gagliano

(a) Residence: No.

Texas (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of

Josephine

6. DATE OF BIRTH (month, day, year)

Aug 7, 1878

7. AGE

55

Years

Months

8

Days

5

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infectious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

FATHER

13. NAME

Rosario Gagliano

14. BIRTHPLACE (city or town) (State or country)

Italy

MOTHER

15. MAIDEN NAME

Domenico Cabata

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

Mrs J. Gagliano

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Sears, Md. Date Apr. 16, 1934

19. UNDERTAKER

(Address)

Wm. C. Brooks & Son Sparks, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 12, 1934

22. HEREBY CERTIFY, That

attended deceased from April 5, 1934, to April 12, 1934

I last saw him live on April 12, 1934. Death is said to have occurred on the date stated above, at 9:20 p. m.

The principal cause of death and related causes of importance were as follows:

1. Ca of esophagus
2. Ex. fungus of lungs
3. Malnutrition
4. Chronic myocarditis

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

ST. JOSEPH'S HOSPITAL

(Address)

BALTIMORE, MD.

3 1934

F 00370

F 00370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Eutaw Place St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. G. Godwin

(a) Residence: No. 1716 Eutaw Place St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary A. Godwin

DATE OF BIRTH (month, day, year) Dec. 2 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Talbot Co., Md.
(State or country)

13. NAME John T. Godwin

14. BIRTHPLACE (city or town) Queen Ann Co., Md.
(State or country)

15. MAIDEN NAME Julia A. Neavitt

16. BIRTHPLACE (city or town) Talbot Co., Md.
(State or country)INFORMANT Nellie C. Godwin
(Address) 1716 Eutaw Place

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date April 14, 1934

UNDERTAKER

(Address) 1737 E. Eager St.

13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, that I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis
One month

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 00371

F 00371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Leaverton Ave St. 76-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME George H. Missel(a) Residence: No. 3429 Leaverton Ave St. _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna W. Missel
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug. 8 18617. AGE Years 72 Months 8 Days 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME August Missel14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Fredericka Reese16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Anna W. Missel
(Address) 3429 Leaverton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date April 14, 193419. UNDERTAKER George W. Dinkley
(Address) 1737 E. Egan St.20. FILED 131934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 193422. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to April 11, 1934I last saw him alive on April 10, 1934. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

4/11/34

Other contributory causes of importance:

Diabetes MellitusNoneNoneName of operation none Date of none

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none(Signed) Joseph A. Rosenblatt M. D.(Address) 3018 O'Donnell St.

F 00372

F 00372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1113 N. Central Ave* St. *10-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1113 N. Central Ave* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Mary Tewes* (or WIFE of)6. DATE OF BIRTH (month, day, year) *Sept. 6, 1873*7. AGE Years *60* Months *7* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Musician*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balti. Md*
(State or country)13. NAME *Frederick Tewes*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Julia Jordan*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Mary Tewes*(Address) *1113 N. Central Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *West Side Cemetery* Day *Apr. 12*, 19*34*19. UNDERTAKER *Henry West (Son, Inc.)*(Address) *1301 E. Royal St*

20. FILED

13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 12*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March 6*, 19*34* to *Apr. 12*, 19*34*I last saw him alive on *Apr. 11*, 19*34*. Death is said to have occurred on the date stated above, at *2* *PM*.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Vile Ducts

Other contributory causes of importance:

*Acute Cardiac Dilatation*Name of operation *Laparotomy* Date of _____What test confirmed diagnosis? *Pathology* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Wm. H. H. H.*(Address) *1304 E. Royal St*

M. D.

F 00373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00373

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Boulevard Hwy. St.* 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Hattie M. Beck(a) Residence: No. *404 - 2nd St. Sparrow Point* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Charles E Beck*6. DATE OF BIRTH (month, day, year) *June 17/1881*7. AGE Years *52* Months *9* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *James C Ritter*14. BIRTHPLACE (city or town) *Rogers* (State or country) *md*15. MAIDEN NAME *Malinda Moore*16. BIRTHPLACE (city or town) *Dorchester Co* (State or country) *md*17. INFORMANT *Mr Charles E Beck* (Address) *404 F St Sparrow Point*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *April 16 1934*19. UNDERTAKER *John F. Derry* (Address) *715 E 1st St.*

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/12 1934*22. I HEREBY CERTIFY, That I attended deceased from *4/11* 1934, to *4/12* 1934I last saw him alive on *4/12* 1934. Death is said to have occurred on the date stated above, at *11 30* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Empyema of Gall Bladder
Chronic Cholecystitis
cholelithiasis*

Other contributory causes of importance:

*Obstructive Shock
Myocardial Infarction*Name of operation *Cholecystectomy* Date of *4/14/34*What test confirmed diagnosis? *path* Was there an autopsy?

23. If death was due to external causes (violence) fill in all the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Alfred H. Leichter* M. D.(Address) *Boulevard Hwy.*

F 00374

F 00374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4812 Liberty Heights Ave* St. *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *4812 Liberty Heights Ave* St. *28-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced
HUSBAND of *Ellen J. Bassell*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct. 31, 1863*AGE Years *70* Months *5* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *61 1/2*12. BIRTHPLACE (city or town) *Berlin*
(State or country) *Germany*13. NAME *Frederick Wm Bassell*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) *Not Known*
(State or country)INFORMANT *Mrs. Ellen J. Bassell (Wife)*(Address) *4812 Liberty Heights Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Wood Ridge* Date *Apr. 14, 1934*UNDERTAKER *John J. Henry*(Address) *715 Light St*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 13, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June* 1932, to *April 13, 1934*I last saw him alive on *April 11th*, 1934. Death is said to have occurred on the date stated above, at *6:30 A. M.*

The principal cause of death and related causes of importance were as follows:

- Cerebral Hemorrhage*
(Fire attack on April 13th 1934)
- Hypertensive Cardiac Vascular Disease*

Date of onset *4/13/34*

Other contributory causes of importance:

- Infectious Arthritis*
- Chronic Bronchitis*

*5 yrs.*Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Earl L. Chamber*(Address) *4804 Liberty St. Ave*

M. D.

00375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Josephs Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Harry Milton Grimes

(a) Residence: No.

1729 E Lanvale St

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary R.

DATE OF BIRTH (month, day, year)

Nov. 10, 1907

AGE

Years

26

Months

5

Days

1

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Filling Station Attendant

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Standard Oil Co

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Baltimore, Md

BIRTHPLACE (city or town)
(State or country)

12. NAME

Harry C. Grimes

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

15. MAIDEN NAME

Lottie Valentine

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

INFORMANT
(Address)Lottie Grimes
1925 Grindals Ave

BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Ave Apr 14, 1934

UNDERTAKER
(Address)John Ullrich
2008 Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of
Importance were as follows:

Fractured Base of Skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation

none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide Date of Injury 4/12, 1934

Where did injury occur? Hartford Rd. vs. Summer Ave

Specify whether injury occurred in industry, in home, or in public
place

Street

Manner of Injury Struck by auto while

Nature of Injury walking across street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify:

(Signed) John Ullrich

(Address)

2008 Orleans

Coroner

M. D.

13 1934

F 00376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4119.E.Lombard.St St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Adams.

(a) Residence: No. 127.N.Janny.St.

St., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced	7. If single, name of child
HUSBAND or WIFE of	single Child.

DATE OF BIRTH (month, day, year) Nov. 8. 1933.

AGE	Years	Months	Days	11 LESS than 1 day. hrs. or min.
	5		11	3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Howard Adams

14. BIRTHPLACE (city or town) Carroll. Co.
(State or country)

15. MAIDEN NAME Mildred Bell

16. BIRTHPLACE (city or town) Balto Md.
(State or country)INFORMANT Howard Adams (Father)
(Address) 4119.E.Lombard.St.

17. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cent April 13, 1934

18. UNDERTAKER

(Address)

13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 11. 1934

22. I HEREBY CERTIFY That I attended deceased from 4-9-34 to 4-11-34
I last saw him alive on 4-11-34 Death is said to have occurred on the date stated above, at 8.00 pm.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dil

Date of onset

4-11-34

Other contributory causes of importance:

Cerebral Infarction

4-9-34

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

F 00378

Cor. 1-12-25-M&T-100 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ F 00378

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Pratt St ST. 76-01 WARD)

2. FULL NAME

Charles F Hagan

(a) RESIDENCE NO.

819 S. Conklin. St

ST. 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced (write the word)

male

white

Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Agnes Hagan

DATE OF BIRTH (month, day, and year)

April 12 1873

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

61

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

Plumber

Unemployed

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Balto. Md

10 NAME OF FATHER

Peter Hagan

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary McKenna

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Balto. Md

Informant
(Address)Agnes Hagan (Wife)
819 S. Conklin St

Filed

REGISTERED NO.

(If death occurred in a hos-
pital or institution, give its
NAME instead of street and
number and fill out No. 18.)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 12 1924

17 I HEREBY CERTIFY, That I took charge of the
remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said
(Inquest, au-
topsy or inquiry.)I find that said deceased came to 732 9th death
on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute MyocarditisCONTRIBUTORY (duration) yrs. mos. ds.
Chronic Alcoholism(Signed) D. J. Veragema M. D.
(Coroner.), 192 (Address) 1305 N. Patterson St.*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or
Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Calverton Cemetery April 14 1924
Lill & Zeiler Inc 1403 S. Wolfe

00379

F 00379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *20-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3623 Edmondson Ave* St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Dr. Walter Spurrier*

7. DATE OF BIRTH (month, day, year)

8. AGE Years *29* Months *3* Days *1* If LESS than 1 day, 2 hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

14. NAME

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Apr 14* 1934

20. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 8, 1934* to *April 12, 1934*I last saw her alive on *April 12, 1934*. Death is said to have occurred on the date stated above, at *2 A.* m.

The principal cause of death and related causes of importance were as follows:

Acute yellow atrophy of liver

Date of onset

17 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Autopsy Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed).....

(Address)

M. D.

R 13 1934

F 00380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00380

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Plymouth Hall

REGISTERED NO.

City of BALTIMORE: (No. 1701 Madison Ave. 14-01 Ward)

2-FULL NAME

Dorothy Chapman

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

Plymouth Hall

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

male Colored Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

March 15-1908

AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

26

28

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

School teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

City Ballt. Md

BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

Walter Chapman

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

St. Mary Co. Md.

12 MAIDEN NAME OF MOTHER

Ethel Dyer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

Informant
(Address)(Sister) Lillian Dyer
Plymouth Hall

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

19

4-11-34

17

I HEREBY CERTIFY, That I attended deceased from

May 12, 1933, to 4-11-34, 1934,

(that I last saw him alive on

4-11-34, 1934,

and that death occurred, on the date stated above, at 7:30 AM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration)yrs. 11 mos.ds.

CONTRIBUTORY

(Secondary)

(duration)yrs.mos.ds.

18 Where was disease contracted

If not at place of death?

Ballt. Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Physical Signs

(Signed)

Dorothea M. T. M. D.

, 19

(Address)

2029 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

new Cathedral Cemetery, April 1, 1934

20 UNDERTAKER

ADDRESS

Thomas E. Nelson

31934

Registrar

00381

✓ F 00381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1754 E. North av 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1754 E. North av St., 8-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Green6. DATE OF BIRTH (month, day, year) Sept - 18547. AGE Years 79 Months 7 Days - If LESS than 1 day, hrs. - or min. -8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Theodore Langefeldt14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Margaret Dress16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs Elizabeth Thovett (Address) 1754 E. North av18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date Apr 14, 193419. UNDERTAKER John Q. Mitchell & Sons (Address) 1900 Calver Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 193422. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to April 17, 1934I last saw him alive on April 17, 1934 Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

10 yrs

Other contributory causes of importance:

Cerebral Embolism2 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Charles Stewart M. D.(Address) 1738 E. 28th St.

1934

386-78

F 00382

F 00382

283492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. _____) St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 17 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Richard P. Ernst Senator(a) Residence: No. Blue Ridge Summit St., _____ Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan6. DATE OF BIRTH (month, day, year) 2/28/18587. AGE Years 76 Months 1 Days 14 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ky
(State or country)13. NAME William Ernst14. BIRTHPLACE (city or town) Ky
(State or country)15. MAIDEN NAME Sarah Butler16. BIRTHPLACE (city or town) Ky
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Covington, Ky Date April 13, 193419. UNDERTAKER John O. Mitchell, Inc.
(Address) 1900 E. Main St.

20. FILED

13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 193422. I HEREBY CERTIFY, That I attended deceased from March 26, 1934 to April 13, 1934.
I last saw him alive on April 13, 1934. Death is said to have occurred on the date stated above, at 3:20 A. M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of
CEREBRAL ARTERY

Date of onset

Mar. 19
1934

Other contributory causes of importance:

BRONCHOPNEUMONIAAPR. 6
1934Arteriosclerosis - More than2 yrs.Name of operation None Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Paul P. Pugh(Address) Johns Hopkins Hospital

M. D.

M. D. F 00383

F 00383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 92-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Haskell(a) Residence: No. 1200 - Valley St., 92-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 26 November 18497. AGE 85-84 Years 1 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08612. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Charleick Haskell14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Gordon16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Sister Stanislaus, Superior
(Address) 1200 - Valley St. City - Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Apr 14, 193419. UNDERTAKER Rita Weddfield
(Address) 914 - Summit Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 April, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 1931 to Apr 11, 1934I last saw her alive on Apr 8, 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Terminal Pneumonia
Chronic Indurated

Other contributory causes of importance:

AsthmaName of operation Autopsy Date of 10What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. M. Carter M. D.(Address) 1111 - 1st Ave

13 1934

M. D. P. 00384

F 00384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Septentham Hospital
St. 8-51 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

colored

Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 4-13 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 7, 1934, to April 11, 1934

I last saw him alive on April 11, 1934. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis
Tuberculosis (Meningitis)

Date of onset

April 5

April 7

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(No. If so, specify _____)

(Signed)

(Address)

M. D.

13 1934

00385

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 00385

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Dead on arrival at
Hopkins Hospital St. 17-01 Ward)Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Robert Earl Austin

(a) Residence: No.

(Usual place of abode)

528 W. Lanvale

St.,Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

black

5. Single, Married, Widowed,
or Divorced (write the word)

single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE

Years

Months

11

Days

12

If LESS than
1 day.....hra.
or.....min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Earl Austin

14. BIRTHPLACE (city or town)
(State or country)

N.C.

15. MAIDEN NAME

Sallie Davis

16. BIRTHPLACE (city or town)
(State or country)

Ala.

INFORMANT

(Address)

Earl Austin
528 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Burial Date 4/13/34

UNDERTAKER

(Address)

Samuel T. Hemmick
578 W. 13th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, 1.10 A.M.The principal cause of death and related causes of
importance were as follows:

Probably Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed)

(Address)

Copied

M. D.

APR 13 1934

00386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Racer + Cromwell St.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *54* mos. *ds.* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1 Racer + Cromwell St.* Ward. *23-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced, HUSBAND of *William S. O'Neill* (or) WIFE of *William S. O'Neill*7. DATE OF BIRTH (month, day, year) *Sept. 20, 1877*8. AGE Years *56* Months *6* Days *22* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Brooklyn, Md. RR*11. Total time (years) spent in this occupation *23*12. BIRTHPLACE (city or town, State or country) *Balto, Md.*13. NAME *Patrick O'Neill*14. BIRTHPLACE (city or town, State or country) *Ireland*15. MAIDEN NAME *Julia Pool*16. BIRTHPLACE (city or town, State or country) *Ireland*INFORMANT *Ann Mc Mahon*(Address) *Racer + Cromwell St.*

BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet* Date *4/14/34*UNDERTAKER *Edw. J. Harbo*(Address) *114 E. Baltimore St.*FILED *13* 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 9, 1934* to *April 11, 1934*I first saw him alive on *April 11, 1934*. Death is said to have occurred on the date stated above, at *11 P. m.*

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation
Indefinite

Other contributory causes of importance:

Acute dilatation of heart
*4/10/34*Name of operation *None* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specifySigned *R. B. Campbell* M. D.(Address) *1644 Harwood St*

00387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

X

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 S Charles St., 23-01 Ward)

Length of residence in city or town where death occurred: yrs 11 mos 13. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1616 S Charles St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That attended deceased from

April 4, 1934, to April 11, 1934

I last saw him alive on April 11, 1934. Death is said

to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Broncho Pneumonia
Primary

Other contributory causes of importance:

Exhaustion

4/10/34

Name of operation

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) R. H. Campbell M. D.

(Address) 1644 Newover St

131934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00388

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 17-01 Ward)Length of residence in city or town where death occurred 7 yrs. 1 mos. 0 da. How long in U. S. If of foreign birth? 7 yrs. 1 mos. 0 da.

2. FULL NAME

Alma Bowles Brown(a) Residence: No. 539 Mosher St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Arthur Brown
(or) WIFE of7. DATE OF BIRTH (month, day, year) July 31/19038. AGE Years 31 Months 2 Days 12 If LESS than 1 day, 11 hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Richmond, Va.
(State or country)14. NAME George Wiley15. BIRTHPLACE (city or town) Va
(State or country)16. MAIDEN NAME Cora Mae Venable17. BIRTHPLACE (city or town) Va.
(State or country)18. INFORMANT Arthur Brown (husband)(Address) 539 Mosher St

19. BURIAL, CREMATION, OR REMOVAL

Richmond VaDate 4/1520. UNDERTAKER Bernard Hensley(Address) 818 E. Pratt StFILED 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12/3422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 4.30 AM.The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ye

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) John D. Brown M. D.(Address) 508 E. Pratt St

00389

HEALTH DEPARTMENT—CITY OF BALTIMORE

00389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 318 Preston st. W. ST 11-01 WARD)

2. FULL NAME

Mary Dyson Taitt

(a) RESIDENCE NO.

318 Preston st. W.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced, (write the word)

Female

Negro

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Garlet Taitt

6. DATE OF BIRTH (month, day, and year)

May 1890

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

43

11

?

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

Va.

10. NAME OF FATHER

Henry Dyson

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

Va.

12. MAIDEN NAME OF MOTHER

Eliza Jefferson

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

Va.

14.

Informant
(Address)

Martha Storrs (Sister)

3 318 W. Preston st.

15.

Informant

13 1934

Martha Storrs (Sister)

Register

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

April 9th

17.

1934

I HEREBY CERTIFY, That I attended deceased from

Feb. 10, 1934, to April 9th, 1934

that I last saw her alive on April 9th, 1934

and that death occurred, on the date stated above, at 5 p.m.

The CAUSE OF DEATH* was as follows:

Acct. Paren chymatios Nephritis

(duration) yrs.

mos.

27 ds.

CONTRIBUTORY (Secondary)

Exposure

(duration) yrs.

mos.

ds.

18. Where was disease contracted If not at place of death?

At place of D.

Did an operation precede death? No. Date of

Was there an autopsy?

No.

Urinalysis and Phy. Exam

What test confirmed diagnosis?

(Signed)

Walter J. Jackson

M. D.

, 19

(Address)

1631 W. Franklin st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-

MOVAL

DATE OF BURIAL

Mt. Auburn Cem

4/13

1934

UNDERTAKER

Bernard P. Hensley

ADDRESS

818

M. P. D. 90390

F 00390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Charles Stebbins

(a) Residence: No. _____

124 W. Baltimore St.,

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (male) 4. Color or Race (white) 5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 15, 1931

7. AGE Years 2 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Stebbins

14. BIRTHPLACE (city or town) (State or country) Fenwick, Va.

15. MAIDEN NAME Florence Belton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William J. Stebbins (Address) 124 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 4/14, 1934

19. UNDERTAKER Frederick G. Cole (Address) 124 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 12, 1934.

I last saw him alive on April 10, 1934. Death is said to have occurred on the date stated above, at 3:20 A. M.

The principal cause of death and related causes of importance were as follows:

Measles Bronchopneumonia

Date of onset

April 5

Other contributory causes of importance:

Name of operation (none) Date of

What test confirmed diagnosis? (none) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Jackson

(Address) 124 W. Baltimore St.

131934

F 00391

F 00391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 Christian St. 20-01 Ward)Length of residence in city or town where death occurred Life yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. 1933 Christian St. St., 20-01 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Ella C. Koepf
(or) WIFE ofDATE OF BIRTH (month, day, year) Aug 3 - 1897AGE Years 36 Months 7 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Emil W. Koepf14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandINFORMANT Ella C. Koepf
(Address) 1933 Christian St.BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 4/14 1934UNDERAKER Frederick A. Colby
(Address) 1200 W. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw h. alive on Inquiry 19 Death is said
to have occurred on the date stated above, at about 6 P.M.

The principal cause of death and related causes of importance were as follows:

Inhalation of illuminating gas

Date of onset

Apr 11 1934

Other contributory causes of importance:

SuicideName of operation Inquiry Date of noWhat test confirmed diagnosis Inquiry as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Apr 11, 1934Where did injury occur? 1933 Christian St. Balto Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place In homeManner of injury Inhalation of illuminating gasNature of injury Asphyxiation24. Was disease or injury in any way related to occupation of deceased? no(Signed) John L. Valentini M. O.(Address) 14 So. Broadway

R13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 393

00393

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1334 N. Fulton Ave.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced
HUSBAND of *Annie K. Hubbard*DATE OF BIRTH (month, day, year) *June 26, 1883*AGE Years Months Days If LESS than 1 day, hrs. or min.
50 *11* *16*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)13. NAME *Thomas D. Clarke*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Bridget McHenna*16. BIRTHPLACE (city or town) *Ireland*
(State or country)INFORMANT *Mrs. Annie K. Clarke*
(Address) *1334 N. Fulton Ave.*BURIAL, CREMATION, OR REMOVAL
Place *Cathedral* Date *April 14, 1934*UNDERTAKER *Martin Maher & Sons*
(Address) *1827 N. North Ave.*

FILED

R 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 11, 1934* to *April 12, 1934*I last saw him alive on *Apr. 12, 1934*. Death is said to have occurred on the date stated above, at *12:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Subacute Nephritis
Uremia
Chronic myocardial degeneration

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Howard Stackhouse Jr.* M. D.(Address) *University Hospital*

F 00394

00394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Gough St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMichael Cyran6. DATE OF BIRTH (month, day, year) Unk.

7. AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.598. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.House Work10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Poland

13. NAME

Paul Sobus14. BIRTHPLACE (city or town)
(State or country)Poland

15. MAIDEN NAME

Unk.16. BIRTHPLACE (city or town)
(State or country)Poland

17. INFORMANT

(Address)

Veronika Cyran
2210 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Stanislaus Date April 14, 1934

19. UNDERTAKER

(Address)

W. B. Bagnowski
1930 Eastern Ave.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY, That

deceased from

January 31, 1933 to April 10, 1934I last saw him alive on April 10, 1934 Death is saidto have occurred on the date stated above, at 8 amThe principal cause of death and related causes of
importance were as follows:Admission - Breasts
Anemia

Date of onset

Jan 31
1933

Other contributory causes of importance:

Arteriosclerosis

?

Name of operation None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Edith F. Buehler
1209 S. Charles St.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00395

00395

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore* ST. *46* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *10* ds. How long in U. S., if foreign birth? *4* yrs. *0* mos. *10* ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4 COLOR OR RACE <i>colored</i>	5 Single, Married, Widowed, or Divorced, (write the word) <i>married</i>
a If married, widowed, or divorced HUSBAND of <i>H. Roland Penn</i> (or) WIFE of		
DATE OF BIRTH (month, day, and year) <i>April 3, 1897</i>		
AGE <i>40</i>	Years <i>0</i>	Months <i>0</i>
<i>10</i>	Days <i>10</i>	If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

- (a) Trade, profession or particular kind of work *Domestic Service*
- (b) General nature of industry, business, or establishment in which employed (or employer) *Cook*
- (c) Name of employer *Mrs. H. Woods*

BIRTHPLACE (city or town) *Landover, Virginia*
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4/11/34*

17

I HEREBY CERTIFY, That I attended deceased from *April 7, 1934* to *April 11, 1934*, that I last saw her alive on *April 11, 1934*and that death occurred, on the date stated above, at *11:20 P.M.*

The CAUSE OF DEATH was as follows:

*Gastric Carcinoma*CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

31934

Registrar

F 00396 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Potomac St., 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth: 30 yrs. mos. ds.

2. FULL NAME

Catherine Kartivich

(a) Residence: No. 620 S. Potomac St., 1st Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1873

7. AGE	Years	Months	Days	If LESS than
59	40	5	24	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Joseph Brickowski

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT Mr. John W. Luckhardt
(Address) 620 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY Redeemer Date 8/14/34

19. UNDERTAKER

(Address) 637 South ...

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to April 9, 1934

I last saw her alive on April 9, 1934. Death is said to have occurred on the date stated above, at 2:17 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset 6-27-32

Other contributory causes of importance:

Myocardial insufficiency 4-6-34

Name of operation Physical signs of death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. B. Bronushtas, M. D.

(Address) 3037 Odonnel Dr

F 00397

00397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lillian Grilli

(a) Residence: No.

*1617**N. Port*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb. 10 1933

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*1**2**2*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

*Gilberto Grilli**Italy*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Maria D'Aluiso

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

(Address)

*Gilberto Grilli**1617 N. Port St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore Cemetery* *Apr. 14*, 1934

19. UNDERTAKER

(Address)

*Frank Della Woe**62 N. North St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*April 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 6*, 1934, to *April 12*, 1934I last saw him alive on *April 12, 1934* Death is said to have occurred on the date stated above, at *4:45* p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

4/2/34

Other contributory causes of importance:

*Malnutrition**11-1-33**Rachitis**11-1-33**Hydrocephalus**8-1-33*

Name of operation

Date of

What test confirmed diagnosis? *X-Ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Nathan Racusin

M. D.

(Address)

Franklin Square Hospital

1934

Dr. E. H. Henning 2000 Hollins St. Fil. F 00398

F 00398 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Hollins St., 70-03 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 75 yrs. 0 mos. 0 ds.

2. FULL NAME

Christina Nicholson

(a) Residence: No. 2002 Hollins St., 70-03 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of husband or (or) WIFE of Francis Nicholson

6. DATE OF BIRTH (month, day, year) Oct 3 78 1849

7. AGE Years 84 Months 5 Days 15 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Nicholson
(Address) 2002 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date April 14 1934

19. UNDERTAKER Tom Cook
(Address) 1317 E. Paul St.

20. FILED 131334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 - 1933 to April 12 1934

I last saw him alive on April 11 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Nephritis
Senile Arteriosclerosis

Other contributory causes of importance:

Name of operation Cerebral Date of April 12 1934

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 34

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) E. H. Henning M. D.
(Address) 2000 Hollins St.

00399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital - 91* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *705 Center*

(Usual place of abode)

Ward. *3705*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Separated</i>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of *Fred Baker (Sep)*
(or) WIFE of *?*

6. DATE OF BIRTH (month, day, year)

7. AGE <i>67?</i>	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *John Kimming*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Records*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's School* Date *April 13, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *November 17, 1932* to *April 12, 1934*I last saw him alive on *April 12, 1934* Death is said to have occurred on the date stated above, at *1:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Atherosclerosis, generalized

Palatal myoclonus

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of *yes*What test confirmed diagnosis? _____ Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *I Phouill*(Address) *Balt City Hosp*

M. D.

3 1934

0304

F 00400

00400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Eagle St. 20-01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) RESIDENCE NO. 2226 Eagle St.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address)

15

13 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

March 24, 1934, to April 12, 1934

that I last saw her alive on April 12, 1934

and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Endocarditis

(duration)

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Robert C. White, M.D.

(Address) 2151 Wilkes Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

New Cathedral Cem.

April 16, 1934

20 UNDERTAKER

Charles W. Dill

ADDRESS 3109

Fredk. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00401

CERTIFICATE OF DEATH

F 00401

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 N. Chester St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John H. Klingenstein

(a) Residence: No.

952 N. Chester

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) widower
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIDOWED~~) Amanda

6. DATE OF BIRTH (month, day, year) Jan 20/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Basket-maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co., Md.
(State or country)

13. NAME Carl Klingenstein

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elizabeth Hand

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Wm. Klingenstein (Bro)
(Address) 950 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery April 14, 1934

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on before mid. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probable Cardiac Failure

Date of onset

Other contributory causes of importance:

General Arteriosclerosis
(Senile)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

R131934

F 00402

HEALTH DEPARTMENT—CITY OF BALTIMORE

00402

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 W. Lafayette Ave. St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elmer Knatz

(a) Residence: No. 1822 W. Lafayette Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

4a. If married, widowed, or divorced
 HUSBAND of Cora Knatz
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1872

7. AGE	Years	Months	Days	if LESS than 1 day, hrs. or min.
	61	11	26	

8. Trade, profession, or particular kind of work done, as aptener, Sawyer, bookkeeper, etc. Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Licorice Plant

10. Date deceased last worked at this occupation (month and year) April 6, 1934 11. Total time (years) spent in this occupation 3 wks

12. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

13. NAME Philip Knatz

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Christina Schirmer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Philip E. Schubert (Address) 102 Fairfield Drive, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 14, 1934

19. UNDERTAKER (Address) 1005 W. Baltimore St.

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from 4-6-34 to 4-10-34

I last saw him alive on 4-10-34 Death is said to have occurred on the date stated above, at 10.12P.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

4-6-34

(Other contributory causes of importance:

Coronary Failure

1

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bay McCreary M. D.

(Address) 400 N. Payson St.

00403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 95-002

1. PLACE OF DEATH *Jenkins Memorial Hospital*
 CITY OF BALTIMORE: (No. *1000 Caton Avenue St.* *25* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. *4* mos. *4* da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME *Louisa H. Penahan*

(a) Residence: No. *30 Melrose Ave. Catonsville, Md.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug. 5, 1867*

7. AGE Years *66* Months *8* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Howard County Maryland*
 (State or country)

13. NAME *Joseph Penahan*

14. BIRTHPLACE (city or town) *Ireland*
 (State or country)

15. MAIDEN NAME *Bridget*

16. BIRTHPLACE (city or town) *Ireland*
 (State or country)

17. INFORMANT *Jenkins Memorial Hospital*
 (Address) *1000 Caton Avenue*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery* Date *4/16, 1934*

19. UNDERTAKER *Henry W. Meary & Son*
 (Address) *802 N. Calver St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *November 28, 1933* to *April 12th, 1934*

I last saw her alive on *April 12, 1934* Death is said to have occurred on the date stated above, at *11:44 P.m.*

The principal cause of death and related causes of importance were as follows:

Hypertension
Hypertensive Cardio-Vascular Disease
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: —

Terminal Bronchopneumonia
(Bilateral)

4/10/34

Name of operation *None* Date of —

What test confirmed diagnosis *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify —

(Signed) *John C. Driscoll* M. D.

(Address) *St. Agnes Hospital*

3 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00404

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5025 Whitheredville Rd* St., *18* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *5025 Whitheredville Rd*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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a. If married, widowed, or divorced

HUSBAND of
WIFE of*Ellen B. Haupt*DATE OF BIRTH (month, day, year) *Feb 28th 1868*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Cutter*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*Shoe Factory*10. Date deceased last worked at
this occupation (month and
year)*7/13*11. Total time (years)
spent in this
occupation *28*12. BIRTHPLACE (city or town)
(State or country)*Balto**MD*

13. NAME

*Jacob Haupt*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Augusta Becker*16. BIRTHPLACE (city or town)
(State or country)*Germany*

INFORMANT

(Address)

Ellen B. Haupt
5025 Whitheredville Rd

BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

April 14th 1934

UNDERTAKER

(Address)

Wm Cook
1317 N. Federal St
Itasca, in Itasca, Md
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12th 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19th to 18thI last saw him alive on *February 19* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of
importance were as follows:

Data of onset

Suicide
Gun shot wound
of abdomen

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Reynolds* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing: *Suicide* Date of injury *April 12th 1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

3 1934

00405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
 CITY OF BALTIMORE: (No. St. 3-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, number of street, and number.)

Length of residence in city or town where death occurred. 0 yrs. mos. ds. How long in U. S. If of foreign birth? 1 yrs. mos. ds.

2. FULL NAME Gustav Brisar

(a) Residence: No. 1641 Thames St., Baltimore, Md. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3-1898

7. AGE Years 35 Months 9 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinary seaman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
 10. Date deceased last worked at this occupation (month and year) 12-21-33 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Riga (State or country) Russia

13. NAME John Brisar

14. BIRTHPLACE (city or town) Russia (State or country)

15. MAIDEN NAME Gertrude Anderson

16. BIRTHPLACE (city or town) Russia (State or country)

17. INFORMANT Records, U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Pauls Date 4-14-34

19. UNDERTAKER Wendell S. Humphrey (Address) 1501 W. Chesapeake

41934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1933 to April 12, 1934

I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic far advances to 12-23-33

Other contributory causes of importance: Tuberculosis, of meninges 4-1-34

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Abbott M. D.

(Address) U. S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00406

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hosp 92-01*)St. *4-1* WardLength of residence in city or town where death occurred *3-4* yrs. *53* mos. *53* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1927 St. Paul St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Widowed*6. DATE OF BIRTH (month, day, year) *Jan 6 - 1886*7. AGE *70* Years *37mo* Months *7* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home duties*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home duties*10. Date deceased last worked at this occupation in *Jan 31* year *1934* 11. Total time (years) spent in this occupation *34*12. BIRTHPLACE (city or town) *Fredrick Co. Md.* (State or country)13. NAME *Eddison Buekey*14. BIRTHPLACE (city or town) *Fredrick Co. Md.* (State or country)15. MAIDEN NAME *Jennie Ogden*16. BIRTHPLACE (city or town) *Fredrick Co. Md.* (State or country)17. INFORMANT *Mrs. Flora E. Bailey* (Address) *1927 St. Paul St.*18. BURIAL, CREMATION, OR REMOVAL *Interment* Date *4/18/1934*19. UNDERTAKER *H. B. Burkhardt & Sons* (Address) *1927 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-13-1934*22. I HEREBY CERTIFY, That I attended deceased from *April 31, 1934* to *April 13, 1934*I last saw h. or w. alive on *April 13, 1934*. Death is said to have occurred on the date stated above, at *9:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Irregularities from Coronary Thymus

Other contributory causes of importance:

*Coronary Thymus*Name of operation *None* Date of *60*What test confirmed diagnosis? *Chloro* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: *None* Date of injury *None*, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Eddison Buekey* M. D.(Address) *1927 St. Paul St.*

APR 14 1934

00407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Payson St. 16-Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (Write the word) <u>Widowed</u>
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5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frances Rosenberg Gieger6. DATE OF BIRTH (month, day, year) Aug 28, 1853

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

80

7

1615

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired Farmer05650 yrs

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. DATE

14 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 11, 1934 to April 13, 1934Last saw him alive on April 11, 1934 Death is saidto have occurred on the date stated above, at 12:15 P.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency due to Mitral regurgitation

Date of onset

30 days

Other contributory causes of importance:

Anaemia32 days

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical symptoms

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles E. Clark

M. D.

(Address)

3214 Proctor Ave.

00408

HEALTH DEPARTMENT—CITY OF BALTIMORE

00408

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

715 Pierce

St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mittie Scroggins

(a) Residence: No.

715 Pierce

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female Colored Widowed

5a. If married, widowed, or divorced

HUSBAND

(or) WIFE

Howard Scroggins

6. DATE OF BIRTH (month, day, year)

June 1889

7. AGE

50 51

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

37

12. BIRTHPLACE (city or town) (State or country)

Va

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Catherine Robins

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Nellie Scroggins
715 Pierce

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

Date 4-16-1934

19. UNDERTAKER

(Address)

James A. Hayes
142 W. 1st St.
Baltimore, Md.

20. FILED

APR 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 12, 1934

22. I HEREBY CERTIFY That

deceased

I last saw him alive on

April 12, 1934

Death is said to have occurred on the date stated above, at 11:54 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset
4/10/1934

Other contributory causes of importance:

Hypertension

1931

Name of operation

Date of

What test confirmed diagnosis

None

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 F 00409

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Mielton Ave 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1025 N. Mielton Ave, (Usual place of abode) Ward.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced Widowed (write the word)5a. If married, widowed, or divorced HUSBAND of Nicholas Baker (or) WIFE of6. DATE OF BIRTH (month, day, year) 18377. AGE Years 97 Months 96 Days 96 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland (State or country)13. NAME George Baker14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Mary Kelly16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Miss Alice Baker (Address) 1025 N. Mielton Ave18. BURIAL, CREMATION, OR REMOVAL Emmitsburg Md 4/16/3819. UNDERTAKER George A. Taylor (Address) Fulton Taylor20. 4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-3822. I HEREBY CERTIFY, That I attended deceased from 8-13-38 to 4-13-38 I last saw him alive on 4-13-38 Death is said to have occurred on the date stated above, at 8-13-38 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset 1 day

Other contributory causes of importance:

Acute Cardiac Infarction 1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19.....

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

No M. D. 4-13-38

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 5-01 St., 108 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James Anderson(a) Residence: No. 336 Forest St. St., 3 Ward. 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 4-28-18997. AGE 34 Years 11 Months 9 Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Nathan Anderson14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place astbury c.m. Date 4-14 193419. UNDERTAKER B. G. Thompson & Co. Wright(Address) 1218 McCallum St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 193422. I HEREBY CERTIFY, That I attended deceased from 3-31 1934 to 4-12 1934I last saw h. him alive on 4-12 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Pneumococcus Septicemia

Date of onset

3-31-344-9-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Josef J. Bergmeyer(Address) Johns Hopkins Hospital

M. D.

00411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Bolton St. St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mary Virginia Percy(a) Residence: No. 1714 Bolton St. St., 14-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Joseph Percy
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 18627. AGE Years 71 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none10. Date deceased last worked at this occupation (month and year) ✓11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) (State or country) Cambridge Md13. NAME John H. Percy14. BIRTHPLACE (city or town) (State or country) Secretary Md15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Miss Emma Percy(Address) 1714 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern CemDate April 14, 193419. UNDERTAKER Wm. J. Lickner, Pres(Address) 1714 Bolton St.

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 193422. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933 to April 10, 1934I last saw him alive on April 9, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Coronary ascending aorta

Date of onset

April 9, 1934

Other contributory causes of importance:

Myocarditis

?

Name of operation noneDate of —What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —(Signed) Robert Eliza Wilgus M. D.(Address) 18 E. Eager St. Baltimore

00412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH *Ind. Gen. Hospital*
 CITY OF BALTIMORE: (No. *Linden & Madison* St. *27-91* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isabel Watts

(a) Residence: No.

3126 Woodland Ave St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of ☒
 (or) WIFE of ☒

6. DATE OF BIRTH (month, day, year)

July 22, 1892

7. AGE

Years

Months

Days

If LESS than
 1 day... hrs.
 or... min.

*41**8**2120*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Md. Casualty Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Benj. F. Watts

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Lydia Rodgers

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

(Address)

*Mrs Lydia R. Watts
3126 Woodland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Lincoln Ridge Cem*Date *Apr. 14, 1934*

19. UNDERTAKER

(Address)

*Wm. J. Ticker & Sons
Waltham Pa. Ave.*

20. FILED

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from *4/2/34* 19 to *4/12/34* 19

I last saw him alive on *4/14/34* 19. Death is said to have occurred on the date stated above, at *7:30* m.

The principal cause of death and related causes of importance were as follows:

Toxic adenoma thyroid Date of onset

Other contributory causes of importance:

Chronic Myocarditis (toxic)

Name of operation *Thyroidectomy* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. C. Proctor* M. D.
Ind. Gen. Hospital
 (Address)

0413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto. City / Box 3201

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William B. Bayler

(a) Residence: No.

2302 McCulloch St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M

col

Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mollie Bayler

6. DATE OF BIRTH (month, day, year)

Feb. 25, 1864

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Auburn Cem Date 4-15-1934

19. UNDERTAKER

(Address)

20. FILED

4 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/1934

22. I HEREBY CERTIFY, That attended deceased from

3/31/1933 to 4/11/1934

I last saw him alive on 4/11/1934 Death is said

to have occurred on the date stated above, at 10:15 am

The principal cause of death and related causes of importance are as follows:

Prostatic hypertrophy (benign)

Date of onset

Other contributory causes of importance:

Long standing high blood pressure - 2 weeks

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

✓ F 00414

00414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121.S. Ann. St

ST. 2-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph. A Stelli

(a) RESIDENCE NO. 121.S. Ann. St

ST. 2 WARD

(If non-resident give city or town and State)

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

5a If married, widowed, or divorced
HUSBAND of child
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 9. 1933

7 AGE Years Months Days If LESS than 1 day, hrs. or min.
4 5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore. Md
(State or country)

10 NAME OF FATHER Anthony Stelli

11 BIRTHPLACE OF FATHER (city or town) West Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Seeberger

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)Informant Anthony Stelli (Father)
(Address) 121.S. Ann. St

CORONER'S CERTIFICATE OF DEATH 0

16 DATE OF DEATH (month, day, and year) April 14 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on Inquiry
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said Inquiry find that said deceased came to his death
(Inquest, autopsy or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (duration) yrs. mos. ds.
Premature (7ms)
(Secondary)(Signed) J. P. Veras, M. D.
(Coroner.)
4/14, 1934 (Address) 1305 N. Tall 1 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR RE- MOVAL
St. Redeemer Cemetery April 16 193420 UNDERTAKER
L. H. Zeiler 403 N. 1st St

4-1034

HEALTH DEPARTMENT—CITY OF BALTIMORE

00415

CERTIFICATE OF DEATH

56

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 57 N. Catherine St. Ward 10-01)Length of residence in city or town where death occurred Life mo. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 57 N. Catherine St. Ward. (If non-resident give city or town and State)
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
 HUSBAND of Irvin B. Stollenmaier
 (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Feb. 4th - 18987. AGE Years 36 Months 2 Days 9 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, an operator, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto. (State or country) md.13. NAME George H. Bonhoff14. BIRTHPLACE (city or town) Balto. (State or country) md.15. MAIDEN NAME Katie A. Kittel16. BIRTHPLACE (city or town) Balto. (State or country) md.17. INFORMANT Irvin B. Stollenmaier
 (Address) 57 N. Catherine St.18. BURIAL, CREMATION, OR REMOVAL
 Place London Park Date April 16 193419. UNDERTAKER George L. Schmitz
 (Address) 2101 Broadway Ave.20. REGISTRATION
 (Address) 2101 Broadway Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13 193422. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933, to April 13 1934I last saw her alive on April 12 1934 death is said to have occurred on the date stated above, at 7³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
Erysipelas (infectious)
Acute Rheumatism
Acute Coronary Artery Disease

Date of onset

Other contributory causes of importance:

Pulmonary EdemaName of operation None Date ofWhat test confirmed diagnosis Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify(Signed) Martha E. Piche M. D.(Address) 251 Wilkes Ave

F 00416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00416

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 E. Preston Street, 9-01 Ward)

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 Years yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dorothea Huemmer

(a) Residence: No. 1222 E. Preston Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Adam Huemmer
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1842.

7. AGE 91	Years 10	Months 19	Days 18	IF LESS than 1 year or min. 18
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8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME (Unknown) Kauffman

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. Joseph Bailey
(Address) 1222 E. Preston St.18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer 4/16/34
Place Date19. UNDERTAKER George J. Ruth Inc
(Address) 735 E. Preston St.

20. FILED

R 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/9/34, 19 to 4/12/34, 19

I last saw him/her alive on 4/12/34, 19 Death is said to have occurred on the date stated above, at 10a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis
angina

Date of onset 4/11/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. L. Maassen M.D.
1206 E. Preston

00417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00417

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *254 N. Pine* St., *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *254 N. Pine* St., *4-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Harriet Harrison*6. DATE OF BIRTH (month, day, year) *1872*7. AGE Years *62* Months Days If LESS than 1 day, hr. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *17d*FATHER 13. NAME *Charles Harrison*14. BIRTHPLACE (city or town) (State or country) *MD*MOTHER 15. MAIDEN NAME *Eliza Marbury*16. BIRTHPLACE (city or town) (State or country) *MD*17. INFORMANT *Thos H. Harrison* (Address) *254 N. Pine St*18. BURIAL, CREMATION, OR REMOVAL *Laurel Cem* Date *4/16* 193419. UNDERTAKER *Samuel H. Hamley* (Address) *528 N. Middle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-12* *38*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes, pneumonia (Signed) *Edw. J. Kelly* M. D.*2769 Eastern Ave* Coroner

APR 14 1934

F 00418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00418

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Chester St. St. 1-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Michael Ichniowski

(a) Residence: No. 419 S. Chester St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Josephine Ichniowski (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1864

7. AGE Years 69 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Ferdinand Ichniowski

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Mrs. Josephine Ichniowski (wife) (Address) 419 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 19, 1934

19. UNDERTAKER

(Address)

John M. Weber

401 S. Chester St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1934

22. I HEREBY CERTIFY That I attended deceased from

March 15, 1934, April 13, 1934

I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate with Metastases.

Myocardium

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Andrew S. S. S. S.

(Address)

2579 Eastern Ave.

M. D.

APR 14 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00419

F 00419

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 E. Monument St. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michelina Licitri

(a) Residence: No. 2930 E. Monument St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Michele Licitri (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1876

7. AGE Years 57 Months 10 Days 27 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Caltanissetta (State or country) Italy

13. NAME Michele Falzone Caltanissetta

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME Addolorata G. Scarantino

16. BIRTHPLACE (city or town) Caltanissetta (State or country) Italy

17. INFORMANT Vincent Cutellucci (Address) 2923 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 16, 1934

19. UNDERTAKER Frank Della Voce (Address) 52 N. Mosley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934 to April 12, 1934

I last saw her alive on April 11, 1934 Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardis-Vascular - renal disease & Decompenstation

Date of onset

3/11/34

Other contributory causes of importance:

Broncho-Pneumonia

4/11/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Timmelli

(Address)

Medical Arts Bldg. M. D.

R 14 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00420

CERTIFICATE OF DEATH

34 E 00420

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred first mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Dorothy Hill

(a) Residence: No. 1408 W. Sanvale St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of William Hill (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1-12

7. AGE Years 22 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Gus Johnson

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Sarah Gurdy

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Records Baltimore City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date April 16, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schrean St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-1934

22. I HEREBY CERTIFY That I attended deceased from 3-15-1934 to 4-12-1934

I last saw her alive on 4-12-1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Unknown

Other contributory causes of importance:

Cerebral Spinal Lesions

Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harry J. Green Smith M. D.

(Address) Baltimore City Hospitals

R 14 1934

00421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Berry(a) Residence: No. 1027 W. Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22-18987. AGE Years 35 Months 7 Day 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD (State or country)13. NAME Wilson Berry14. BIRTHPLACE (city or town) unknown (State or country)15. MAIDEN NAME Susan Jones16. BIRTHPLACE (city or town) unknown (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 16 193419. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schroeder St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 193422. I HEREBY CERTIFY That I attended deceased from April 8, 1934 to April 11, 1934I last saw her alive on April 11, 1934 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows

Shock Post-Operative
Broncho-pneumonia, P.O.Date of onset
4/9/34
4/9/34

Other contributory causes of importance:

Name of operation Hysteromyomectomy Date of 4/9/34What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. E. Harrison M. D.
Johns Hopkins (Address)

00422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 00422

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Agnes Hospital
Theresa Catons Homes St. 70-01 Ward

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No.

Mrs Sarah Bateman

9 Rosedale St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

unknown

7. AGE

56

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housework

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Mrs. John Bateman
3243 Phelps Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park

Date April 1's 1934

19. UNDERTAKER

(Address)

Robert Brooks & Son
Catharine & Hollins etc

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from
3 - 4 - 1934 to 4 - 13 - 1934I last saw her alive on 4 - 13 - 1934. Death is said
to have occurred on the date stated above, at 12:00 noon.The principal cause of death and related causes of
importance were as follows:

Carcinoma of Breast (Left)

Date of onset

?

Other contributory causes of importance:

Metastatic Carcinoma
Secondary anemia

?

?

Name of operation. Removal of Left Breast.

Date of

4/28/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John C. Deemer M. D.
St. Agnes Hospital

APR 14 1934

F 00423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

00423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Garrison Boulevard St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH G. HEUISLER

(a) Residence: No. 2204 Garrison Avenue

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Catherine Jenkins Heuisler
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75		9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

13. NAME Joseph S. Heuisler

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Catherine McCann

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Catherine Jenkins Heuisler
(Address) 2204 Garrison Boulevard

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 16, 1934

19. UNDERTAKER

(Address)

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1/34 19 to Apr 12 1934
I last saw him alive on Apr 11/34 19 Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach P

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00424

157-002

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Female Infant Peterka

(a) Residence: No.

709 North Lakewood Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 30, 1934

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

14 12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore in army land

FATHER

13. NAME Anthony Peterka

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Suchanek

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Anthony Peterka (Address) 709 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 14 1934

19. UNDERTAKER Frank Gvach & Son (Address) 1906 Ashland Ave.

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 30, 1934 to April 13, 1934

I last saw h. ex alive on April 13, 1934 Death is said to have occurred on the date stated above, at 6:45 P. m.

The principal cause of death and related causes of importance were as follows:

1. Shins bifida
2. Meningocele
3. Meningitis
4. Cerebellar abscess

Other contributory causes of importance:

Date of onset

Name of operation home autopsy Date of

What test confirmed diagnosis autopsy where an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. J. Magenheimer ST. JOSEPH'S HOSPITAL (Address) BALTIMORE, MD.

F 00425

F 00425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-01* Ward)Length of residence in city or town where death occurred yrs. mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel Morningstar

(a) Residence: No.

Ridenwood Md. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Mrs Samuel Morningstar*

6. DATE OF BIRTH (month, day, year)

June 29 / 77

7. AGE

56

Years

Months

Days

If LESS than
1 day, hrs.
or min.*17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Baltimore Co
Md*

FATHER

13. NAME

*Samuel Morningstar*14. BIRTHPLACE (city or town)
(State or country)*Maryland*

MOTHER

15. MAIDEN NAME

*Louise Snyder*16. BIRTHPLACE (city or town)
(State or country)*Maryland*17. INFORMANT
(Address)*Mrs Samuel Morningstar
Ridenwood Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Protest Hall bur Date April 16, 1934*19. UNDERTAKER
(Address)*John Burns Sons
Towson Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14*, 19*34*22. I HEREBY CERTIFY, That attended deceased from
April 3, 19*34*, to *April 14*, 19*34*.I last saw him alive on *April 14*, 19*34*. Death is said to have occurred on the date stated above, at *12:15* P.M.

The principal cause of death and related causes of importance were as follows:

*Abscess, stab wound anus, left hip
Multiple abscesses in lungs*Date of onset
April 1st

Other contributory causes of importance:

*Terminal B. coli (?) septicemia*Name of operation: *D.D. abscess of hip* Date of *4-4-34*

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard France

(Address)

Union Memorial Hospital

M. D.

R 15 1934

F 00427

F 00427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

University Hospital

St. 4-01 Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas J. Wolfe

(a) Residence: No.

Bowie Md

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of

Frances M. Wolfe

6. DATE OF BIRTH (month, day, year)

May 18 1862

7. AGE

Years

Months

Days

71

10

26

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

M. D.

10. Date deceased last worked at this occupation (month and year)

Feb 934

11. Total time (years) spent in this occupation

50

OCCUPATION

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Charlottesville Va

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Miles H. Wolfe

Bowie Md

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date April 17 1934

19. UNDERTAKER

(Address)

Wm Cook

1317 St Paul St

20. FILED

15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1934 to 4-14 1934

I last saw him alive on 4-14 1934 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Renal failure

Name of operation

Nephrectomy

Date of 4-13-34

What test confirmed diagnosis?

Was there an autopsy? 710

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H C Hall M.D.

M. D.

(Address)

University Hospital

F 00428

F 00428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Lounded

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St., 11-01 Ward)

Length of residence in city or town where death occurred (yrs. 2 mos. 10 da. How long in U. S. if of foreign birth? yrs. mos. da.)

2. FULL NAME

Lloyd L. Jackson Jr.

(a) Residence: No.

Latrobe apts

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Sept. 4 - 1872

6. DATE OF BIRTH (month, day, year)

7. AGE Years 61 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Lloyd Jackson

14. BIRTHPLACE (city or town) (State or country) W Va

15. MAIDEN NAME Anne Leslie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

Place Lounded Park Date April 16, 1934

19. UNDERTAKER Henry W. Jackson

(Address) 1101 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1934, to April 14, 1934.

I last saw him alive on April 14, 1934. Death is said to have occurred on the date stated above, at 7:25 A.M.

The principal cause of death and related causes of importance were as follows:

HEMORRHAGE INTO CEREBRUM

Date of onset

APR. 12, 1934.

Other contributory causes of importance:

ARTERIO-SCLEROSIS, GENERAL MYOCARDIAL INSUFFICIENCY, CHRONIC 1926

Name of operation Date of.

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Paul Pogoda

(Address) Johns Hopkins Hospital

R 15 1934

F 00429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00429

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Wilcox St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mo. da. How long in U. S. If of foreign birth? yrs. mo. da.2. FULL NAME Charles W. Wesley Folks(a) Residence: No. 1016 Wilcox St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Josephine Folks
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18577. AGE Years 77 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balt. Md.
(State or country)13. NAME John T. Folks
14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)15. MAIDEN NAME Martha Owens
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Lipolia Kirby
(Address) 1620 W. Lexington St.18. BURIAL, CREMATION, OR REMOVAL
Place Ashbury Cmn. Date 4-15 19 3419. UNDERTAKER B. G. Wright & Co.
(Address) 1215 W. Elders St.51834 4-15-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 193422. I HEREBY CERTIFY, That I attended deceased from March 1934 to April 11 1934I last saw him alive on April 11 1934. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Nephritis (Interstitial)

Date of onset

about 1 yr

Other contributory causes of importance:

Uremia
Hypertension
arteriosclerosisApril 8, 19341 yr ago
1 yr agoName of operation none Date ofWhat test confirmed diagnosis? Physician there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. J. Harris(Address) Libby & Monument St

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hops* 17-01 Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Edwards(a) Residence: No. *787 Brady* St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>unwed</i>
-----------------------	------------------------------------	---

6a. If remarried, widowed, or divorced HUSBAND of (or) WIFE of *?*

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>?</i>	<i>62</i>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

FATHER

13. NAME *Richard*14. BIRTHPLACE (city or town) (State or country) *Ind.*

MOTHER

15. MAIDEN NAME *Rebecca*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT (Address) *Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *McDonnell*19. UNDERTAKER (Address) *James E. Douglas*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 13, 1934*22. I HEREBY CERTIFY, That *deceased* from *Jan 5, 1934* to *April 13, 1934*I last saw *him* alive on *April 13, 1934* Death is said to have occurred on the date stated above, at *6:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, nephritis, arteriosclerosis 4 yrs?

Date of onset

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. P. Howell*(Address) *Baltimore City Hops*

M. D.

R 15 1934

M. D. B. 1268
F 00432

F 00432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *430 S. Oldham* St., *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Elizabeth Schlenderberg

(a) Residence: No.

430 S. Oldham

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *William Schlenderberg* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 14 - 1875*7. AGE Years *58* Months *6* Days *-* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Co. Md.* (State or country)13. NAME *Louis Trappel*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Mary Gicht*16. BIRTHPLACE (city or town) *Perma.* (State or country)17. INFORMANT *William Schlenderberg* (Address) *430 S. Oldham St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt Carmel Cem* Date *April 17 1934*

19. UNDERTAKER

(Address) *George W. Zinkler 1737 E. Egan St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4 14 34*22. I HEREBY CERTIFY, That I attended deceased from *Oct 12th 1933* to *April 14th 1934*I last saw her alive on *April 14, 1934* Death is said to have occurred on the date stated above, at *4:30 p. m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

High blood pressure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Adam Tod*

M. D.

(Address) *4616 Eastern Ave*

APR 15 1934

F 00433

F 00433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Southern Ave ST. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO.

2909 Southern Ave ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) widow

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRobert M. Hutchins6 DATE OF BIRTH (month, day, and year) Nov. 30-1849

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.84412

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)England

10 NAME OF FATHER

William Payton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

England

12 MAIDEN NAME OF MOTHER

Caroline Pullen

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

England

14

Informant

(Address)

Mrs Geo. H. New
2909 Southern Ave

15

15 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12/34

17

I HEREBY CERTIFY That I attended deceased from

May 10, 1934, to April 12, 1934that I last saw her alive on April 12, 1934and that death occurred, on the date stated above, at 11 10 P. M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis(duration) 2 yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?noDid an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical

(Signed)

L. A. Cowley

M. D.

4-13, 1934 (Address)Harford Rd & Beltsford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Lorraine CemeteryApril 16 1934

20 UNDERTAKER

ADDRESS

Chas. E. French802 Madison Ave

F 00434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00434

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Mulberry St. 18-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Elizabeth Johnson(a) RESIDENCE NO. 117 N. Mulberry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Gal. 5 Single, Married, Widowed, or Divorced, (write the word) Singlea If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.6 DATE OF BIRTH (month, day, and year) 4/13/347 AGE Years Months Days If LESS than 1 day, hrs. min. 1 18 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.(b) General nature of industry, business, or establishment in which employed (or employer) Infant.(c) Name of employer none9 BIRTHPLACE (city or town) (State or country) Baltimore City10 NAME OF FATHER Erchie Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.12 MAIDEN NAME OF MOTHER Ruth Smith

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore MD.14 Informant Ruth Smith
(Address) 117 N. Mulberry

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/34

17 I HEREBY CERTIFY, That I attended deceased from

4/13/34 to 4/14/34 that I last saw her alive on 4/14/34, 19and that death occurred, on the date stated above, at 5:00 m.

The CAUSE OF DEATH* was as follows:

Unknown Cause,

CONTRIBUTORY (Secondary)

(duration) yrs. mos. / ds.

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? clinical(Signed) J. T. Johnson M. D.(Address) 322 N. Hollingford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Mt. Auburn CemeteryApril 16, 1934

20 UNDERTAKER

ADDRESS 322 N.Mrs. Katie R. WilliamsSchneider St

Filed

APR 15 1934

M. D. B. 00435

F 00435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 325 N. Carey St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-10-347. AGE Years 43 Months 4 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME John Clark
14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Harriett Clark
16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Harriett Altonson Clark
(Address) 325 N. Carey St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt - Zion Date April 16, 193419. UNDERTAKER Miss Kate R. Williams
(Address) 322 N. Carey St.20. FILED 15-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-34 1922. I HEREBY CERTIFY, That I attended deceased from 1-17-34 19 to 4-14-34 19.I last saw him alive on 4-14-34 19. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

4-2-34

Other contributory causes of importance:

Premature Infant

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. [Signature] M. D.(Address) President Hospital

M. D. F 00436

F 00436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 F. Casper St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 824 F. Casper St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Isabelle Manuel (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/18/72

7. AGE 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. Waiter 056
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Grand

13. NAME Manuel

14. BIRTHPLACE (city or town) (State or country) Grand

15. MAIDEN NAME Manuel

16. BIRTHPLACE (city or town) (State or country) Grand

17. INFORMANT Anna T. Brown (Address) 824 F. Casper St.

18. BURIAL, CREMATION, OR REMOVAL Place New Calverton Date April 16, 1934

19. UNDERTAKER J. B. Huppert & Son (Address) 1300 E. Pratt St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/34

22. I HEREBY CERTIFY That I attended deceased from 9 - 1, 1934, to 4 - 12, 1934

I last saw him alive on 4 - 12, 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows: Thoracic Carcinoma Date of onset 2-1-30

Other contributory causes of importance: Vascular erosion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myer A. Weinberg M. D.

(Address) 1724 Eutaw Place

M. D. B. 00437

F 00437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3524 Raymore Rd.* St., Ward, *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *N* 5. Single, Married, Widowed, or Divorced (write the word) *S*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec. 27, 1927*7. AGE Years *6* Months *3* Days *17* If LESS than 1 day, hrs. or min. *18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *Mr. H. Kennedy*14. BIRTHPLACE (city or town) *Kenner* (State or country)15. MAIDEN NAME *Edith Home*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Informal Records* (Address)18. BURIAL, CREMATION, OR REMOVAL *md*
Place *Burkettsville, Md. 4/16/34*19. UNDERTAKER *Mr. [Signature]* (Address) *1217 [Address]*

20. INDEXED 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 10, 1934* to *April 14, 1934*I last saw him alive on *April 14, 1934* Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Ludwig's Angina

Date of onset

4/10/34

Other contributory causes of importance:

*Lobar Pneumonia**4/10/34*Name of operation *Tracheotomy* Date of *4/10/34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard L. Zuercher* M. D.(Address) *Mary Hospital*

F 00438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 E. Oakland Ave St., 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 2 mos. 3 ds. How long in U.S. If of foreign birth 30 yrs. 2 mos. 3 ds.

2. FULL NAME

Anna Picek(a) Residence: No. 2420 E. Oakland Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND(or) WIFElate James Picek6. DATE OF BIRTH (month, day, year) Nov. 13, 18677. AGE Years 67 Months 6 Days 1 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Bohemia13. NAME Frank Lagnovsky14. BIRTHPLACE (city or town) (State or country) Bohemia15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) Bohemia17. INFORMANT James Picek
(Address) 2420 E. Oakland Ave18. BURIAL, CREMATION, OR REMOVAL
Place Cath Hill Cem Date April 16th 193419. UNDERTAKER August Picek
(Address) 2420 E. Oakland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934.22. I HEREBY CERTIFY, That I attended deceased from APRIL 7, 1934, to APRIL 14, 1934I last saw her alive on APRIL 14, 1934 death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROSISCHRONIC GLOMERULAR NEPHCEREBRAL HEMORRHAGE

Date of onset

1730APRIL 7, 1934

Other contributory causes of importance:

CHRONIC ARTRITIS LEFTSHOULDER & LEFT WRISTINCIPIENT CATARACT LEFT EYE1932

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Louis F. Klimes M. D.(Address) 2623Monument

R 15 1934

F 00439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hosp.

CITY OF BALTIMORE: (No.)

St. 2-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laine Robinson

(a) Residence: No.

409 S. Wolfe

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

female

white

Married

6a. If married, widowed, or divorced, name of husband, wife, or child (or) WIFE of

Curtis S. Robinson

6. DATE OF BIRTH (month, day, year)

Oct 15, 1903.

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

3.

5

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country)

Lynchburg, Va

FATHER

13. NAME

Charles Markher

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Annie Maune

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

Curtis S. Robinson

(Address)

409 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Fairwood Cemetery

Date

April 16, 1934

19. UNDERTAKER

(Address)

Wm. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-13-34

22. I HEREBY CERTIFY. That I attended deceased from 9-12, 1934, to 4-13, 1934

I last saw her alive on 4-13, 1934. Death is said to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

Recurrent Carcinoma of left breast

Date of onset

18 mo

Other contributory causes of importance:

Operative Cholecystitis

Name of operation

Date of

9-15-34

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Samuel Rybin

M. D.

(Address)

Franklin Sq. Hosp.

Registrar.

F 103440

F 00440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2811 Goodwood Rd. 27-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2811 Goodwood Rd.* Ward. (If non-resident give city or town and State)Registered No. *82-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. I, married, widowed, or divorced, HUSBAND of (or) WIFE of *E. Edward Bardoff*6. DATE OF BIRTH (month, day, year) *Apr. 3 - 1869*7. AGE Years *71* Months *11* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *62 1/2*12. BIRTHPLACE (city or town) (State or country) *Balti Ind*13. NAME *Patience P. Fisher*14. BIRTHPLACE (city or town) (State or country) *Ire*15. MAIDEN NAME *Ann Dorsey*16. BIRTHPLACE (city or town) (State or country) *Ire*17. INFORMANT (Address) *E. Edward Bardoff*18. BURIAL, CREMATION, OR REMOVAL Place *North St. Cemetery* Date *4/11/34* 19 *34*19. UNDERTAKER (Address) *J. Moran 3000 E. Datto*20. FILED *R 15 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12* 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *Feb 5* 19 *34* to *April 12* 19 *34*. I last saw him alive on *April 12* 19 *34*. Death is said to have occurred on the date stated above, at *12* m.The principal cause of death and related causes of importance were as follows: *Cerebral Hemorrhage* Date of onsetOther contributory causes of importance: *Myocardial Infarction*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Clara J. Smith* M.(Address) *4202 Harp*

M. D. R. 1244
F 00441

F 00441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 E 32nd St., 9-01 Ward)

Length of residence in city or town where death occurred 50 mos. 00 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 1802 E 32nd St., Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of John T. Sturgeon

6. DATE OF BIRTH (month, day, year) Nov. 20, 1850

7. AGE Years 83 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME James Crispdoch

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Ray Sturgeon Ballaban (Address) 1802 E 32nd St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 4/15/1934

19. UNDERTAKER J. A. Moran (Address) 3000 E. Baltimore St.

20. FILED APR 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Apr 12, 1934

I last saw him alive on Apr 12, 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Angina pectoris
and
Steris sclerosis
Indefinite

Other contributory causes of importance:

Exhaustion
2 days

Name of operation none Date of

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. A. Campbell M.D.

(Address) 1644 Harrison St.

M. D. B. 12644

F 00442

F 00442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *11* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: *John W. Hubbard**2735 E. Monument St.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed.*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Belle Hubbard.*6. DATE OF BIRTH (month, day, year) *7/12/1857*7. AGE *77* Years *1* Months *18* Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laboren*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)13. NAME *Balthasar Hubbard*14. BIRTHPLACE (city or town) *Ireland.* (State or country)15. MAIDEN NAME *Johanna Muller*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *John W. Hubbard*

(Address)

18. BURIAL, CREMATION, OR REMOVAL *4/14/1934*Place *W. 10th St. 4/14/1934*19. UNDERTAKER *W. E. Davis*

(Address)

15-1934 *W. E. Davis*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/13*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *3/29*, 19*34* to *4/13*, 19*34*I last saw him alive on *4/13*, 19*34* Death is said to have occurred on the date stated above, at *6:52 a.m.*

The principal cause of death and related causes of importance were as follows:

*Strangulated hernia. Benign prostatic hypertrophy*Other contributory causes of importance: *None*Name of operation *Hemorrhoidectomy* Date of *3/23/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. E. Davis* M. D.(Address) *Balto City Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2933 Hudson St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2933 Hudson St., 1-01 Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Mary B. Hagan6. DATE OF BIRTH (month, day, year) May 25 18407. AGE Years 93 Months 11 Days 18 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Ireland
(State or country)13. NAME Peter Hagan14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Ann Mc Broray16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Katharine Hagan
(Address) 2933 E. Hudson18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Date 4/16 193419. UNDERTAKER J. Moran
(Address) 3000 E. B. Allen20. FILED 1032 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 193422. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to April 13 1934I last saw him alive on April 13 1934 Death is said to have occurred on the date stated above, at 3:01 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Gradual

Other contributory causes of importance:

Acute Myocarditis April 13

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no If so, specify _____(Signed) Harriet L. Hagan M. D.(Address) 310 S. Highland

F 00444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00444

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 N Bond ST. 8-01 WARD)

2—FULL NAME

Louisa Miller

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

1723 N Bond St

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

Widow

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeo. O. Miller dec.6 DATE OF BIRTH (month, day, and year) Dec 21 - 1864

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.69322

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired
HW - 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Balto Co Md

10 NAME OF FATHER

John H. Glenszer

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER

Artemina Liebro

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany

14

Informant

(Address)

Mrs Lilly J.hardt (daughter)
1723 N. Bond St

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 - 1934

17

I HEREBY CERTIFY That I attended deceased from 9/9/33 1933 to 4/11/34 1934 that I last saw her alive on 4/11/34 1934and that death occurred, on the date stated above, at 10:12 a.m.

The CAUSE OF DEATH* was as follows:

Severe arteriosclerosis
Chronic myocarditisDiabetes Dry gangrene left foot
2 1/2 yrs (duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY

(Secondary)

Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo. A. Borden M. D.4/14, 1934 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT

DATE OF BURIAL

David RidgeApril 16, 1934

20 UNDERTAKER

Joel S. LydenADDRESS 1600 N. North

APR 15 1934

F 00445

F 00445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2251 Annapolis Rd St. 25-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? 25 yrs. 1 mos. 1 ds.

2. FULL NAME

William Grein(a) Residence: No. 2251 Annapolis Rd Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Marie Grein

6. DATE OF BIRTH (month, day, year)

Dec. 20 - 1849

7. AGE

84

Years

Months

Days

If LESS than
1 day, 24 hrs.
or 24 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Glassworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2512. BIRTHPLACE (city or town)
(State or country)Petersburg Pa

FATHER

13. NAME

John Grein14. BIRTHPLACE (city or town)
(State or country)Germany

MOTHER

15. MAIDEN NAME

menk16. BIRTHPLACE (city or town)
(State or country)Germany

17. INFORMANT

(Address)

son - Henry Grein
2213 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

W. H. Smith
1600 N. Market St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 30, 1934 to April 14, 1934I last saw him alive on April 14, 1934 Death is saidto have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Stroke. Pneumonia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Beatrice Grein M. D.
2234 Annapolis Rd

OCCUPATION is very important. See instructions on back of certificate.

F 00446

F 00446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Principles Hospital* St. *14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: *North Ave. Maryland*

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *3*8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *W. B. B. B.*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *W. B. B. B.*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Barry J. Williams* (Address) *Principles Hospital*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore City, Maryland* Date *4/16/34* 19.19. UNDERTAKER *Barry J. Williams* (Address) *Principles Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-14-34* 1922. I HEREBY CERTIFY, That I attended deceased from *4-5-34* 19, to *4-14-34* 19.I last saw him alive on *4-14-34* 19. Death is said to have occurred on the date stated above, at *11:30 A.* m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

4-5-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *William J. Williams* M. D. (Address) *Principles Hospital*

PR 15 1934

M. D. 1934 **00447**

F 00447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wickens + Caton Ave

St. 5-01

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 5 ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Sabert Tratt

(a) Residence: No. _____

261 N. Exeter St.

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Clark

6. DATE OF BIRTH (month, day, year)

18 4 4

7. AGE

93

Years

Months

Days

If LESS than 1 day, _____ hra. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

FATHER

13. NAME

William Tratt

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Phillips

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Max Paul Tratt

(Address)

Broadstock Rd.

18. BURIAL, CREMATION, OR REMOVAL

Buried Md Date April 18 1934

19. UNDERTAKER

(Address)

New Bon Inc.

Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 15, 1934

I last saw him alive on April 15, 1934 Death is said to have occurred on the date stated above, at 4 30 p. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis

Date of onset

?

Other contributory causes of importance:

Chronic Myocarditis

?

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John C. Dangler M. D.

(Address) St. Agnes Hospital

R 15 1934

F D. 00448

F 00448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

I. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 9-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1315 North Eden St., Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Louise Uts

6. DATE OF BIRTH (month, day, year) Oct 29 1864

7. AGE Years 69 Months 5 Days 9.13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship

9. Industry or business in which work was done, as silk reeler, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Peter July

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Rosanne Messel

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT (Address) 1315 North Eden St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 16, 1934

19. UNDERTAKER (Address) 300 North Eden St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That attended deceased from November 7, 1934, to April 12, 1934

I last saw him alive on April 12, 1934. Death is said to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

1. Anterior ulcers
2. Gangrene of foot (Anterior ulcers)
3. Chronic myocarditis

Other contributory causes of importance:

Name of operation amputation right thigh (mid-thigh)

What test confirmed diagnosis clinical (there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Wagonmiller M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

R 16 1934

F 00450

✓ F 00450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. *2802 Montebello Ave.*

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Oct 16, 1933*7. AGE Years *5* Months *29* Days *29* If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *William Govin*14. BIRTHPLACE (city or town) (State or country) *North Carolina*15. MAIDEN NAME *Emma Howard*16. BIRTHPLACE (city or town) (State or country) *North Carolina*17. INFORMANT (Address) *2802 Montebello Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Mary's Hospital* Date *4/17/34*19. UNDERTAKER (Address) *1214 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15th*, 19*34*22. I HEREBY CERTIFY, That *I* attended deceased from *April 4th*, 19*34*, to *April 15*, 19*34*I last saw him alive on *April 15th*, 19*34*. Death is said to have occurred on the date stated above, at *3:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Pertussis
*Bronchopneumonia*Date of onset *4/4/34*

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Samuel E. Bogard*(Address) *Sydenham Hospital*

M. D.

PR 16 1934

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 100451

F 00451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No *Sinai Hospital* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *18* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No *215 E. Preston* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (Write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Low Archer*6. DATE OF BIRTH (month, day, year) *Sept 1-1905*7. AGE Year *28* Months *7* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as *Cashman* 866 sawyer, bookkeeper, etc.9. Industry or business in which work was done, as *Boyle's* saw mill, bank, etc.10. Date deceased last worked at this occupation (month, day, year) *1933* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Statenville* (State or country) *Ohio*13. NAME *Edward J. Archer*14. BIRTHPLACE (city or town) *Statenville* (State or country) *Ohio*15. MAIDEN NAME *Maude Murphy*16. BIRTHPLACE (city or town) *N. Va.* (State or country)17. INFORMANT *Mr. Edward Archer* (Address) *Atlantic City N. J.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *4/17/34*19. UNDERTAKER *Wm. Kov* (Address) *1217 St. Paul St.*20. REGISTRAR *Wm. Kov* (Address) *1217 St. Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-15*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *4-9*, 19*34* to *4-15*, 19*34*.I last saw him alive on *4-15*, 19*34*. Death is said to have occurred on the date stated above, at *7:45 A* m.

The principal cause of death and related causes of importance were as follows:

Belateral bronchopneumonia type undetermined

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *L. Katzenstein* M. D.(Address) *Sinai Hospital*

R 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 E. 32nd St., 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1813 E. 32nd St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of John T. Miller

6. DATE OF BIRTH (month, day, year) Aug 24th 1855

7. AGE Years 78 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Wm Hubbard

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Henrietta Kinley

16. BIRTHPLACE (city or town) St. Michaels (State or country) Md

17. INFORMANT Clara H. Miller (Address) 800 Variable Ave

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date April 17th 1934

19. UNDERTAKER Wm Cook (Address) 1217 E. Pratt St

20. REGISTRY (Address) 1716 E. Preston St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1920 to April 15 1934

I last saw her alive on April 14 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Apertening Cardiac Vasculosis

Renal Disease

Cerebral Hemorrhage

Cerebral Hemorrhage

Gastro-Intestinal

Other contributory causes of importance: Distention of Intestines

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert C. Knapp M. D.

(Address) 1716 E. Preston St

OCCUPATION is very important. See instructions on back of certificate.

FILED

Registry

F 00453 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Clifton Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lillian E. Hodes

(a) Residence: No. 1605 Clifton Ave. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of John J. Hodes
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	-	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At Home
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	037

12. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

13. NAME William H. Smith

14. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

15. MAIDEN NAME Margaret A. Garrett

16. BIRTHPLACE (city or town) Norfolk
(State or country) Virginia17. INFORMANT Mrs. Louise E. Perrigoy
(Address) Woodlawn P.O., Balto. County, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date April 16, 193419. UNDERTAKER
(Address) 1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from
Meloo 1934 to Apr 14 1934
I last saw her alive on Apr 14 1934 Death is said
to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation
of Heart & Pulmonary
Arteries
Date of onset
Apr 10

Other contributory causes of importance:

Myocarditis

Apr 20

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Heights Ave.

F 00454

F 00454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *1800* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *9* mos. *9* ds. How long in U. S. If of foreign birth? *yr.* *mos.* *ds.*

2. FULL NAME

(a) Residence: No. *1012 Boyd St.* St. *1800* Ward. *X*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 5, 1934*7. AGE Years *2* Months *9* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *Howard T. Wheeler*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *May E. Suvalle*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Mr. Howard T. Wheeler* (Address) *1012 Boyd St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood A.* Date *4/16/34* 19 *34*19. UNDERTAKER *John J. Coward & Son* (Address) *901 Hollins St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/14* 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *4/11/34* 19 *34* to *4/14* 19 *34*I last saw him alive on *4/14* 19 *34* Death is said to have occurred on the date stated above, at *11:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Bronchitis Pneumonia 4/9/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19 *34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Francis Warren
University Hosp.

M. D.

R 16 1934

00455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Church Home & Infirmary, 16-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

W. Irving Varian

(a) Residence: No.

703 Woodington Road St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. Color or Race white
 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
 HUSBAND of Bessie McCreary Varian
 (or) WIFE of

6. DATE OF BIRTH (month, day, year)
 July 15/1881

7. AGE
 Years 53 Months 8 Days 29
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canned Goods
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 12/34
 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

13. NAME Miles Varian

14. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

15. MAIDEN NAME Baker

16. BIRTHPLACE (city or town) New Jersey
 (State or country)

17. INFORMANT Bessie McCreary Varian
 (Address) 703 Woodington Road.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 16, 1934

19. UNDERTAKER

(Address) 1161

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy) 4713734

Other contributory causes of importance:
 Arteriosclerosis
 Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

R16 1934

F 00456 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Enson 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 10 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1218 Enson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND or WIFE of William B. Cain 1874

6. DATE OF BIRTH (month, day, year) Nov. 13/74

7. AGE Years 59 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balls Blad

13. NAME Mr. Rohr

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Mrs. Rohr

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. William B. Cain

(Address) 1218 Enson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond County Date April 17 1934

19. UNDERTAKER Henry Street, Inc.

(Address) 304 E. B. Ave. Registrar.

20. FILED R 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6 to April 14, 1934

I last saw deceased on April 13, 1934 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset April 14, 1934

Other contributory causes of importance:

Atherosclerosis Date of onset June 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) M. J. G. M. D.

(Address) 600 North Ave.

F 00457

F 00457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore* *Benjamin Franklin* St., *15* Ward)Length of residence in city or town where death occurred *32* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *1704* *Warwick Ave* St.,

(Usual place of residence)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Abraham S Miller*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *51* Months *—* Days *—* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia*
(State or country)13. NAME *Berel Coplan*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Ida*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *A. S. Miller*(Address) *1704 Warwick Ave*

18. BURIAL, CREMATION OR REMOVAL

Workmen Circle Date *April 16* 19*34*19. UNDERTAKER *Jol. Levinson & Bro*(Address) *1127 E. Balt. St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15* 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

March 14, 1934 to *April 15* 19*34*I last saw him alive on *April 15* 19*34*. Death is said to have occurred on the date stated above, at *8:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

?

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

R 16 1934

F 00458

F 00458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N. Gilman St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1305 N. Gilman St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Waters

6. DATE OF BIRTH (month, day, year) July 4 1890

7. AGE Years 63 Months 9 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Calverton Co., Md.

FATHER

13. NAME Henry Waters

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address) 1305 N. Gilman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery April 16 1934

19. UNDERTAKER

(Address) 1303 Preston St.

Thomas E. Nelson

H. E. Nelson, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1934 to April 12 1934

I last saw him alive on April 12 1934 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Primary
Bronchopneumonia

Date of onset

44 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Urinary

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lincoln H. Hellen, M. D.

(Address) 1255 W. Lombard St.

PR 16 1934

M. D. R. 00459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St. 16-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Georgianna Smith

(a) Residence: No. 1627 Laurens st.

St. _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Theodore Smith (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1878 ?

7. AGE Years 56 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James Ennis

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date April 16 1934

19. UNDERTAKER Thomas E. Kelson (Address) 1343 Presbiterian st

20. DATE OF DEATH April 16 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1933, to April 12, 1934.

I last saw her alive on April 12, 1934. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerotic Heart Disease 1933

Other contributory causes of importance:

acute

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Christopher C. Shaw M. D. Baltimore City Hospitals (Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-00461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00461

1. PLACE OF DEATH

Box Secours Hospital

St. 9-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Patience Ann Doughney

(a) Residence: No.

753 Melville St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Baby

6. DATE OF BIRTH (month, day, year)

9/2/32

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Joseph Doughney

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Loyola Blocker

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Father Joseph Doughney

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross - Bayad Rd.

Date April 16, 1934

19. UNDERTAKER

(Address)

Frank V. Pipitone

2818 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/14

1934

22. I HEREBY CERTIFY, That

attended deceased from

4/11

1934 to

4/14

1934

I last saw her alive on 4/14 1934 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis

Date of onset

Other contributory causes of importance

Perforated appendix

Name of operation

Appendectomy

Date of 4/14/34

What test confirmed diagnosis?

Findings were there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leo H. Philbrick

M. D.

(Address) 126 S. Paterson Park Ave.

STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PR 16 1934

F 00462

F 00462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto Md St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 631 Sarah Ann St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (Write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unk.7. AGE 57 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Domestic12. BIRTHPLACE (city or town) (State or country) N. Carolina13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place MT EmburyDate 12/16/34

19. UNDERTAKER

(Address) 116 Prince Georges Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/3422. I HEREBY CERTIFY That I attended deceased from 3-20-34 to 4-13-34I last saw him alive on 4-13-34 Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix
Pylonephritis

Other contributory causes of importance:

Senile Psychosis & ArteriosclerosisName of operation Date of YesWhat test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Fred Smith M. D.(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 00463

F 00463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Vine St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1016 Vine St. 18-01 Ward. (Use place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced, name of husband or wife of John Brooks6. DATE OF BIRTH (month, day, year) 18997. AGE 37 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 127
10. Date deceased last worked at this occupation (month and year) 127
11. Total time (years) spent in this occupation 12712. BIRTHPLACE (city or town) Baltimore (State or country) md13. NAME Thomas Brown14. BIRTHPLACE (city or town) Baltimore (State or country) md15. MAIDEN NAME Stella Ireland16. BIRTHPLACE (city or town) Baltimore (State or country) md17. INFORMANT Alvin Anderson (Address) 12 E. Canton St.18. BURIAL, CREMATION, OR REMOVAL Placed at Mt Auburn April 16th19. UNDERTAKER A. J. Jones 111 E. Belmont St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/34 193422. I HEREBY CERTIFY, That I attended deceased from 3/28 to 4/10/34 1934I last saw him alive on 3/10/34 Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gravel & Pleurisy 1 day

Other contributory causes of importance:

Acute Pulmonary TB

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Alfred Davis M. D.(Address) 12 E. Canton St.

OCCUPATION is very important. See instructions on back of certificate.

PR 16 1934

B 00464

F 00464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 W. Lafayette St. Ward 131)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A Reinhardt6. DATE OF BIRTH (month, day, year) Dec 6, 18727. AGE Years 61 Months 4 Days 7 If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Flynn14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Eliza Cochran16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT John A. Reinhardt
(Address) 2530 W. Lafayette St.18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 17, 193419. UNDERTAKER John A. Thomas
(Address) 3000 E. Baltimore St.20. FILED 10334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 9 1934 to Apr 13 1934I last saw him alive on Apr 13 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Erysipelas of face

Date of onset

4-7-34

Other contributory causes of importance:

Interstitial nephritis
Cholelithiasis (gall stones)
Myocarditis of long standing

Date of onset

3-7-34Name of operation none Date of _____What test confirmed diagnosis? Cholera Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury _____, 1934Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Bernard S. French M. D.(Address) 2329 Arundel Ave

F 00465

F 00465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 E. North Ave. St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. McKew Sr.

(a) Residence: No. 1820 E. North Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Elizabeth M. McKew
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1881

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
52 8 26²⁵

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Luke Mc.Kew

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Thomas H. Mc.Kew Jr.
(Address) 3314 Parklawn Ave.18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cem. Date 4/18/34, 19.19. UNDERTAKER Leona L. J. Park
(Address) 5305 Harford Rd.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/34, 19

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1934 to March 1st 1934
I last saw him alive on March 1st 1934 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

4/15/34

Other contributory causes of importance:

Myocarditis
Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Thos. H. Magnus M. D.

(Address) 14 E. Read St.

Broom 2689

OCCUPATION is very important. See instructions on back of certificate.

R161034

F 00466

F 00466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lyden Lane Hospital - 01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

*1038**Hollins*

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (Write the word) *S.*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 1-1931*7. AGE Years *3* Months *10* Days *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Leo R. Reid*14. BIRTHPLACE (city or town) (State or country) *Lynchburg Va.*15. MAIDEN NAME *Harriet Farnell*16. BIRTHPLACE (city or town) (State or country) *Wilmington - Del.*17. INFORMANT *Leo R. Reid*(Address) *1038 Hollins St.*

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Leonard R. Rye*(Address) *5305 7th Ave. N.E.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 13th 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 28, 1934 to April 13, 1934*I last saw him alive on *April 13, 1934* Death is said to have occurred on the date stated above, at *11:57 p.m.*

The principal cause of death and related causes of importance were as follows:

*Measles
Bronchopneumonia*

Date of onset

*3/26**3/28*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel E. Bogard*

M. D.

(Address) *Greenland Hospital*

OCCUPATION is very important. See instructions on back of certificate.

R 15 1934

00468

HEALTH DEPARTMENT—CITY OF BALTIMORE

00468

CERTIFICATE OF DEATH

194-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *509 Oakland Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Widowed*5a. If ~~married~~ widowed, or divorced HUSBAND of *Ida Benjamin*6. DATE OF BIRTH (month, day, year) *April 12 1857*7. AGE Years *77* Months *0* Days *2* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Moulder*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Iron Works*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Cecil Co* (State or country) *Md*13. NAME *Albert Benjamin*
14. BIRTHPLACE (city or town) *Cecil Co* (State or country) *Md*15. MAIDEN NAME *Catherine Lockard*
16. BIRTHPLACE (city or town) *Cecil Co* (State or country) *Md*17. INFORMANT *Curtis Benjamin*
(Address) *2440 Kreswick Rd*18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn* Date *Apr 16 1934*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14 1934*22. I HEREBY CERTIFY. That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *m*.

The principal cause of death and related causes of importance were as follows:

*Puncture (Chimpanzee) of right side of chest lower ribs of R. chest**(Accidental)**Acute Alcoholism*

(Other contributory causes of importance)

Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in the following: *accident* Date of injury *4/4 1934*Accident, suicide, or homicide *Unknown*Where did injury occur? *Unknown* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Unknown*Manner of injury *11 Punctured*Nature of injury *fractured ribs lung*24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *John J. [Signature]* M. D.(Address) *163 Roland Ave*

APR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Reggs Ave.

St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 Years

In. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Walter A Ehrlich

(a) Residence: No. 2728 Reggs Avenue

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Bertha L. Ehrlich (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1868.

7. AGE 65 Years 5 Months 3 Days If LESS than 1 yr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Herman Ehrlich

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Matilda (Unknown)

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Bertha Ehrlich

(Address) 2728 Reggs Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery, April 16, 1934

19. UNDERTAKER

(Address) 1735 Maryland Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1934 to Apr 14, 1934

I last saw him alive on Apr 13, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
right side terminal

Date of onset

Other contributory causes of importance
General Atherosclerosis

Name of operation none Date of

What test confirmed diagnosis Phys Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1219 Capital

M. D.

APR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 00470

00470

CERTIFICATE OF DEATH

Registered No. 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Clifton Ave. St. 15-04 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3010 Clifton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1853

7. AGE 80 Years 5 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Patterson

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Emily J. Hammer

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs. Mabel Hall (Address) 3010 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore Date: April 7, 1934

19. UNDERTAKER Martin Baker & Son (Address) 1812 N. North Ave.

20. APR 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/34, 19, to 4/14/34, 19

I last saw her alive on 4/14/34, 19. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation: None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. P. Buckley (Address) 3015 N. North Ave.

F 00471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00471

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Harford Ave. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES H. WHEELER

(a) Residence: No. 3100 Harford Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of Victoria Hayward
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1850

7. AGE 24 Years Months Days If LESS than 1 day hrs or min.
About 85

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Samuel Wheeler

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Susan Zigler

16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Mrs. Nellie I. Groshans
(Address) 3100 Harford Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Union Park Date 4-16-34 1919. UNDERTAKER Wendell C. Humphreys
(Address) 1501 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-34, 19

22. I HEREBY CERTIFY That I attended deceased from April 6, 1934 to April 14, 1934

I last saw him alive on April 14, 1934 death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Suspected bladder
(cancer)

Date of onset

April 1934
B 15-34

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

R. J. Fordy
Harford Rd. & Overland Ave

D.

R-16 1934

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 00472

F 00472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1212 St. Cross* *21-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1212 St. Cross St* St., *21-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Sophie May*6. DATE OF BIRTH (month, day, year) *1857*7. AGE Years *77* Months *0* Days *0* If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town). *Hanford Conn*
(State or country)13. NAME *August May*14. BIRTHPLACE (city or town). *Germany*
(State or country)15. MAIDEN NAME *Annie May Hacker*16. BIRTHPLACE (city or town). *Germany*
(State or country)17. INFORMANT *August May*(Address) *1212 St. Cross St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeption* *4/17* 193419. UNDERTAKER *John F. Gallagher*(Address) *1536 Poplar Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 4, 1934* to *Apr. 14, 1934*I last saw him alive on *Apr. 14, 1934* Death is said to have occurred on the date stated above, at *8 P. m.*

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis*Date of onset *4/4/34*

Other contributory causes of importance:

*none*Name of operation *none* Date of *no*What test confirmed diagnosis *thrombosis* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *18*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Thomas J. Harty* M. D.(Address) *888 Th. Lombard St*

APR 16 1934

M. D. B. F 00473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00473

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hosp 96-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced HUSBAND of *Ladie* (or) WIFE of *(dead)*6. DATE OF BIRTH (month, day, year) *April 1957*7. AGE *77* Years *76* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Barber*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *104*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Prince George's Co Md* (State or country)13. NAME *Hansen*14. BIRTHPLACE (city or town) *Prince George's Co Md* (State or country)15. MAIDEN NAME *Ellery?*16. BIRTHPLACE (city or town) *Prince George's Co Md* (State or country)17. INFORMANT *Records*(Address) *Balt City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenleaf*Date *4/17*19. UNDERTAKER *J. J. Hahy Son*(Address) *1318 Light St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 12*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 5*, 19*34* to *April 12*, 19*34*I last saw *him* alive on *April 12*, 19*34* Death is saidto have occurred on the date stated above, at *7:00* p.m.

The principal cause of death and related causes of importance were as follows:

*Pneumonia
Cerebral hemorrhage
Sclerosis*

Date of onset

*2 days
8 days*

Other contributory causes of importance:

Similarity

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Pharrell*

M. D.

(Address) *Balt. City Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1934

F 00474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00474

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 Lancaster St. 3-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

Sofia Chylinski(a) Residence: No. 1537 Lancaster St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of Frank Chylinski
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE <u>70</u>	Years <u>74</u>	Months —	Days —	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME John Pawlak14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Ida W. Gochowski
(Address) 1534 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL

By Holy Rosary Date April 17, 193419. UNDERTAKER W. W. Gochowski
(Address) 1930 Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

____, 19____, to ____ 19____

I last saw him alive on ____ 19____ Death is said

to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia

Date of onset

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, _____

(Signed) E. H. Gochowski M. D.(Address) 1305 N. Patterson Ave.

OCCUPATION is very important. See instructions on back of certificate.

APR 18 1934

00475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St., *6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2614 E. Baltimore Ave.* St., *6* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Lawrence Wagner*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *May 19, 1883*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 *10* *25* *26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Lawrence Neuschaefer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Christine Downey*16. BIRTHPLACE (city or town) (State or country) *Baltimore*

17. INFORMANT

(Address) *Hospital records.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn* Date *April 18, 1934*

19. UNDERTAKER

(Address) *2414 E. Baltimore St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/14, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

4/11/34 19 to *4/14/34* 19I last saw her alive on *4/14/34* 19 Death is said to have occurred on the date stated above, at *4* P.M.

The principal cause of death and related causes of importance were as follows:

Chronic tonsillitis

Date of onset

year.

Other contributory causes of importance:

Lung's organ 26 hr.
Pneumonia septica 26 hr.
*L. chole pneumonia 12 hr.*Name of operation *Exsanguination* *4/11/34*What test confirmed *Exsanguination* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Raymond E. Shephard*(Address) *Mary Hospital*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

v 9 3

16 1934

F 00476

F 00476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *813 Greenmount Ave* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 11/1858*7. AGE Years *75* Months *10* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *England*13. NAME *James F. Finnigan*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) (State or country) *?*17. INFORMANT *Records*(Address) *Balt. City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *Apr 17* 19*34*19. UNDERTAKER *John W. Wiedefeld*(Address) *914 Greenmount Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 17* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *October 22* 19*29* to *April 17* 19*34*I last saw him alive on *April 17* 19*34*. Death is said to have occurred on the date stated above, at *10:45* A.M.

The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia
Arteriosclerosis*

Date of onset

5 days

Other contributory causes of importance:

*Senility**?*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *J. Phoyel*

M. D.

(Address) *Balt City Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 16 1934

M.D. R. 00477

F 00477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *10-91* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Little Sisters of the Poor* 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3 March 1850*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 *1* *12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ireland*
(State or country)13. NAME *Michael Maroney*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Catherine Sullivan*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Stonishan, Sup.*
(Address) *1200 Valley St. City*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *Apr 16* 19*34*

19. UNDERTAKER

(Address) *914 Greenmount Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *13 April*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Sept* *13* to *Apr 13*, 19*34*I last saw him alive on *Apr 13*, 19*34* Death is said to have occurred on the date stated above, at *2* p.m.

The principal cause of death and related causes of importance were as follows:

Cor Endocarditis

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *None* Date of *no*What test confirmed diagnosis? *None* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Mc Carthy*(Address) *114 W. 1st St.*

M. D.

16 1934

Chas. J. Finney, Jr.

Registrar.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Davison Chemical Co. Curtis Bay Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Schline Sr.(a) Residence: No. 3610 S. 5th St. Brooklyn St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, write name of HUSBAND of Mary C. Schline.
(Wife)6. DATE OF BIRTH (month, day, year) May 20, 18797. AGE Years 54 Months 10 Days 24 If LESS than 1 day, hrs. 23 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box man.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co.
10. Date deceased last worked at this occupation (month and year) 4/12/34 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)FATHER 13. NAME August Schline.14. BIRTHPLACE (city or town) Germany.
(State or country)MOTHER 15. MAIDEN NAME Margaret Apple.16. BIRTHPLACE (city or town) Germany.
(State or country)17. INFORMANT Mary C. Schline. (wife)
(Address) 3610 S. 5th St. Brooklyn.18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 17, 193419. UNDERTAKER John F. Denny
(Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1934 1922. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris.

Other contributory causes of importance:

Name of operation None. Date ofWhat test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) W. H. Reinhardt M. D.
(Address) 1017 E. Charles St.

Coroner

161834

F 00479

F 00479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Carrollton St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mo. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Ruby Jackson(a) Residence: No. 115 N. Carrollton St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Cot 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar - 10 - 193

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John Jackson14. BIRTHPLACE (city or town) Windsboro (State or country) S. Carolina15. MAIDEN NAME Addie Councilor16. BIRTHPLACE (city or town) Windsboro (State or country) S. Carolina17. INFORMANT John Jackson(Address) 115 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL

Place mt Zion chDate 7/16/9419. UNDERTAKER Isaiah L. Brown & Son(Address) 108 W. Montgomery St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 193422. I HEREBY CERTIFY That I attended deceased from 4/14, 1934, to 4/15, 1934I last saw her alive on 4/15, 1934 Death is saidto have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Broncho
Pneumonia
4 days

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul J. Jackson

M. D.

(Address) 122 E. Lee

OCCUPATION is very important. See instructions on back of certificate.

R 16 1934

Registrar.

00480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Howard

St. 11-01 Ward)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Grote,

(a) Residence: No. 815 N. Howard

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Henry Grote, (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 19, 1853

7. AGE Years 80 Months 4 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Herman Hinternesch,

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Catherine Grote (Address) 815 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL APR 18 1934 Place Baltimore Date 19

19. UNDERTAKER Geo. A. Little (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 15 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 20 1933 to April 15 1934

I last saw her alive on April 15 1934 Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

Older's Disease

Date of onset

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00481

CERTIFICATE OF DEATH

F 00481

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town) *Baltimore City Hosp* St. *27-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* yrs. *Life* mos. *Life* da. How long in U. S. If of foreign birth? yrs. *Life* mos. *Life* da.

2. FULL NAME

(a) Residence: No. *33-11* *Lucille* *Luc* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *October 29, 1872*7. AGE Years *61* Months *5* Days *68* If LESS than 1 day, *68* hrs. or *68* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *do* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Jacob Smith*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Fanny Rahl*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Reeds* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *April 17, 1934*19. UNDERTAKER *Geo M Little* (Address) *2700 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 6, 1934* to *April 15, 1934*I last saw him alive on *April 15, 1934* Death is said to have occurred on the date stated above, at *5:50* AM.

The principal cause of death and related causes of importance were as follows:

Hypernephroma
to generalized metastases + 2nd?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J P Mayell* M. D.(Address) *Balt City Hosp*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 161934

Registrar.

00482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 Gorman Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

Jacob H. Snyder,(a) Residence: No. 44 Gorman Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---6. DATE OF BIRTH (month, day, year) March 22. 18577. AGE Years Months Days If LESS than 1 day, hrs. or min.
77 -- 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.FATHER 13. NAME Jacob H. Snyder,14. BIRTHPLACE (city or town) (State or country) Baltimore Md.MOTHER 15. MAIDEN NAME Elizabeth Shipley,16. BIRTHPLACE (city or town) (State or country) Baltimore Md.17. INFORMANT Mrs. Carrie Small
(Address) 44 Gorman Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Louisa Park Date APR 17 193419. UNDERTAKER See H. Little
(Address) 2700 Edmondson Ave.

APR 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 14 193422. I HEREBY CERTIFY, That I attended deceased from 2/25 1934 to April 14 1934I last saw him alive on April 13 1934 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral Hemorrhage

Date of onset

73 days

Other contributory causes of importance:

Name of operation Clinical Date ofWhat test confirmed diagnosis Clinical Where an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Little M. D.(Address) 2700 Edmondson Ave.

F 00483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town) Baltimore City Hospital Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME

(a) Residence: No. 822 Wolfe St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26, 18697. AGE Years 67 Months 5 Days 25 If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Michael Gegan14. BIRTHPLACE (city or town) Ireland (State or country)15. MAIDEN NAME Julia Riley16. BIRTHPLACE (city or town) Boston (State or country) Mass17. INFORMANT Records (Address) Balt City Hosp18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 4/17 193419. UNDERTAKER Henry W. Mears (Address) 802 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 193422. I HEREBY CERTIFY, That I attended deceased from March 22, 1934 to April 15, 1934I last saw him live on April 15, 1934. Death is said to have occurred on the date stated above, at 11:30 am.

The principal cause of death and related causes of importance were as follows:

Heart Disease Hypertension?
Myocardial Transpiration
& Congestive Failure 2 hrs?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Pharrell M. D.(Address) Balt City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00484

F 00484

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hosp. St., 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Hattie Lee Pitts(a) Residence: No. *3714 Resmere Rd. St.,* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If ~~widowed~~, widowed, or deceasedHUSBAND of
(or) WIFE of*Edmund B. Pitts*6. DATE OF BIRTH (month, day, year) *4-11-1879*7. AGE Years *55* Months *0* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home*
10. Date deceased last worked at this occupation (month and year) *3-1934* 11. Total time (years) spent in this occupation *30*12. BIRTHPLACE (city or town) *Pittsburg, Pa.*
(State or country)13. NAME *Henry Wickenhafer*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Fannie Creamer*16. BIRTHPLACE (city or town) *Memphis Tenn.*
(State or country)17. INFORMANT *Mary Pitts*
(Address) *3714 Resmere Rd., City*18. BURIAL, CREMATION, OR REMOVAL
Place *Salem, W. Va.* Date *4/16* 193419. UNDERTAKER *Henry W. Mealy and Son*
(Address) *802 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-15-1934*22. I HEREBY CERTIFY, That I attended deceased from *4-14* 1934 to *4-15* 1934I last saw her alive on *4-15* 1934 Death is said to have occurred on the date stated above, at *5:55 P.m.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia, lobular
diffuse*Date of onset
3-30-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

W. B. Seale
(Address) *Union Memorial Hospital*

M. D.

Statement of death in plain terms so that it may be properly classified. See instructions on back of certificate.

R 16 1934

Via B & O Railroad to Harcourt Miss Mary E. Pitts

F 00485

00485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Ellem Street

St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Ronald Szoiecinski

(a) Residence: No. 1502 Ellem Street

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 11 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		5	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Frances Julia Szoiecinski

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Mrs. Julia Szoiecinski (Grandmother)
(Address) 1502 Ellem Street Curtis Bay.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date April 17, 1934

19. UNDERTAKER

(Address)

John M. Deber
401 S. Chester

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1934, April 16, 1934
I last saw him alive on April 16, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were

Eutectic
(Duke)

Date of onset

4/5/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)

Leon J. Horka

M. D.

(Address)

1524 Cypress

State Cause of Death in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

R 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00486

00486

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. Preston St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 108 E. Preston St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Ethel R. Schorr (or) WIFE of6. DATE OF BIRTH (month, day, year) March 1, 18837. AGE Years 51 Months 1 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Frederick Schorr14. BIRTHPLACE (city or town) Balls, Md. (State or country)15. MAIDEN NAME Anna Gress16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Bernard Schorr (Address) 1531 E. Preston St.18. BURIAL, CREMATION, OR REMOVAL Place St. Matthews Date Apr. 17, 193419. UNDERTAKER Albert W. Perogoy (Address) 440 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 193422. I HEREBY CERTIFY That I attended deceased from April 1, 1934 to April 14, 1934I last saw him alive on April 13, 1934 death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis -
Arteriosclerosis

Date of onset

5/10

Other contributory causes of importance:

Edema of lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. S. Jones M. D.(Address) 677 N. Main St.

81334

R. H. H. Registrar

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 00487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 E. Biddle St. St. 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Susanna Watts(a) Residence: No. 2118 E. Biddle St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married5a. If married, widowed, or divorced HUSBAND of Noah Watts
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 10-18737. AGE Years 61 Months 3 Days 4 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Thomas W. Thawley14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary E. Johnson16. BIRTHPLACE (city or town) Balto.
(State or country)17. INFORMANT Noah Watts
(Address) 2118 E. Biddle St.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 17/3419. Wm. G. Miller son
334 Jefferson St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934I HEREBY CERTIFY, That I attended deceased from March 27 to April 10, 1934I last saw her alive on April 13, 1934 Death is said to have occurred on the date stated above, at 2-30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
(Breast amputated)

Other contributory causes of importance:

Myocardial degeneration
Metastasis general
Amputation BreastName of operation Carcinoma Date of operation July 1933What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Dr. M. Stieffer M. D.(Address) 470 South St.

E 00488

00488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Fulton Ave. St. 70-01 Ward)

Length of residence in city or town where death occurred byrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dina W. Turnt

(a) Residence: No. 500 N. Fulton Ave. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16 1865

7. AGE Years 68 Months 3 Days 30 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, surveyor, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City (State or country)

13. NAME Frederick Turnt

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Jennie Cooper

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Mrs William Robier (Address) 500 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenwood Park Cemetery date April 18, 1934

19. UNDERTAKER Chas B. Balala (Address) 42 W. North Ave.

20. REGISTRATION 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/34 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/34 19 to 4/15/34 19

I last saw her alive on 4/15/34 19 death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Other contributory causes of importance:

Uremia
four days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj. O. McCreary M. D.

(Address) 400 N. Payson Street

M. D. F 90489

F 00489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Baltimore Ward 4-101)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Engene R. Bushman

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 5-19217. AGE Years 13 Months - Days 11 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10. Date deceased last worked at this occupation (month and year) 4/10/34 11. Total time (years) spent in this occupation 412. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland13. NAME Raymond Bushman14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Etta Bankard16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Raymond Bushman
(Address) Hampton Rd18. BURIAL, CREMATION, OR REMOVAL
Place Washing Chapel Date April 19, 193419. UNDERTAKER Edw. A. Tipton
(Address) Hampton Rd20. FILED APR 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 193422. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to April 16, 1934I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of 4-15-34What test confirmed diagnosis Opin. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James J. Moore M. D.(Address) University HospitalBaltimore Wash.

Exact statement of state cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. 12-1-34
F 00490

F 00490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 18-91 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 828 Edmondson ave St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Blanche Newton		

6. DATE OF BIRTH (month, day, year) OCT 25-1883

7. AGE 51	0 Years 5	Months 20	Days 21	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation 13 1/2
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer	
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) Baltimore

13. NAME Richard Newton

14. BIRTHPLACE (city or town) Baltimore

15. MAIDEN NAME Annie Gray

16. BIRTHPLACE (city or town) Baltimore

17. INFORMANT Mrs. Howard Newton

(Address) 511 Lawrence st

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cmfy Date 4-17-34

19. UNDERTAKER George A. Gibson

(Address) 1735 N. Davis St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-1934

22. I HEREBY CERTIFY, That I attended deceased from

4-12-1934 to 4-15-1934

I last saw him alive on 4-15-1934 Death is said

to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset
4-5-34

Other contributory causes of importance:

acute cardiac dilatation 4-5-34

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____ M. D.

(Address) Dr. J. W. Hospital

F 00491 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Kirk Avenue St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Standfield Perry

(a) Residence: No. 2127 Kirk Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, year) April 19, 1879.

7. AGE Years Months Days 54 II 26 25 IF LESS than 1 1 1 1 1 1 1 1 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reality Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

13. NAME John Henry Perry

14. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

15. MAIDEN NAME Margaret Robertson

16. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

17. INFORMANT C. R. Rocks (Address) 2127 Kirk Avenue.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date April 17, 1934

19. UNDERTAKER George D. Smith (Address) 35 North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY. That I attended/deceased from April 8, 1934 to April 14, 1934

I last saw him alive on April 14, 1934 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Renal Disease

Date of onset

1933

Other contributory causes of importance:

Uremia

3 days

Name of operation None Date of

What test confirmed diagnosis Clinical as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Lamuel D. Wolfe

M. D.

(Address)

1331 E North Ave

APR 17 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 00492 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00492

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1643 N.Spring Street, 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Braid

(a) Residence: No. 1643 N.Spring Street

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ** --- *** ---

6. DATE OF BIRTH (month, day, year) Nov. 2, 1932

7. AGE Years Months Days If LESS than min. I Year 5 13 #####

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). Baltimore Maryland (State or country)

13. NAME William J. Braid

14. BIRTHPLACE (city or town). Baltimore Maryland (State or country)

15. MAIDEN NAME Catherine R. McNally

16. BIRTHPLACE (city or town). Baltimore Maryland (State or country)

17. INFORMANT Mr. William J. Braid (Address) 1643 N.Spring Street

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date April 18, 1934

19. UNDERTAKER George J. Rutt (Address) 1235 N. Spring Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I, HEREBY CERTIFY, That I attended deceased from X/21 1934 to X/15 1934

I last saw him alive on X/15 1934 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia X/15/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S. Lee Haggness D.

(Address) 1206 E. Preston St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

PR 17 1934

M. 12-12-1934 00493

HEALTH DEPARTMENT—CITY OF BALTIMORE

00493

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2941 Kiewit Road, 13-01 St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2941 Kiewit Road, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced

HUSBAND of Marion Redman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 17, 18517. AGE Years Months Days If LESS than 1 day, hrs. or min.
82 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT John A. Redman(Address) 2941 Kiewit Road

18. BURIAL, CREMATION, OR REMOVAL

Marion Redman Date April 18, 193419. UNDERTAKER Chas. W. Brown(Address) 3615-11 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 193422. I HEREBY CERTIFY, That I attended deceased from Apr 15 1933 to Apr 16 1934I last saw him alive on Apr 14 1934 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder

Date of onset

Mar/03

Other contributory causes of importance:

Chronic Suppuration and NephritisName of operation ✓Date of ✓What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify(Signed) John A. Redman

M. D.

(Address) 8460 3608 1st Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 17 1934

M. D. F 00494

F 00494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* mos. *13* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1316 Morning Ave* St. *13-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Frances Cole*6. DATE OF BIRTH (month, day, year) *Dec 7, 1889*7. AGE Years *44* Months *4* Days *8 7* If LESS than 1 day, *4* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. County Md.* (State or country)13. NAME *Thomas Cole*14. BIRTHPLACE (city or town) *Balto County Md.* (State or country)15. MAIDEN NAME *Reziah Naylor*16. BIRTHPLACE (city or town) *Balto. County Md.* (State or country)17. INFORMANT *Hospital Records* (Address)18. CREMATION, OR REMOVAL *David Ridge* Date *April 18, 1934*19. UNDERTAKER *Chevrolet* (Address) *3615-17 Chestnut Ave*20. FILED *H. E. F. Thomas*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 12, 1934* to *April 15, 1934*I last saw him alive on *April 15, 1934* Death is said to have occurred on the date stated above, at *4 A.* m.

The principal cause of death and related causes of importance were as follows:

Polar Pneumonia

Date of onset

10 days

Other contributory causes of importance:

*Toxic Hepatitis**> 3 days*Name of operation *Autopsy*

Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Burns*(Address) *Mercy Hospital*

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

PR 17 1934

F 00495

F 00495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balto Genl. Hosp 24-01* St. *24-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *86* yrs. *00* mos. *00* ds. How long in U. S. If of foreign birth? *86* yrs. *00* mos. *00* ds.

2. FULL NAME

Mrs Carrie R. Jones(a) Residence: No. *625 E. Fort Ave* St. *94* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Thomas S. Jones* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 15-1897*7. AGE Years *36* Months *10* Days *21* If LESS than 1 day, *037* hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town, State or country) *Baltimore*13. NAME *August Hindemann*14. BIRTHPLACE (city or town, State or country) *Baltimore*15. MAIDEN NAME *Rosa Rode*16. BIRTHPLACE (city or town, State or country) *Baltimore*17. INFORMANT *Thomas S. Jones* (Address) *625 E. Fort Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Western* Date *Sept. 18, 1934*19. UNDERTAKER *Margaret S. Flynn* (Address) *2101 N. Hilton St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 13*, 19*34*, to *April 15*, 19*34*I last saw her alive on *April 15*, 19*34*. Death is said to have occurred on the date stated above, at *4:00* pm.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
Bronchopneumonia

Date of onset

*4/1/34**4/14/34*

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *D. M. L. Currie*

M. D.

(Address) *So. Balto. Genl. Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1771934

M. D. 4-20-1934 00496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00496

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. East Ave. St. 1-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MRS. LOUISE C. BERENDS

(a) Residence: No. 822 S. East Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Frederick Berends (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1875

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 58 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Charles Meyer

14. BIRTHPLACE (city or town) Norway (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mr. Frederick Berends (Husband) (Address) 822 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Apr. 19, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.

20. FILED R-17-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. — alive on 19 Death is said to have occurred on the date stated above, at 1247 N.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1305 N. Patterson St.

F 00497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00497

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Ellwood Ave., St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Hillenbrand

(a) Residence: No. 302 N. Ellwood Ave. (Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14/1874

7. AGE Years Months Days 59 11 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, an aptner, sawyer, bookkeeper, etc.

Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Anthony Hillenbrand

14. BIRTHPLACE (city or town) Not Known (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Edward Hillenbrand (Address) 302 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 17, 1934

19. UNDERTAKER Mrs. E. Miller (Address) 2334 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Arsenical Poisoning

Date of report Apr 13/34

Other contributory causes of importance:

Alcoholism

2 wks

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: probable Date of injury 4/13/34

Where did injury occur? Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury about two teaspoonfuls

Nature of injury of "Paris Green"

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Baker M. D. (Address) 508 E. Morris

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 Mt Holly St. 15-01 Ward)

Length of residence in city or town where death occurred 22 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2214 Mt Holly St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of Mary S. S. Wootten (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 13, 1866

7. AGE Years 68 Months 1 Days 1 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. adjuster of U. S. A. & P. Co. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Del.

13. NAME John W. W. Wootten

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Sarah Windsor

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Mrs. Mary S. S. Wootten (Address) 2214 Mt Holly St.

18. BURIAL, CREMATION OR REMOVAL Place Woodlawn Cem. Apr. 17, 1934

19. UNDERTAKER L. M. J. Dickner (Address) North 9th Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1934, Apr 14, 1934. I last saw him alive on Apr 14, 1934. Death is said to have occurred on the date stated above, at 4:40 A. M.

The principal cause of death and related causes of importance were as follows:

Curcuma Pylorea

Other contributory causes of importance:

Malignant Lymphoma

Name of operation Gastric Excision Date of operation June 1, 1932

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John S. Keating M. D. (Address) 1219 Poplar Street

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

46

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 00499

F 00499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2336 Oak St. 17-01 Ward)Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2336 Oak St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Hattie (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 51 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Joseph14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Sholl16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Bellevue Hospital Date 4/17/34 1919. UNDERTAKER John Lewis, Inc.(Address) 1439 E. Pratt St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/34 1922. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1934 to April 17, 1934I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of EsophagusDate of onset Feb. 1933

Other contributory causes of importance:

Chronic Myocarditis

1932

Name of operation None

Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If no, specify

(Signed) Samuel B. Wolfe(Address) 1331 S. North Ave.

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 171834

M. D. 12268 E 00500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. St. 15-01 Ward) 23

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Julia Claiborne

(a) Residence: No. 1303 N. Stricker st. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1908

7. AGE Years 25 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME William Claiborne

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Lina Ralston

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place King William Co Va Date April 16, 1934

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pleasant St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from January 27, 1934 to April 14, 1934

I last saw her alive on April 14, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis June 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Meyer W. Jacobsen M. D.
 Baltimore City Hospitals

(Address) _____

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. state CAUSE OF DEATH is very important. OCCUPATION is very important.

F 00501 HEALTH DEPARTMENT—CITY OF BALTIMORE

34 F 00501

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 660 Dover 27-01 Ward)
 Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

 (a) Residence: No. 660 Dover St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Single

 5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____
6. DATE OF BIRTH (month, day, year) March 29 1899
 7. AGE Years 35 Months _____ Days 16 If LESS than 1 day, hrs. _____ or min. _____

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10 1/2
12. BIRTHPLACE (city or town) A.C. (State or country) _____13. NAME David Ament14. BIRTHPLACE (city or town) A.C. (State or country) _____15. MAIDEN NAME Jessie Vincent16. BIRTHPLACE (city or town) A.C. (State or country) _____17. INFORMANT Jessie B. Bidsong (Address) 660 Dover St.18. BURIAL, CREMATION, OR REMOVAL Place Melrose W.C. Date Apr. 18, 1934
 19. Jesse W. Redden
36 W. 13th St.
 (Address)

 20. J. J. B. Bidsong
 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/34, 193422. I HEREBY CERTIFY That I attended deceased from 11/21/34 to 4/10/34I last saw him alive on 4/14/34 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Regurgitation Date of onset 4/8/34

Other contributory causes of importance:

Sub Ac. Pnemonia
nephritis Date of onset 1/2/34

 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____
 (Signed) J. J. B. Bidsong M. D.
 (Address) 179 W. Carroll St.

information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See back of certificate.

APR 17 1934

APR 17 1934

APR 17 1934

M. D. F-00502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 733 Eislum

St. 21-01 Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 733 Eislum (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934, to April 14, 1934.

I last saw him alive on April 13, 1934. Death is said to have occurred on the date stated above, at 4:01 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Date of

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

PR 17 1334

M. D. 1934 F 00503

F 00503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 S. Carey St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 12 S. Carey St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas G. Armiger6. DATE OF BIRTH (month, day, year) July 27, 18867. AGE Years 47 Months 8 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT Thomas G. Armiger(Address) 12 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place our own lot Date 4/18/193419. UNDERTAKER John J. Gaudes & Son(Address) 901 N. Holliday St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/193422. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1934 to Apr. 16, 1934I last saw him alive on Apr. 16, 1934 Death is said to have occurred on the date stated above, at 20 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis,
beginning of Stomach.

Date of onset

3/143/15

Other contributory causes of importance:

noneName of operation none

Date of

What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thas. Boston M. D.(Address) 888 N. Howard St.

Information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

APR 17 1934

F 00504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00504

CERTIFICATE OF DEATH.

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 N. Durham ST. 6-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Belle Stewart Bond(a) RESIDENCE No. 206 N. Durham

(Usual place of abode)

ST. _____ WARD _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE Colo. 5 Single, Married, Widowed, or Divorced, (write the word) married.

6a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

wife of Frank Bonds6 DATE OF BIRTH (month, day, and year) Oct 13th 18867 AGE Years 47 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland10 NAME OF FATHER James Steward

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland12 MAIDEN NAME OF MOTHER Lydia Brooks

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14

Informant

(Address) Frank Bonds
206 N. Durham

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-34

17

I HEREBY CERTIFY, That I attended deceased from

12-16-1933 to 4-14-1934That I last saw her alive on 4-13-1934and the death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs(duration) yrs. 6 mos. ds.CONTRIBUTORY (Secondary) Nephritis(duration) yrs. unknown mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Cargen M. D.4-16-1934 (Address) 611 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes (a) (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Frederick Cemetery April 17 1934
Mrs. Robert A. Elliott 1129 Caroline

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 17 1934

00505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

R 00505

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Forrest St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 705 Forrest St., 10-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced
~~HUSBAND~~ of Clarence Newby
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 56 Years Months Days If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Blanche Taylor(Address) 705 Forrest

18. BURIAL, CREMATION, OR REMOVAL

Place old St Va Date 4/17/3419. UNDERTAKER Phyllis McCallister(Address) 1515 McCallister

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 193422. I HEREBY CERTIFY. That I attended deceased from April 14, 1934 to April 16, 1934I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance:

Cerebral HemorrhageName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None, 19 34

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James C. Legner M. D.(Address) 1331 S. Paul St.

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

APR 17 1934

00506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E. Lanvale St. St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian E. Goetz

(a) Residence: No. 1610 E. Lanvale St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Albert F. Goetz

6. DATE OF BIRTH (month, day, year) July 18 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	29	28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Louis F. Guenot

14. BIRTHPLACE (city or town) France
(State or country)

15. MAIDEN NAME Henrietta M. Busch

16. BIRTHPLACE (city or town) France
(State or country)17. INFORMANT Celeste I. Mengers
(Address) 1610 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Apr 19 1934

19. UNDERTAKER Harry A. Amacook & Son
(Address) 4204 Ridgewood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That attended deceased from April 16, 1934

I last saw her alive on April 15, 1934 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris
Coronary artery disease

Date of onset

1934

Other contributory causes of importance:

Arteriosclerosis

1934

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

APR 17 1934

Harry A. Amacook & Son
Registrar

information should be carefully supplied. AGE, amount of information should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 877 W. Fairmount Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wilbur Palmer dead6. DATE OF BIRTH (month, day, year) Apr. 6 18867. AGE Years 48 Months 0 Days 9 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Corning, N.Y. (State or country)13. NAME Anthony Brown14. BIRTHPLACE (city or town) Corning N.Y. (State or country)15. MAIDEN NAME Celeste Louthy16. BIRTHPLACE (city or town) Corning N.Y. (State or country)17. INFORMANT Wm Palmer (Son) (Address) 117 N. Amitee St.18. BURIAL, CREMATION, OR REMOVAL Place Int Andrews Cemetery Date April 18 193419. UNDERTAKER Charles H. Burkett (Address) 528 Laurens St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15 193422. I HEREBY CERTIFY, That I attended deceased from 8/30 1933 to 4/15 1934I last saw him alive on 4/15 1934 Death is said to have occurred on the date stated above at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Hypertension
Anemia

Other contributory causes of importance:

Fibroma of uterus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) Robert A. Reiter M. D.(Address) Balto. City Hosp.

APR 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 00508

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins + Caton St., 25201 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Agnes Brown

(a) Residence: No.

Rockville, Md. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of Fred Brown

6. DATE OF BIRTH (month, day, year)

7. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va.

13. NAME

Milton Porter

14. BIRTHPLACE (city or town) (State or country)

N.J.

15. MAIDEN NAME

Laura Schneider

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT

Fred M. Brown

(Address)

Rockville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Reverton Va. Date 4, 19, 1934

19. UNDERTAKER

(Address)

Warren E. Humphrey

Rockville Md.

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

February 27, 1934 to April 16, 1934

I last saw him alive on April 16, 1934 Death is said

to have occurred on the date stated above, at 10 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease

Mild Stenosis

Other contributory causes of importance:

Chronic Passive Congestion of all viscera.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Jesse C. Dunning M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 17 1934

00509

HEALTH DEPARTMENT—CITY OF BALTIMORE

00509

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2718 Alameda Blvd. St. 9-01 Ward) 50Length of residence in city or town where death occurred. 64 yrs. 8 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Lucia M. Wille(a) Residence: No. 2718 Alameda Blvd. St. 9-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofFrederick E. Wille6. DATE OF BIRTH (month, day, year) July 17, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>8</u>	<u>29</u>	<u>18</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore,
(State or country) MD.13. NAME John A. E. Spehnkouch14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Anna Huselman16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Frederick E. Wille
(Address) 2718 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 18, 19 3419. INTERVIEWER John J. McHenry
(Address) 715 Light St20. SIGNATURE Wm. Williams
(Address) 2802 Harford Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 19 3422. I HEREBY CERTIFY, That I attended deceased from 3-4-30 1934 to April 15, 19 34I last saw her alive on April 15, 19 34 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast
Metastases

Date of onset

1/1/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Wm. Williams

M. D.

(Address) 2802 Harford Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

R 17 1934

1261 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

90510

CERTIFICATE OF DEATH

V 95-002 90510

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 No Mt Holly LTB-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 701 No Mt Holly Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Linger6. DATE OF BIRTH (month, day, year) July 30 - 18417. AGE Years 92 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Arthur M. Linger(Address) 701 Mt Holly

18. BURIAL, CREMATION, OR REMOVAL

Place Wood Lane Cem Date 4/17 193419. UNDERTAKER George A. Taylor(Address) Fulton Ave. Bayview

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 193422. I HEREBY CERTIFY, That attended deceased from 19 to 19 I last saw h alive on 19 Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Sclerosis of Heart
April 15, 34

Other contributory causes of importance:

Serious attacks Sclerosis ?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Volkmann(Address) 16 S. Howard

Coroner

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

APR 17 1934

Registrar

M. D. 1934

F 00511

F 00511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Franklin R. Lang(a) Residence: No. *306 E. Main St. Westminster, Md.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH *April 28 1934*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *19*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Westminster Md.* (State or country)13. NAME *Thomas Lang* 14. BIRTHPLACE (city or town) *Bumpstead Md.* (State or country)15. MAIDEN NAME *Myrtle Miller*16. BIRTHPLACE (city or town) *Bumpstead Md.* (State or country)17. INFORMANT *Thomas Lang* (Address) *Westminster Md.*18. BURIAL, CREMATION, OR REMOVAL *St. Paul Place Arcadia Md.* Date *April 19, 1934*19. UNDERTAKER *J. Francis Reese* (Address) *Westminster Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 17 1934*22. I HEREBY CERTIFY, That I attended deceased from *4-5 1934* to *4-17 1934*I last saw him, alive on *4-17 1934* Death is said to have occurred on the date stated above, at *2:00 am*

The principal cause of death and related causes of importance were as follows:

*Acute hypoxemia
12/24/1934*

Date of onset

4-17-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

PR 17 1934

Huntington Williams, M.D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 00512

F 00512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th)

CITY OF BALTIMORE: (No.)

St. 5-a Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Leroy Shaw

(a) Residence: No. 331 Forrest st.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) July 10, 1897

7. AGE Years 36 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Greensboro (State or country) North Carolina

13. NAME Levi Shaw

14. BIRTHPLACE (city or town) North Carolina (State or country)

15. MAIDEN NAME Julia Hooper

16. BIRTHPLACE (city or town) North Carolina (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place, ... Date, ... 19. ...

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1934, to April 10, 1934.

I last saw him alive on April 10, 1934. Death is said

to have occurred on the date stated above, all p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tuberculous Pleuritis

Nov. 1933

Other contributory causes of importance:

Miliary Tuberculosis

Nov. 1934

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw, M. D. Baltimore City Hospitals (Address)

Exact statement of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

3-26-34 FILED APR 17 1934

E 00513

Garrison

F 00513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 145-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1220 Rutledge* St. *11-01* Ward. *X*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *Widowed*
(write WIFE of *Carroll Garrison*)6. DATE OF BIRTH (month, day, year) *Oct 3, 1915*7. AGE Years *18* Months *6* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *Oct 1, 1934*11. Total time (years) spent in this occupation *4 yrs*12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*13. NAME *Anna Eliza*14. BIRTHPLACE (city or town) *Virginia*
(State or country)15. MAIDEN NAME *Pauline Brady*16. BIRTHPLACE (city or town) *Virginia*
(State or country)17. INFORMANT *Hospital Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Med College* Date *April 7, 1934*19. UNDERTAKER *Wm. H. H. H. H.*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 10, 1934* to *April 14, 1934*I last saw him alive on *April 14, 1934* Death is saidto have occurred on the date stated above, at *1:00* m.

The principal cause of death and related causes of importance were as follows:

*Pneumonia, fulminating
Pneumonia, fulminating
Pneumonia, fulminating
Pneumonia, fulminating*

Other contributory causes of importance:

Name of operation *none*Date of *none*What test confirmed diagnosis? *St. Louis* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *none* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *John D. Rockwell* M. D.(Address) *Mercy Hospital*

APR 17 1934

030

Regd.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 00514

F 00514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospitals*)Length of residence in city or town where death occurred yrs. *2 hr + 5 min*

Yrs.

Mos.

Da.

U. S. If of foreign birth?

Yrs.

Mos.

Da.

2. FULL NAME

Baby girl Lowndes(a) Residence: No. *400 S. Oldham*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. *159*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *4-15-34*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

John Lowndes

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Margaret Johnson

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Michael's

Date

April 17, 1934

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-15*, 193*4*22. I HEREBY CERTIFY, That I attended deceased from *5:40* *4-15*, 193*4*, to *7:50* *4-15*, 193*4*I last saw her alive on *4-15*, 193*4* Death is said to have occurred on the date stated above, at *7:50* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

premature 7 mos

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. P. Brown

M. D.

(Address)

Baltimore City, Md.

Information from the Secretary of Health Department, City of Baltimore, Md. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

106

3

APR 17 1934

Estimate of time of death

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00515

00515

CERTIFICATE OF DEATH

Xy/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Patterson St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Gernstein

(a) Residence: No. Peranton Pa. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
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5a. If married, widowed, or divorced
HUSBAND of Late P. Elizer
(or) WIFE of 1859

6. DATE OF BIRTH (month, day, year)

7. AGE Years 75	Months —	Days —	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 17, 1934.

I last saw him alive on April 17, 1934. Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Cardiac Decompensation

Uremia

Date of onset

4-15-34

4-16-34

4-16-34

Other contributory causes of importance:

Cardiac Hypertrophy

Chronic Nephritis

Bronchial Asthma

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____

(Address) _____

Solomon Shuman

1814 Super Place

M. D.

APR 17 1934

APR 17 1934

Huntington, W. Va.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00516

CERTIFICATE OF DEATH

F 00516

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Marshall St., 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1514 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) infant6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 23, 19337. AGE Years 1 Months 2 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md13. NAME Albert L. Torbeck14. BIRTHPLACE (city or town) (State or country) Balto Md15. MAIDEN NAME Agnes M. Douglas16. BIRTHPLACE (city or town) (State or country) Balto Md17. INFORMANT Agnes M. Douglas(Address) 1514 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 18, 193419. UNDERTAKER A. Howard Evans(Address) 38 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 193422. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1934 to Apr 17, 1934I last saw him alive on Apr 16, 1934 Death is saidto have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

4/7/34

Other contributory causes of importance:

Bronchopneumonia4/14/34Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Wm. L. Stippen M. D.(Address) 1305 Light St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00517

00517

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-01 Ward)Registered No. 125-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen Hayes(a) Residence: No. 1428 Orbeans St., 6 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race black	5. Single, Married, Widowed, or Divorced (write the word) single
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1917

7. AGE	Years <u>17</u>	Months	Days	If LESS than 1 day, hrs. or min.
--------	--------------------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work, as spinner, sawyer, bookbinder, etc.	<u>School girl</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Olie Hayes14. BIRTHPLACE (city or town)
(State or country) Va15. MAIDEN NAME Lucelle Blakes16. BIRTHPLACE (city or town)
(State or country) Va17. INFORMANT Roy Hayes
(Address) 230 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Abney cemetery Date April 18, 193419. UNDERTAKER
(Address)Edw. Bryan
1631 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14/34, 1922. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 Death is said
to have occurred on the date stated above, 8 A.M.The principal cause of death and related causes of
importance were as follows:Pulm Odema

Date of onset

Other contributory causes of importance:

Acute Liver Necrosis
(Acute Atrophy)

?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

508 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate.

APR 17 1934

F 00518

F 00518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1123 N. Carey St.* ST. *16-01* WARD)

2. FULL NAME

Solomon Crosby

(a) RESIDENCE NO.

1123 N. Carey St.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *40* yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col.

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Eliza Crosby*

6 DATE OF BIRTH (month, day, and year)

1872

7 AGE

Years

Months

Days

If LESS than
1 day, — hrs.
or — min.*62*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Virginia*

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Unknown

PARENTS

14 Informant
(Address)*Eliza Crosby
1123 N. Carey St.*

15

Filed *19**Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-15-34*

17

I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1933, to *April 14, 1934*
that I last saw him alive on *April 14, 1934*
and that death occurred, on the date stated above, at *7, 9. m.*

The CAUSE OF DEATH* was as follows:

Diffuse Arteriosclerosis(duration) — yrs. *6* mos. — ds.

CONTRIBUTORY

(Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? *no.* Date of —Was there an autopsy? *no.*

What test confirmed diagnosis?

(Signed) *C. Mansell Lawrence M. D.*

19

(Address)

1033 W. Lenoir St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

St. John

DATE OF BURIAL

4/19/34

20 UNDERTAKER

Wm. J. Chase & Son 638 N. E. St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 17 1934

M. D. B. 00519

F 00519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nancy Lee Brengle

(a) Residence: No. 1517 McKean Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Lindon E. Brengle

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

15. MAIDEN NAME Lillian E. Clingman

16. BIRTHPLACE (city or town) Randallstown
(State or country) Maryland17. INFORMANT Mr. Lindon E. Brengle
(Address) 1547 McKean Ave.18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date April 18, 193419. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-34, 19, to 4-17, 1934.

I last saw her alive on 4-17, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchopneumonia
Secondary anemia
Cervical adenitis
Retropharyngeal abscess

Date of onset
4-8-344-18-34
4-18-34

Other contributory causes of importance:

Otitis media

Name of operation Intracranial drainage
Date of 4-8-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis Warner M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 17 1934

J. B. Cook
Registrar.

00520

HEALTH DEPARTMENT—CITY OF BALTIMORE 00520

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Parrash st. St. 19-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Gladys Haymen(a) Residence: No. 213 S. Parrash st. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race ed 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept. 24. '137. AGE Years 20 Months 6 Days 21 If LESS than 1 day _____ hrs _____ or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME John Haymen14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Stella Anderson16. BIRTHPLACE (city or town) (State or country) Annerundal Co. Md.17. INFORMANT Stella Anderson (Mother)
(Address) 213 S. Parrash st.18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Date April 18th 193419. UNDERTAKER
(Address) W. J. Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15, 193422. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to April 5th, 1934I last saw him 3r alive on 4-15-1934 death is said to have occurred on the date stated above, at 2 p.m.The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset

3-271934Other contributory causes of importance: own

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Walter J. Jackson, M. D.(Address) 1631 W. Franklin

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 17 1934

H. L. Williams, M.D.
Registrar

00521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No. _____)

St. 2-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? 14 yrs. ____ mos. ____ da.2. FULL NAME Peter Dobropolski(a) Residence: No. 433 S. Broadway

St. ____ Ward ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Patronella
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 5, 1881 ?7. AGE Years 52 Months 11 Days 11 If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Shoemaker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 08810. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Anthony Dobropolski14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 18, 193419. UNDERTAKER Frank Brachdon
(Address) 1906 Colden Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 193422. I HEREBY CERTIFY. That I attended deceased from March 21, 1934 to April 16, 1934I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TBC

Date of onset

Feb 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. Lacombe

(Address)

Baltimore City Hospitals M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

R-17 1934

00522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E Fair Ave St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 313 E Fair Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of William Sunderland (or) WIFE of Ther. Robert Taylor

6. DATE OF BIRTH (month, day, year)

7. AGE Years 70 Months — Days — If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.13. NAME (?) Thaid14. BIRTHPLACE (city or town) (State or country) Ind.15. MAIDEN NAME Thames16. BIRTHPLACE (city or town) (State or country) Un Known17. INFORMANT Mrs. Thomas (daughter)(Address) 313 E Fair Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Calmont Co. Ind. Date 4/9/3419. UNDERTAKER J. J. Farley, Jr.(Address) 1318 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 15 1933 to April 17 1934I last saw her alive on April 16 1934. Death is saidto have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder in neck and Breast

Other contributory causes of importance:

ExhaustionName of operation none Date ofWhat test confirmed diagnosis clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) R. H. Campbell M. D.(Address) 1644 Hanover St4/17/34

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *31 N. Carey St.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *2/29/1880*7. AGE Years *49* Months *1* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Meat Smoker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *St. Louis, Mo.* (State or country)13. NAME *Wm N. Brew*14. BIRTHPLACE (city or town) *St. Louis, Mo.* (State or country)15. MAIDEN NAME *Danniel Robins*16. BIRTHPLACE (city or town) *N. C.* (State or country)17. INFORMANT *Mrs. Melzer Trench* (Address) *31 N. Carey St.*18. BURIAL, CREMATION, OR REMOVAL Place *Wilson Mt. Cem.* Date *April 17, 1934*19. UNDERTAKER *John C. Miller* (Address) *1212 N. E. St.*20. REGISTRAR *John C. Miller* (Address) *1212 N. E. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-15*, 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *4/12/34* to *4-15*, 19 *34*I last saw him alive on *4/15*, 19 *34* Death is said to have occurred on the date stated above, at *1:30 p.m.*The principal cause of death and related causes of importance were as follows: *Lobar Pneumonia* Date of onset *4/11/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Robert A. Kester* M. D.(Address) *Balto City Hosp.*

17-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00524

00524

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No. _____)

St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Edward Webb

(a) Residence: No. 1520 Madison ave.

St. _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Eunice
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
28				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Washington
(State or country) District of Columbia

13. NAME Robert Webb

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Cora Gassaway

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL WASH. CITY
Place M. ALONIA GENEIRY Date 4/18/3419. UNDERTAKER Paul Easton
(Address) 916 Perna Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to April 16, 1934.

I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis 1932

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

Christopher C. Shaw M. D.
Baltimore City Hospitals

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R 17 1934

00525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME

Margaret E. Thorpe

(a) RESIDENCE NO.

1018 N. Eden

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Widow

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William Thorpe

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1861

7 AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.

72

5

24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

None

9 BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland10 NAME OF FATHER Lawrence Clark

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ireland

14 Informant Mr. Jos. V. O'Connor(Address) 1231 Greenmount Avenue

15

R 171934

William J. O'Connor
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1934

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

topsy or inquiry.) find that said deceased came to his death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Basocho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? 1018 N. EdenDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinical

(Signed)

J. P. Perry, M.D.

Coroner

47, 1934 (Address) 1305 N. Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Cathedral Cemetery

DATE OF BURIAL

4/18 1934

20 UNDERTAKER

Henry W. Meeks
805 N. Calver

00526

HEALTH DEPARTMENT—CITY OF BALTIMORE 526

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Riggs Avenue 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 9 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eugene A. Atchison

(a) Residence: No. 2916 Riggs Avenue St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Mary Gilchrist (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1854

7. AGE Years 80 Months 2 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington (State or country) D. C.

13. NAME Not obtainable

14. BIRTHPLACE (city or town) Washington (State or country) D. C.

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) Washington (State or country) D. C.

17. INFORMANT Norman Atchison (Address) 2916 Riggs Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 4/18 1934

19. UNDERTAKER Henry W. Meeks & Son (Address) 802 N. Calvert St.

20. FILED

R 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to Apr 15, 1934. I last saw him alive on Apr 15, 1934. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, General Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Bronchitis Pneumonia 2 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John J. McKeown M.D.

(Address) 1219 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE 00527

00527

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Ellamont St., 15-01 Ward)Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. 1617 Ellamont St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Edward L. Donnettel

6. DATE OF BIRTH (month, day, year)

Aug 7 1865

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.6889

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

New York

FATHER

13. NAME

F. Grawel

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Kathinka Denhard

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Miss Mildred Donnettel
1617 Ellamont St

18. BURIAL, CREMATION, OR REMOVAL

Placed

London Park Date Apr 19 1934

19. UNDERTAKER

(Address)

Posfoerdens & Son
217 S. Race

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 25 1934 to Apr 16 1934last saw him alive on Apr 16 1934 death is saidto have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular
Renal Disease
Arteriosclerosis (senile)
Senility

Date of onset

Other contributory causes of importance:

uremia

Name of operation

none

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. M. Byrd

M. D.

(Address)

2045 S. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

R 17 1934

The 19th of April 1934
Registrar

F 00528

F 00528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Adeline Sills

(a) Residence: No.

Garage, Howard County, Maryland.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
John Sills

6. DATE OF BIRTH (month, day, year) April 3, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th, 193422. I HEREBY CERTIFY That attended deceased from April 14th, 1934, to April 17th, 1934I last saw her alive on April 14th, 1934. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance was as follows:

Peritonitis
Ruptured Appendix

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy & drainage Date of 4/16/34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Lauriston L. Brown M.D.

(Address)

University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

APR 18 1934

M. D. R 12654 00529

HEALTH DEPARTMENT—CITY OF BALTIMORE

00529

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *In route to Hospital St.* 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1205 West Baltimore St.* Ward. *Richmond 4th*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Emma H. Winfree*

6. DATE OF BIRTH (month, day, year)

March 5 1889

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*44**5**10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stenciler 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mutual Life Insurance

10. Date deceased last worked at this occupation (month and year)

II. Total time (years) spent in this occupation

2 months

12. BIRTHPLACE (city or town) (State or country)

Richmond Va

FATHER

13. NAME

George Winfree

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Frances Elton Cole

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT (Address)

*Julius Winfree
Richmond Virginia*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oakwood Cemetery* Date *April 18 1934*

19. UNDERTAKER (Address)

*Lilly & Zeller Inc.
423 E. Washington St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*April 15 1934*22. I HEREBY CERTIFY, That I attended deceased from
19....., 19..... to....., 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Acute Dilatation of heart
(Angina)**April 15 1934*

Other contributory causes of importance:

unknown

Name of operation

*Inquiry*Date *April 16 1934*What test confirmed diagnosis? " " Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify
(Signed) *Jeff L. Valentine* M. D.
(Address) *16 So. Broadway* Coroner

APR 18 1934

M. D. B. 1934-00530

F 00530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hosp* St. *5-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *211* *Calver* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE *50* ? Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *070*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Frank Tasso*14. BIRTHPLACE (city or town) *Ind* (State or country)15. MAIDEN NAME *Ellen Osborne*16. BIRTHPLACE (city or town) *Ind* (State or country)17. INFORMANT *Records* *Bald City Hosp* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Johns Hopkins* Date *4-18* 193419. UNDERTAKER *Joe L. Skinner* *1403 E. Madison St* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14* 193422. I HEREBY CERTIFY, That I attended deceased from *April 13* 1934 to *April 14* 1934I last saw her alive on *April 14* 1934 Death is said to have occurred on the date stated above, at *11:30* p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Transpiration & Congestive failure. Arterial Transpiration

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *I Phaniel* M. D.(Address) *Bald City Hosp*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

APR 18 1934 *Huntington Williams*

M. D. F 00531

✓ F 00531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Aug-22-18537. AGE Years 80 Months 7 Days 25 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery County13. NAME William Dwyer14. BIRTHPLACE (city or town) (State or country) Montgomery County15. MAIDEN NAME Sarah Coombs16. BIRTHPLACE (city or town) (State or country) Montgomery County17. INFORMANT Etta Cuddy(Address) 22 11 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. Christ Date April 19, 193419. UNDERTAKER William Cook(Address) 1217 St Paul Sporc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Apr 17, 1934I last saw her alive on April 16, 1934. Death is said to have occurred on the date stated above, at 5 4 m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

1929

Other contributory causes of importance:

Arteriosclerosis1926Name of operation None Date of 2What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of Injury None, 1934Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place NoneManner of Injury NoneNature of Injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) George C. Shannon, M. D.(Address) 700 Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

3

PR 18 1934

Cor.—12 F 00532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00532

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.

Baltimore City Hospital 2-01 Ward

2-FULL NAME

Frank W. Scott

(A) RESIDENCE NO.

1838 E. Pratt

St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced. (write the word)

Female

White

Widowed

6a If married, widowed, or divorced
WIFE of Robert Scott

6 DATE OF BIRTH (month, day, and year)

July 10th 1858

7 AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

75

9

7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer)

At Home

(c) Name of employer

Self

9 BIRTHPLACE (city or town)

Jefferson Co

(State or country)

West Va.

10 NAME OF FATHER

William B. Morrison

11 BIRTHPLACE OF FATHER (city or town)

Jefferson Co

(State or country)

West Va.

12 MAIDEN NAME OF MOTHER

Mary Schindler

13 BIRTHPLACE OF MOTHER (city or town)

Jefferson Co

(State or country)

West Va.

14

Informant
(Address)Mary Page Mohler
1216 William St

R 181934

Huntington Williams, Md.
Registrar

CORONER'S CERTIFICATE OF DEATH 2 A.M.

16 DATE OF DEATH (month, day, and year)

April 17th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, au-

topsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

(Address) 1205 N. Patterson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Baltimore Cemetery

Date of Burial

Apr. 19th 1934

20 UNDERTAKER

Wm Cook 1217 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Aisquith St. 5-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth 8 yrs. ____ mos. ____ da.

2. FULL NAME

George W. Fisher(a) Residence: No. 403 Aisquith St. ____ Ward. ____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Susan B. Fisher
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18617. AGE Years 73 Months ____ Days ____ If LESS than 1 day ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town). York Co., Pa.
(State or country)13. NAME Jacob Fisher14. BIRTHPLACE (city or town) York Co., Pa.
(State or country)15. MAIDEN NAME Elither Stonesypher16. BIRTHPLACE (city or town) Carroll Co., Md.
(State or country)17. INFORMANT Luke A. Fisher (son)
(Address) 2005 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Apr 18 193419. UNDERTAKER Wm Cook
(Address) 1214 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16/34, 19____

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____ to ____ 19____

I last saw him alive on ____ 19____. Death is said to have occurred on the date stated above, 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury ____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) John Haller(Address) 506 E Madison

Coroner

M. D.

APR 18 1934

M. D. F 00534

F 00534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S. Monroe St., 20-01 Ward)Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helena Adale Miles(a) Residence: No. 4 S. Monroe St.,Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Elma W. Miles</u>		
6. DATE OF BIRTH (month, day, year) <u>Jan 3^d 1877</u>		
7. AGE <u>57</u>	Years <u>3</u>	Months <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>S. & Y. Co.</u>
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME George W. Woodward14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Marion Hook16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Mrs John T. Stank(Address) 101 Ridgewood Rd. R. 4

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Date Apr 18th 193419. UNDERTAKER Wm Cook(Address) 1217 St Paul St18 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 193422. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1934 to Apr 16th 1934.I last saw him alive on Apr 16th 1934 Death is said to have occurred on the date stated above, at 59 m.

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

indif

Other contributory causes of importance:

Cardiac decompensation2 wksName of operation ✓ Date of ✓What test confirmed diagnosis? EL Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19 Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

✓ If no, specify(Signed) J. T. Kypen M. D.(Address) 3321 French Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 00536

F 00536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *5-01* Ward)Registered No. *47*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 1/2* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Timothy Cooper*(a) Residence: No. *1106 1/2 E Fayette* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Jamie Cooper*6. DATE OF BIRTH (month, day, year) *1880*7. AGE Years *54* Months *54* Days *1880* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cleaner*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Day Work*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Atlanta Ga* (State or country)13. NAME *Timothy Cooper Sr*
14. BIRTHPLACE (city or town) *Ga* (State or country)15. MAIDEN NAME *Rice*
16. BIRTHPLACE (city or town) *Ta* (State or country)17. INFORMANT *Jamie Cooper* (Address) *1106 1/2 E. Fayette St*18. BURIAL, CREMATION, OR REMOVAL *Asbury cem.* Place *4-18-* Date *1934*19. UNDERTAKER *Baron + Mamie St. Wright* (Address) *1518 Me & Elderly St*
Huntington Williams, Jr

20. FILED

R 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 13*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *535 P* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of L Bronchus

Date of onset

Other contributory causes of importance:

Name of operation *Autopsy* Date of *Apr*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *P. H. Hervey M.D.* M. D.(Address) *1305 N. Patterson St*

F 00537

F 00537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *5* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *515 Oxford St.* St. *10* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Lillian Tote* (or) WIFE of6. DATE OF BIRTH (month, day, year) *12/2/1892*7. AGE Years *41* Months *8* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lab.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *N. C.* (State or country)13. NAME *Thomas Tote*14. BIRTHPLACE (city or town) *N. C.* (State or country)15. MAIDEN NAME *Mary Taddy*16. BIRTHPLACE (city or town) *Ms.* (State or country)17. INFORMANT *Corp read.* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Luke's Cemetery* Date *April 18, 1934*19. UNDERTAKER *Walter S. Taylor* (Address) *2101 McCallum St.*20. MONTH *18-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/15*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4/5*, 19*34*, to *4/15*, 19*34*I last saw him alive on *4/15*, 19*34* Death is said to have occurred on the date stated above, at *m.*The principal cause of death and related causes of importance were as follows: *Intestinal obstruction. Perforated* Date of onset *Mar. 29*

Other contributory causes of importance:

Emaciation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*34*

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *Dr. B. B. Brown* M. D.(Address) *Balto City, Md.*

SEE CAUSE OF DEATH IN PLAIN LANGUAGE AND INSTRUCTIONS ON BACK OF CERTIFICATE. OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00538

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Phillip Mizioch*

6. DATE OF BIRTH (month, day, year)

7. AGE Year *69* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia* (State or country)

13. NAME *Not Known* 14. BIRTHPLACE (city or town) *Russia* (State or country)

15. MAIDEN NAME *Not Known* 16. BIRTHPLACE (city or town) *Russia* (State or country)

17. INFORMANT *Dr. J. A. Abbott, Supr. Belvedere Free Dispensary* (Address)

18. BURIAL, CREMATION, OR REMOVAL *Belvedere Free Dispensary* Date *4/18/34* 19.

19. UNDERTAKER *436 E. Baltimore* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/17* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *2-1* 19*34* to *4-17* 19*34*

I last saw her alive on *4-17* 19*34* Death is said to have occurred on the date stated above, at *3:30 p. m.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of stomach;
Hypertension;
Bronchitis, chronic;
Arteriosclerosis.*

Date of onset

Other contributory causes of importance:

Cataract

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *H. Edmund Reven*

M. D.

(Address) *Levindale*

Registrar.

PR 18 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

00539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1423 E. Pratt* St., *3-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* mos. ds. How long in U. S. If of foreign birth *13* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1423 E. Pratt* St., *Pratt* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. <i>M</i>	4. Color or Race <i>H</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-------------	---------------------------	--

5a. If married, widowed, or divorced HUSBAND of *Lannah* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years <i>85</i>	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Re Merchant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *V. Kram*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *V. Kram*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Sophia Sebor - Daughter* (Address) *1820 E. Madison St*18. BURIAL, CREMATION, OR REMOVAL *Not Cared* Date *4-18-34*19. UNDERTAKER *Jack Lewis Inc* (Address) *1437 E. Pratt St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/17/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *October 8, 1933* to *1934*I last saw him alive on *April 17, 1934* Death is said to have occurred on the date stated above, at *11 A. m.*

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance:

*Arteriosclerosis, Mitral & Aortic Regurgency, Senility*Name of operation *None*Date of *None*What test confirmed diagnosis? *Exam* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *None*, 19Where did injury occur? *None*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harry Finken, M.D.*(Address) *16 S. Broadway*

APR 18 1934

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

00540

HEALTH DEPARTMENT—CITY OF BALTIMORE

00540

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating at the
CITY OF BALTIMORE: (No. Foot of Cross St. St., 3-01 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 28 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 45 yrs. --- mos. --- ds.

2. FULL NAME Kasner Dankosky

(a) Residence: No. 1030 E. Lombard St. St., --- Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Do not know.

7. AGE Years 51 Months --- Days --- If LESS than 1 day, --- hrs. or --- min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Do not know

14. BIRTHPLACE (city or town) DO NOT KNOW
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)

17. INFORMANT William Cohen..
(Address) 14 Harrison St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's, Canton Date April 18, 1934

19. UNDERTAKER Geo M. Smith

MEDICAL CERTIFICATE OF DEATH

Last seen April 6, found April 10, 1934

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY. That I attended deceased from
19 to 19

I last saw him alive on 19 Death is said
to have occurred on the date stated above, at --- m.

The principal cause of death and related causes of
importance were as follows:

Drowning.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Do not know.
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt M. D.
(Address) 1017 E. Charles St. Coroner

PR 18 1934
68181880

W. H. Kingston Williams, M.D.

00541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002 F 00541

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *8* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1111 Wilmer Alley*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of *Madge Graham* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1894* 7. AGE *40* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Rockford Ill*13. NAME *John W. Graham*14. BIRTHPLACE (city or town) (State or country) *Ill*15. MAIDEN NAME *Blukoron*16. BIRTHPLACE (city or town) (State or country) *Illukoron*17. INFORMANT *Madge Graham* (Address) *1111 Wilmer Alley*18. BURIAL, CREMATION, OR REMOVAL *National Cem* Date *4/18* 193419. UNDERTAKER *Bernard P. Newsley* (Address) *818 Drury St*20. FILED *1111 Wilmer Alley* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 9, 1934* to *April 14, 1934*I last saw him alive on *April 14, 1934* Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Duodenal ulcer**Acute cardiac dilatation*

Other contributory causes of importance:

*Myocarditis*Name of operation *Gastro-enterotomy* Date of *4-4-34*What test confirmed diagnosis? *gastro* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. Over Moore* M. D.(Address) *Franklin Square Hosp.*

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY THE JURY, SHOULD BE WRITTEN ON BACK OF CERTIFICATE. See instructions on back of certificate. OCCUPATION is very important.

APR 18 1934

F 00542

F 00542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. _____ St. 4 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Marian Lyles

(a) Residence: No. 766 W. Franklin St. St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Separated

5a. If married, widowed, or divorced
 HUSBAND of Unknown
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE 43 Years 42 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

17. INFORMANT Hospital Records

18. BURIAL, CREMATION, OR REMOVAL National Cem. Date 4/18/34

19. UNDERTAKER Bernard Heusley
 (Address) 818 Drury St. Ap

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934, to April 15, 1934

I last saw her alive on April 15, 1934 Death is said to have occurred on the date stated above, at 12.10 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
Dec. 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Christopher C. Shaw M. D.

(Address) Baltimore City Hospitals

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. See instructions on back of certificate.

DP 18 1934

M. B. 00543

F 00543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Hospital* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *716 Linden Ave* St., *Franklin* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced *HUSBAND of Mary Woolford* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1875*7. AGE Years *59* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland* (State or country)13. NAME *No Record Unknown*14. BIRTHPLACE (city or town) *Maryland* (State or country)15. MAIDEN NAME *No Record*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Mary Woolford* (Address) *716 Linden Ave*18. BURIAL, CREMATION, OR REMOVAL *The Church Ave* Date *4/20* 19 *34*19. UNDERTAKER *Bernard Henusley* (Address) *818 Drury Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-17-34* 1922. I HEREBY CERTIFY, That I attended deceased from *4-15-34* 19 to *4-17-34* 19I last saw him alive on *4-17-34* 19. Death is said to have occurred on the date stated above, at *1:35* A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Ditrusachia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. H. H.* M. D.(Address) *President Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly construed. See instructions on back of certificate.

APR 18 1934

Registrar.

F 00544

F 00544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Aiken St. Ward 9-01)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 2209 Aiken St. St. 34 Ward. 34
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of Sallie E King (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 16 - 18537. AGE Years 80 Months 6 Days 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Weaver16. BIRTHPLACE (city or town) (State or country) md17. INFORMANT Sallie E King (Address) 2209 Aiken St18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date April 19 193419. UNDERTAKER (Address) 1723 Ball Blk Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/3422. 4/16 HEREBY CERTIFY, That I attended deceased from 4/16 1934 to 4/16 1934I last saw him alive on 4/16/34 Death is said to have occurred on the date stated above, at 17 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial degeneration 6 days

Other contributory causes of importance:

Diabetes Mellitus 4 yrsName of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide, Date of injury 1934Where did injury occur? none (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noneManner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund M. Miller M. D.(Address) 1500 N. Broadway

STATE CAUSE OF DEATH in plain terms, so that it may be understood by the jury. See instructions on back of certificate. OCCUPATION is very important.

R 181934

Huntington Williams, Jr.

00545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00545

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335. Duker. Ct. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John G Vogel

(a) Residence: No. 2335. Duker. Ct.

St. 1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widow

5a. If married, widowed, or divorced
HUSBAND of the late Minnie Vogel
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 4. 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88		6	13 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER 13. NAME John Vogel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Frank W Vogel (Son)
(Address) 2335, Duker Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cent

Date April 19, 1934

19. UNDERTAKER
(Address)Lester & Zeller, Inc.
437 S. Baltimore St.

20. FILE 6 1934

Huntington Williams, Reg

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY. That I attended deceased from

March 29, 1934, to April 16, 1934

I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 11.30pm

The principal cause of death and related causes of importance were as follows:

Squidly
Hypostatic Pneumonia

Date of onset

April 13

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) George D. Lefter M. D.

(Address) 437 S. Baltimore St. Balto. Md.

1-20-M 500 B-501
F 00546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00546

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 703 Poplar Grove ST. 16-91 WARD)

2. FULL NAME

Caroline Matilda Ford

(a) RESIDENCE NO. 703 Poplar Grove

ST.,

WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

Female White

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

George G. Ford

6 DATE OF BIRTH (month, day, and year)

Sept 17 1865

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

7

0

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

House

HOMC 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md.

10 NAME OF FATHER

Charles Jeffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore Md.

12 MAIDEN NAME OF MOTHER

Caroline Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Md.

14 Informant

(Address)

Edgar R. Ford
Baltimore Md.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Sept 17 1934

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

find that said deceased came to

death

(topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH was as follows

Chronic myocarditis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Home

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Regular

(Signed)

Sept 17 1934

M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Landon Park

DATE OF BURIAL

Apr 19 1934

20 UNDERTAKER

Wm. J. Tickner & Co.

ADDRESS

118 E. Baltimore

CAUSE OF DEATH: See instructions on back of certificates. TION is very important

F 00547 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00547

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1319 W. Balto. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Single
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1885

7. AGE Years 48 Months 5 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1934

22. I HEREBY CERTIFY. That I attended deceased from

to 19

I last saw him alive on Inquiry 7.30 P.M. Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Apr. 16 1934

Other contributory causes of importance:

Chronic Myo Carditis

Name of operation

Date of

What test confirmed diagnosis? Inquiry

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If specify

(Signed)

J. L. Valentin M.D.

(Address)

16 Laurel Roadway

R 18

1934

H. E. Eyster

Registrar

M. D. 1934
F 00548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00548

CERTIFICATE OF DEATH

1. PLACE OF DEATH

2833 Woodbrook Ave. St. 13-01 Ward)

CITY OF BALTIMORE: (No. 2833 Woodbrook Ave. St. 13-01 Ward)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Eva E. Meyers

(a) Residence: No. 2833 Woodbrook Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)		
Female	White	Single		
6a. If married, widowed, or divorced HUSBAND of WIFE of				
6. DATE OF BIRTH (month, day, year) April 7, 1886				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	-	11	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	Office Assistant			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
Hochschild, Kohn & Co				
10. Date deceased last worked at this occupation (month and year) June 30, 1933				
11. Total time (years) spent in this occupation 25 yrs				

12. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

13. NAME Jacob W. Meyers

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Rachel A. Gosnell

16. BIRTHPLACE (city or town) Howard County
(State or country) Maryland17. INFORMANT Mr. Homer E. Meyers
(Address) 1625 N. Calvert St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date April 20, 193419. UNDERTAKER J. B. Cook
(Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY That I attended deceased from July 9, 1933, to April 17, 1934

I last saw her alive on April 17, 1934 Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

Bronchial asthma

Other contributory causes of importance:

Cardiac exhaustion

Date of onset

last

March

July 4

1933

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? 210

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Gustav Will
1433 W. Lombard St.

M. D.

R 13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 N. Lomax St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2810 N. Lomax St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 19, 19277. AGE Years 6 Months 10 Days 11 If LESS than 1 day, hrs. 29 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shed. Mail out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Mr. J. J. Dulaney14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Anna Dulaney16. BIRTHPLACE (city or town) Md.
(State or country)17. INFORMANT Mr. J. J. Dulaney
(Address) 2810 N. Lomax St.18. BURIAL, CREMATION, OR REMOVAL 4/18/34
Place Westminster Date 1919. UNDERTAKER 1340 Eastern Ave.
(Address)20. FILED St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/34, 193422. I HEREBY CERTIFY, That I attended deceased from April 9, 1934 to April 18, 1934I last saw him alive on April 18, 1934. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Scarlet Fever 4/9/34

Other contributory causes of importance:

noneName of operation none Date of noWhat test confirmed diagnosis Phys. Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Thas. Horton M. D.(Address) 2810 N. Lomax St.

OCCUPATION is very important. See instructions on back of certificate.

N. D. P. 1005550

F 00550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp - 01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *303 S Sun* St., *46* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Lena*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *? 1876*7. AGE *57* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stenciler*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *078*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *Antony*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Records*
(Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary Cem* Date *April 20th 1934*19. UNDERTAKER *George A. Weber*
(Address) *705 S Anna Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 28, 1934* to *April 16, 1934*I last saw him alive on *April 16, 1934* Death is said to have occurred on the date stated above, at *8:20 PM*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon ?

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *I. Phagell* M. D.(Address) *Balt City Hosp*

R 18 1934

Christington Rodriguez
APR 18

See instructions on back of certificate. See instructions on back of certificate. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 00551

00551

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 Scott St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1151 Scott St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Wife of*6. DATE OF BIRTH (month, day, year) *4/18/34*

7. AGE

Years

Months

Days

If LESS than
1 day, 1 hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*

FATHER

13. NAME *Rev. E. Hussey*14. BIRTHPLACE (city or town) (State or country) *Balto*

MOTHER

15. MAIDEN NAME *Margaret E. Sigfus*16. BIRTHPLACE (city or town) (State or country) *Balto*17. INFORMANT *Thos E Hussey*(Address) *1151 Scott St*

18. BURIAL, CREMATION, OR REMOVAL

Placed in *St. Chelmsford* Date *14/19/34*19. UNDERTAKER *Bernard C. Gault*(Address) *1000 S. B. St*

18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/18/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from

4/18/34, 19 *34*, to *4/18/34*, 19I last saw him alive on *4/18/34*, 19 Death is saidto have occurred on the date stated above, at *10:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity 6 mos

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Bernard C. Gault*

M. D.

(Address) *910 Lombard*

00552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00552

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. Chester St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Kot

(a) Residence: No. 337 S. Chester Street St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or ~~Married~~ the word)5a. If married, widowed, or divorced HUSBAND of ~~KOT~~ Bolvenia Kot

6. DATE OF BIRTH (month, day, year) 1876

7. AGE 58 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME Jozef Kot

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Justyna ?

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Mrs. Bolvenia Kot (Address) 337 S. Chester Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem Date April 31, 1934

19. UNDERTAKER

(Address) 1610 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h alive on Inquiry to 19 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Apr. 17, 1934

Other contributory causes of importance:

Arteriosclerosis

2 out 6 mos

Name of operation Date of

What test confirmed diagnosis Inquiry Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

so, specify

(Signed)

J. L. V. M. D. (Address) 16 St. Broadway

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Alvah P. Gady(a) Residence: No. 621 Territorial Road St.Ward. Benton Harbor Mich
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Grace Warner Gady
(or) WIFE of6. DATE OF BIRTH (month, day, year) 3/29/18657. AGE Years 69 Months _____ Days 19 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Benton Harbor Michigan
(State or country)13. NAME James Gady14. BIRTHPLACE (city or town) N.Y.
(State or country)15. MAIDEN NAME Science Hard16. BIRTHPLACE (city or town) N.Y.
(State or country)17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Benton Harbor Mich Apr 18 193419. UNDERTAKER Geo. C. Mitchell & Sons
(Address) 1900 Pennsylvania Place1934 _____ 19 _____
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 193422. I HEREBY CERTIFY, That I attended deceased from April - 15th, 1934, to April - 18, 1934.I last saw him alive on April - 18, 1934. Death is said to have occurred on the date stated above, at 1:45 A.

The principal cause of death and related causes of importance were as follows:

Post operative shock and uremia
following removal of Carcinoma of
Prostate. Operated on 4-16-34

Date of onset

2 yrs -
1932

Other contributory causes of importance:

Hypertension
ArteriosclerosisName of operation Radical Perineal Prostatectomy 4-16-34What test confirmed diagnosis? Tox Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) W. J. Collins(Address) 11011

M. D.

OCCUPATION is very important. See instructions on back of certificate.

V. 5.3

00554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1432 N. Fulton Ave. 15-01 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1432 N. Fulton Ave., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Smith Esel

6. DATE OF BIRTH (month, day, year) Jan 29 1872

7. AGE Years 62 Months 2 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Esfrian Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Roy E. Smith (Address) 1432 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co. April 19 1934

19. UNDERTAKER John O. Mitchell (Address) 901 E. Calver Place

20. DATE OF DEATH April 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21 1934 to April 16 1934

I last saw him alive on April 15 1934 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

3/21/34

Other contributory causes of importance:

Name of operation None Date of Clinical Significance

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles E. Clark M. D.

(Address) 3814 Piedmont Ave

OCCUPATION is very important. See instructions on back of certificate.

F 00555

F 00555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 U. Central Ave. ST. 5-01 WARD)

2. FULL NAME

Daisy Taylor Black

(a) RESIDENCE No.

613 U. Central Ave ST.,

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

C5 Single, Married, Widowed,
or Divorced, (write the word)Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Apr. 9, 1892

7 AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.426

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workDomestic(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Balto. Md.

10 NAME OF FATHER

Joseph O'Brien

11 BIRTHPLACE OF FATHER (city or town)

Balto.

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Daisy ?

13 BIRTHPLACE OF MOTHER (city or town)

?

(State or country)

14

Informant
(Address)Junda Taylor (Daughter)
613 U. Central Ave.

15

Filed

8-1934

19

Registrar

REGISTERED NO.

(If death occurred in
a hospital or institu-
tion, give its NAME
instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

4-15-34

17

I HEREBY CERTIFY, That I attended deceased from

April 13, 1934 to April 15, 1934.that I last saw her alive on April 15, 1934.and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows:

Central Apoplexy - Acute
Hypertension(duration) yrs. mos. 3 da.

CONTRIBUTORY

(Secondary)

Acute dilatation of
Heart(duration) yrs. mos. 1 da.18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

Phys. Exam.

(Signed)

Dr. L. L. Berry, M. D.

19

(Address)

1420 E. Chase St.*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVALMt. Calvary Cem.

DATE OF BURIAL

April 19, 1934

20 UNDERTAKER

Mrs. R. A. Elliott

ADDRESS

1129 N. Caroline St.

00556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linai Hosp 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifelong How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Linai Homes Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 2, 18607. AGE Years 73 Months 5 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Beth. (State or country) Ind.13. NAME Herman Goldsmith14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Henrietta Moss16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Miss Rose Mannes (Address) 2123 Linden Ave18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date Apr. 20, 193419. UNDERTAKER David S. S. S. S. S. (Address) 1902 E. E. E. E.20. DATE OF DEATH April 18, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 15, 1934, to April 18, 1934.I last saw her alive on April 18, 1934. Death is saidto have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic hepatitis
Bronchopneumonia, type
undetermined

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Katzenstein M. D.(Address) Large Hospital

See instructions on back of certificate. OCCUPATION is very important.

F 00557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 E. Hoffman St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna M. Uhl

(a) Residence: No. 2411 E. Hoffman St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of John C. Uhl (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3rd. 1885

7. AGE Years Months Days 49 0 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Jacob Hum 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Lutz 16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mr. John C. Uhl (Address) 2411 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date April 19, 1934

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933, to April 16, 1934.

I last saw her alive on April 15, 1934 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset

1 1/2 yrs.

Other contributory causes of importance:

Cachexia + Metastases

Date of onset

1 1/2 yrs.

Name of operation: Total hysterectomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

R 18 1934

M. D. B. 12-0 00558

F 00558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

283758

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 25

St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Leah Green

(a) Residence: No. 2031

Orleans

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female white widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

unknown

6. DATE OF BIRTH (month, day, year) Jan 1 - 1890

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

44 3 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

N. Carolina

13. NAME

William Russell

14. BIRTHPLACE (city or town) (State or country)

N. Carolina

15. MAIDEN NAME

Roscoe Wilkins

16. BIRTHPLACE (city or town) (State or country)

N. Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Crem. Cem. St. James Date 20/34 19

19. UNDERTAKER

(Address)

Philip H. Lewis & Son

2046 Orleans St.

20. FILED

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1934 to 4-17-1934

I last saw h. alive on 4-17-1934 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, post-operative bilateral Cholecystectomy

Date of onset

4-15-34

4-18-34

Other contributory causes of importance:

Diabetes Mellitus Arteriosclerotic heart disease with hypertension

1934

Name of operation Cholecystectomy Date of 4-13-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David L. Reeves

(Address) Johns Hopkins Hospital M. D.

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

R 18 1934

✓ F 00559

HEALTH DEPARTMENT—CITY OF BALTIMORE

00559

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 316 N Robinson St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Marie Eberdt

(a) Residence: No. 316 N Robinson St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Constanstine M Eberdt (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 25th 1843

7. AGE Years 31 Months 1 Days 22 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

13. NAME Conrad Alt 14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Weaver 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Minnie Wolf (Address) 316 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date Apr 19 1934

19. UNDERTAKER John Ullrich (Address) 200 E Bileaus

1934 F 1934 Huntington Hill, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16 th. 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934 to April 16, 1934

I last saw her alive on April 16, 1934 Death is said to have occurred on the date stated above, at 11.25 a m

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Myocarditis Bronchitis

Other contributory causes of importance:

Bronchitis Pneumonia

Date of onset

4/10/34

4/10/34

Name of operation clinical Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Carter M. D.

(Address) 2942 Spayd St

00560

HEALTH DEPARTMENT—CITY OF BALTIMORE 00560

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N Patterson Park Ave. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Carrie Lauterbach

(a) Residence: No. 709 N Patterson Park Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of J Henry Lauterbach (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 th 1867

7. AGE Years 67 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Charles Kinsendorff

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Caroline Koch

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Alice Hohman (Address) Broadacres Woodlawn P O

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Apr 17 1934

19. UNDERTAKER John Ullrich (Address) 2008 E. Orleans St.

18 1934 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16 th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 15 1934 to April 16 1934

I last saw him alive on April 16 1934 Death is said to have occurred on the date stated above, at 4.30 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Diffuse Nephritis
Chronic Colicystitis

Other contributory causes of importance:

Chronic Myocarditis
(Fatty Infiltration)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd

(Address) 2005 E. Monument St.

M. D.

00561

F 00561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5011 Walther Avenue St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Bittrick

(a) Residence: No. 5011 Walther Avenue

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Bittrick

6. DATE OF BIRTH (month, day, year) Aug. 18, 1856.

7. AGE Years 77 Months 7 Days 28 27 If LESS than min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

13. NAME (Unknown) Simpson

14. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) Philadelphia Pa. (State or country)

17. INFORMANT Mrs. Louis Kiefner (Daughter) (Address) 5011 Walther Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 19, 1934

19. UNDERTAKER

(Address)

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1930 to April 15, 1934

I last saw him alive on April 15, 1934 Death is said to have occurred on the date stated above, at 9 45 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

May 1930

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

J. S. Harding 4810 Belair Rd.

00562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1901 Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1934

7. AGE Years Months Days If LESS than 1 day, 14 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Carl Anderson14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Lena Sampson16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hospital Date April 10, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th, 193422. I HEREBY CERTIFY, That I attended deceased from April 8th, 1934 to April 8th, 1934I last saw him alive on April 8th, 1934. Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Birth

Other contributory causes of importance:

atelectasisBirth

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

(Address)

John M. Spencer, M. D.
Johns Hopkins Hospital

10 1934

0314

00563 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital*)St. *76-01* (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

3211 Leverston Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 4, 1934

7. AGE

Years

Months

Days

If LESS than
1 day, 5 hrs.
or min.*1*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Baltimore*

FATHER

13. NAME

*Leonard Graf*14. BIRTHPLACE (city or town)
(State or country)*Maryland*

MOTHER

15. MAIDEN NAME

*Clara Shortt*16. BIRTHPLACE (city or town)
(State or country)*Maryland*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Johns Hopkins College Date *April 8, 1934*

19. UNDERTAKER

(Address)

Johns Hopkins Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*April 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from
April 5, 1934 to *April 5, 1934*I last saw him alive on *April 5, 1934* Death is said to have occurred on the date stated above, at *2 A* m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease

Date of onset

Birth

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

John M. Spence, Jr.
Johns Hopkins Hospital

M. D.

181934

03454

00564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00564

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Johns Hopkins Hospital*)St. *10-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Baby Solomon(a) Residence: No. *1232 E. Madison*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 3, 1934*

7. AGE

Years

Months

Days

If LESS than hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER MOTHER

13. NAME *Arthur Solomon*14. BIRTHPLACE (city or town) (State or country) *North Carolina*15. MAIDEN NAME *Beatrice Whitfield*16. BIRTHPLACE (city or town) (State or country) *North Carolina*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Luke's*Date *April 15, 1934*

19. UNDERTAKER

(Address)

R-18-1934

0316

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 3rd, 1934* to *April 3rd, 1934*I last saw him alive on *April 3rd, 1934* Death is said to have occurred on the date stated above, at *6 P. M.*

The principal cause of death and related causes of importance were as follows:

*Lobar cerebral Hemorrhage
Congenital Heart Disease*

Date of onset

Birth

Other contributory causes of importance:

*Congenital Heart Disease**Birth*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *John M. Sencer, Jr.*

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*

CITY OF BALTIMORE: (No. _____)

St. *8-01* Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME *John Wilson*(a) Residence: No. *1224 Chatham* St.,

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Geneva*6. DATE OF BIRTH (month, day, year) *6-29-1899*7. AGE Years *34* Months *9* Days *8* If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

*N Car*13. NAME *William Wilson*

14. BIRTHPLACE (city or town) (State or country)

*N Car*15. MAIDEN NAME *Mary Downey*

16. BIRTHPLACE (city or town) (State or country)

*N C*17. INFORMANT *Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Med College*Date *July 18*

19

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 30, 1934, to April 7, 1934*I last saw him alive on *April 7, 1934* Death is said to have occurred on the date stated above, at *6:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Aneurysm of arch of aorta
Syphilis*

Date of onset

*1933**2/19/25*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-ray*. Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) *Josef T. Bergmeyer*(Address) *Johns Hopkins Hospital*

M. D.

18-1934

William Wilson, Jr.

00566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1831 Jan 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Bell St. St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Unknown

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 50 Months 00 Days 00 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PublicDate April 10

19

19. UNDERTAKER

(Address)

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about April 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probable AccidentalDrowned

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury UnknownWhere did injury occur? Cell St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Public PlaceManner of injury accidental?Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. Herzog MD M. D.(Address) 1305 N. Patterson Park

00567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St. 27-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Martha Elizabeth Turk

(a) Residence: No.

1013 Woodbourne Ave

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

12/12/26

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7

4

6

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

Richard Turk

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME

Mary Burchall

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Richard Turk

(Address)

1013 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL

Orraine Cemetery April 21 1934

19. UNDERTAKER

William Hobok

(Address)

1217 St. Paul St. East

20. FILED

18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/18

1934

22. I HEREBY CERTIFY. That I attended deceased from

4/1

1934, to

4/18

1934

I last saw her alive on 4/18 1934. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Meningitis (non-epidemic)

Date of onset 3/7/34

Other contributory causes of importance:

Name of operation

Cisternal Drainage

Date of

3/24/34

What test confirmed diagnosis

Lumbar puncture

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph A. Bely

M. D.

(Address)

Mercy Hospital

00568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 60568

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ Hospital St. 12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *6* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2632 N. Charles St.* Ward.
(Usual place of abode) *16 mos* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Alta M. Thompson*
(or) WIFE *Alta M. Thompson*6. DATE OF BIRTH (month, day, year) *1874*7. AGE *About 60* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unemployed*
10. Date deceased last worked at this occupation (month and year) *Oct 1933* 11. Total time (years) spent in this occupation *5 yrs*12. BIRTHPLACE (city or town) *Beverly*
(State or country) *West Virginia*13. NAME *Joseph Thompson*14. BIRTHPLACE (city or town) *Virginia*
(State or country)15. MAIDEN NAME *Edwards*16. BIRTHPLACE (city or town) *Virginia*
(State or country)17. INFORMANT *Alta M. Thompson*
(Address) *2632 N. Charles St*18. BURIAL, CREMATION, OR REMOVAL *Wm. va*
Masonic Shmnskn Date *April 19, 1934*19. UNDERTAKER *William Cook*
(Address) *217 S. Paul Street*20. FILER *William Cook*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb 28, 1934* to *Apr. 17, 1934*
I last saw him alive on *Apr. 17, 1934* Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Enlarged liver
*Pulmonary edema*Date of onset *1928?*
Apr. 17-34

Other contributory causes of importance:

Arterio sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *yes.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas Taylor* M.D.
(Address) *University Hospital*

8 1934

F 00569

00569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 N. Calvert St. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alverta W.L. Chaney,

(a) Residence: No. 2620 N. Calvert St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

6a. If married, widowed, or divorced
HUSBAND of Ellsworth Chaney,
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	19		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John A. Reese,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna A. Bailey,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ellsworth Chaney
(Address) 2620 N. Calvert St.18. BURIAL, CREMATION, OR REMOVAL APR 19 1934
Place Loudon Park Date19. UNDERTAKER Sec R Siddle
(Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 16 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 23, '33, 1933, to April 16, 1934

I last saw her alive on April 16, 1934. Death is said

to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes
Diabetic gangrene Right foot.
Secondary Anemia

Date of onset

10 yrs

6 mo.

3 mo.

Other contributory causes of importance:

Cardiac Anemia

3 months

Name of operation

Date of

What test confirmed diagnosis? Christ

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

18 1934

00570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Matson St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3308 Matson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 9, 18907. AGE Years 43 Months 4 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Robert Arnold
14. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) md15. MAIDEN NAME Florence Ray
16. BIRTHPLACE (city or town) Anne Arundel Co. (State or country) md17. INFORMANT Mrs. R. B. Arnold
(Address) 3308 Matson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 19, 193419. UNDERTAKER Leo Schuch
(Address) 2101 Frederick Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 193422. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1933 to April 16, 1934I last saw him alive on April 15, 1934 Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
Indefinite

Other contributory causes of importance:

Exhaustion 4/15/34Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. B. Campbell D.
4/18/34 (Address) 1644 Hanover St

FILED

18 1934

19

Registrar.

F 00571

F 00571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Wolfe St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Cuthers6. DATE OF BIRTH (month, day, year) Apr. 2, 1840

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 193422. I HEREBY CERTIFY, That I attended deceased from April 18, 1934 to April 17, 1934I last saw him alive on April 16, 1934 Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

4/17/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Eugene L. Coughlin M. D.

(Address)

514 Irving Lane

R 19 1934

Huntington Williams, M.D. Registrar

F 00572

HEALTH DEPARTMENT—CITY OF BALTIMORE 00572

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE

(No. 856 Tyson St. 11-01 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 856 Tyson St., 11-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mar. Gude</u>		

6. DATE OF BIRTH (month, day, year)

7. AGE <u>70</u>	Years	Months	Days	If LESS than 1 day..... hrs. or..... min.
---------------------	-------	--------	------	---

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chef Cook</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>071</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Honored Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Bertha Johnson
856 7 1/2 St. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Gravel Cemetery Date 4-19-34

19. UNDERTAKER (Address)

Mr. Geo. H. Holland
1631 Bruce St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 16, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 7 - 1934 to Apr 16 - 1934I last saw him alive on Mar 14, 1934. Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 4/1/34

Other contributory causes of importance:

Arteriosclerosis Abt. 10 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Chas. J. Keller M. D.(Address) 222 W. Monument St.

APR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00573

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME Regina Svec(a) Residence: No. 826 Patterson Pl. Ave. St., 1 Ward, 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) child6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 14, 19347. AGE Years 23 Months 4 Days 4 If LESS than 1 day, 4 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Frank Gasta14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Regina Svec16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 20, 193419. UNDERTAKER Frank Jackson(Address) 1906 Ashland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 6, 1934 to April 18, 1934I last saw her alive on April 18, 1934. Death is saidto have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis

Date of onset

4-3-34

Other contributory causes of importance:

Pneumonia4-12-34

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Manes S. Hulet

M. D.

(Address) Johns Hopkins HospJohns Hopkins Hosp

PR 19 1934

M. D. R. 1934
00574

HEALTH DEPARTMENT—CITY OF BALTIMORE 0574

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Washington St., 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 30 yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. 931 N. Washington St., 7-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Anna Krpejs
(or) WIFE of6. DATE OF BIRTH (month, day, year) Not Known7. AGE Years 57 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Austria
(State or country)13. NAME Joseph Krpejs14. BIRTHPLACE (city or town) Austria
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT Anna Krpejs
(Address) 931 N. Washington18. BURIAL, CREMATION, OR REMOVAL
Place Cath Hill Date Jul 21, 193419. UNDERTAKER Frank Gruchow
(Address) 1906 G. and a

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 18, 193422. I HEREBY CERTIFY, That I attended deceased from Jul 31, 1934 to Apr. 18, 1934I last saw him alive on Apr. 17, 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset

Other contributory causes of importance:

Uremia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Jacob Fisher M. D.(Address) 1823 N. Washington

APR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 00575

00575

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *13-01* Ward)Length of residence in city or town where death occurred *22* yrs. *22* mos. *22* ds. How long in U. S. If of foreign birth? *22* yrs. *22* mos. *22* ds.

2. FULL NAME

(a) Residence: No. *2229 Madison Ave* St., *13-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *Lion Knight*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1909*7. AGE Years *25* Months *25* Days *25* If LESS than 1 day, *25* hrs. or *25* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *031*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Phila Pa*
(State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown*
(State or country)15. MAIDEN NAME *Annie Russell*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)17. INFORMANT *Arthur Russell*
(Address) *1607 Madison Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt Auburn Cemetery* Date *April 19, 1934*19. UNDERTAKER *Thomas E. Nelson*
(Address) *1303 Chestnut St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 16*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19*, 19*34*. Death is said to have occurred on the date stated above, at *9 P.* m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Thomas E. Nelson* M. D.
(Address) *1303 Chestnut St* CoronerR 19 1934 *Engraving*

F 00576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00576

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 1604 Druid Hill Ave

CITY OF BALTIMORE: (No.

ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Robert Boston

(a) RESIDENCE NO. 1604 Druid Hill Ave.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds.

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE A.A. 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Melvina Boston

6 DATE OF BIRTH (month, day, and year)

5/3/78

7 AGE Years 56 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) West River
(State or country) Maryland

10 NAME OF FATHER Daniel Boston

11 BIRTHPLACE OF FATHER (city or town) West River
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

PARENTS

14

Informant

(Address)

15

Filed

1919 1934

Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

4/16/34

17

I HEREBY CERTIFY, That I attended deceased from

4/2 1934 to 4/16 1934
that I last saw him alive on 4/15 1934

and that death occurred, on the date stated above, at 1:40 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration)

yrs.

mos. 2 ds.

CONTRIBUTORY
(Secondary)

Myocarditis - Chr. Nephritis

(duration)

yrs.

mos. ds.

18 Where was disease contracted
if not at place of death?

unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed)

Carson C. Johnson M. D.

, 19

(Address)

1632 Baker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Auburn

DATE OF BURIAL

April 19, 1934

ADDRESS 436

UNDERTAKER

Jesse M. Pedder

W. Biddle St

F 00577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00577

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 E. Chase

St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN T. KEARNS

(a) Residence: No. 805 East Chase St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 19- 1854

7. AGE Years Months Days 79 4 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatrical Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Thomas Kearns

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Julia Ann Finn

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. William J. Kenealy Sr. (Address) 805 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 20, 1934

19. UNDERTAKER

(Address) 118 N. Mt. Royal Ave

R 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Arteriosclerosis (Senile) ??

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

M. D. P. 00578

F 00578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4211, Frederick Ave 25-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 mos. da. How long in U. S. If of foreign birth? 55 yrs. mon. da.

2. FULL NAME

Louise Wasmus,

(a) Residence: No. 4211 Frederick Ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Charles F. Wasmus, (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 12, 1864

7. AGE Years 69 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Louis Brunier,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma H. Geske (Address) 4211 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL APR 21 1934 Place Loudon Park Date 19

19. UNDERTAKER Geo. W. Little (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 18 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to April 18, 1934. I last saw her alive on April 16, 1934. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration

Date of onset

Other contributory causes of importance:

Acute Bronchitis

2 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H. J. Johnson M. D.

(Address)

4211 Frederick Ave.

R 19 1934

Huntington Williams

M. F. B. 00579

F 00579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4736 Park Heights Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or race W 5. Single, Married, Widowed, or Divorced Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1

6. DATE OF BIRTH (month, day, year)

7. AGE Years 88 Months 1 Days 29 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME John Baldwin14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Cully16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Mrs. M. Donald
(Address) 2542 Boorman18. BURIAL, CREMATION, OR REMOVAL
Place Int. Christ Date April 19, 193419. UNDERTAKER John A. Moore
(Address) 3000 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 193422. I HEREBY CERTIFY, That I attended deceased from April 14, 1934 to April 17, 1934I last saw her alive on April 17, 1934 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4/12/34

Other contributory causes of importance:

Pharyngitis ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John A. Moore M. D.(Address) 4813 Park Heights St.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00580

F 00580

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)Length of residence in city or town where death occurred *18* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2106 E Biddle St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*a. If married, widowed, or divorced
HUSBAND of *Gertrude Tippet*
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 1-1875*AGE Years *58* Months *11* Days *14* If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *2*

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

9. UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *Inquiry* *7-0* a.m. Death is said to have occurred on the date stated above, at *7-0* a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
congestive failure
Diabetes Mellitus

Other contributory causes of importance:

*None*Name of operation *Inquiry* Date of *No*What test confirmed diagnosis *Inquiry* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Joseph L. Valentini, M.D.* (Address) *16 South Broadway*

APR 19 1934

00581

F 00581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 North St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mo. 1 da. How long in U. S. If of foreign birth? 5 yrs. 1 mo. 1 da.

2. FULL NAME

(a) Residence: No. 1305 Myrtle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of *Joseph Barker*
(or ~~WIFE~~)

6. DATE OF BIRTH (month, day, year) *also. 24 1882*

7. AGE	Years	Months	Days	if LESS than 1 day, ____ hra. or ____ min.
	57	3	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.	<i>Spinster - general</i> 11. Total time (years) spent in this occupation <i>16 1/2</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Balls Bluff
(State or country) Mississippi

FATHER

13. NAME *James T. Carter*

14. BIRTHPLACE (city or town) *Maryland*
(State or country)

15. MAIDEN NAME *Mary Spearman*

16. BIRTHPLACE (city or town) *England*
(State or country)

17. INFORMANT *Mr. Simon Barber*
(Address) *1305 Oxford St*

16. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Apr. 20 1950

19. UNDERTAKER Henry Hackett & Sons, Inc.
(Address) 1361 E. Eugene St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Apr. 17/34, 19... to Apr 17/34, 19...

I last saw h. alive on Apr 17/34 1934. Death is said
to have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows;

Tuber. tuberculat

Other contributory causes of importance:

Corrie Astheny

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

place

Manner of Injury

Manner of Injury.....

Nature of Injury

24. Was disease or injury in any way related to occupation or service?

1) so, specify *dec*

(Signed) _____

(Address) 1212 N. 17th St.

APR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE 82

00582

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH *St. Agnes Hospital*
 CITY OF BALTIMORE: (No. *Wilkins + Caton aues* 28-01 Ward)
 Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

Registered No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Alma B. Gott*

(a) Residence: No. *201 Wickham Rd.* St., *0* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced *Married*
 (or) WIFE of *George Gott*

6. DATE OF BIRTH (month, day, year) *Sept. 9, 1893*

7. AGE Years *40* Months *7* Days *9* If LESS than 1 day, hrs. *0* or min. *0*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *021*
 10. Date deceased last worked at this occupation (month and year) *0*
 11. Total time (years) spent in this occupation *0*

12. BIRTHPLACE (city or town) (State or country) *md.*

13. NAME *Joseph W. Brown*

14. BIRTHPLACE (city or town) (State or country) *md.*

15. MAIDEN NAME *Margaret*

16. BIRTHPLACE (city or town) (State or country) *md.*

17. INFORMANT *Mr. J. L. Leland*
 (Address) *201 Wickham Rd.*

18. BURIAL, CREMATION, OR REMOVAL *Buried Calvert Co. Md.* Date *4/20/34*

19. UNDERTAKER *Thomas G. Witske*
 (Address) *4101 E. Lombard Ave.*

20. FILED *St. Agnes Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-18-34*

22. I HEREBY CERTIFY, That I attended deceased from *April 15, 1934* to *April 18, 1934*
 I last saw her alive on *April 18, 1934*. Death is said to have occurred on the date stated above, at *11:30 A.M.*

The principal cause of death and related causes of importance were as follows:
Labor Pneumonia

Date of onset *4/15/34*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Conrad H. Shanahan, M.D.*

(Address) *St. Agnes Hospital*

00583

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. *7-01*)St. *7-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Leland Graham

(a) Residence: No.

Mc Donogh School

St.

Ward

McDonogh Md
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

12-20-1932

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*1**16**3**29*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Md*

FATHER

13. NAME

*Leland Graham*14. BIRTHPLACE (city or town)
(State or country)*N Y*

MOTHER

15. MAIDEN NAME

*Pearl Graham*16. BIRTHPLACE (city or town)
(State or country)*N Y*17. INFORMANT
(Address)*Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Graves N.Y.*Date *April 19, 1934*19. UNDERTAKER
(Address)*Harry H. Hittake**411 E. Edmondson Ave.*

20. FILED

Thurston B. Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 16, 1934* to *April 19, 1934*I last saw him alive on *April 19, 1934*. Death is said to have occurred on the date stated above, at *2:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Staphylococcus Meningitis

Date of onset

4/14/34

Other contributory causes of importance:

Name of operation

Lumbar

Date of

What test confirmed diagnosis? *lumbar* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Harriet B. Gould* M. D.(Address) *521 N. Wolfe St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

00584

CERTIFICATE OF DEATH

00584

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *3-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *313 S. Caroline St.* Ward. *3-01* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 26 1885*7. AGE Years *48* Months *4* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) (State or country) *MD*13. NAME *Edwin Molock*14. BIRTHPLACE (city or town) (State or country) *MD*15. MAIDEN NAME *Susan Travis*16. BIRTHPLACE (city or town) (State or country) *MD*17. INFORMANT *Mary M Coleman*(Address) *Port Norris N. J.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Burial* Date *4/19/34*19. UNDERTAKER *Robert Williams*(Address) *1515 Mc Elderry St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 14, 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *1235 P. M.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? *Clin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *R. Williams* M. D. (Address) *1305 N. Patterson St.*

PR 19 1934

00585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins & Cotton Ave. St. 20-91 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME

Otto Preissler

(a) Residence: No. _____

2101 W. Baltimore St.,

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
 HUSBAND of
 (or WIFE of)

Minnie Preissler

6. DATE OF BIRTH (month, day, year)

Mar. 22, 1864

7. AGE

70

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Tailor

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Jungob Preissler

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Mrs. Otto Preissler
2101 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Loudon Rd. - Date 4/21/34

19. UNDERTAKER

(Address)

32 S. Broadway

20. FILED

19

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 3, 1934, to April 18, 1934

I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 4:54 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
Complicated with
cardiac failure

Date of onset

4/18/34

Other contributory causes of importance:

Name of operation, App. Sctomy

Date of

4/19/34

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John C. Driscoll

M. D.

(Address)

St. Agnes Hospital

APR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00586

00586

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Found floating in the water at

183

3-01

CITY OF BALTIMORE: (No. Pier 4 Pratt St. St. Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth 20 yrs.

2. FULL NAME

Valerian Kunawicz.

(a) Residence: No.

121 S. Spring St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6a. If married, ~~XXXXXX~~
HUSBAND of
(or ~~XXXXXX~~)

Margaret Kunawicz.

7. DATE OF BIRTH (month, day, year) December 15, 1869

8. AGE Years Months Days If LESS than 1 day, hrs. or min.

64

2

16

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME

Peter Kunawicz.

14. BIRTHPLACE (city or town) (State or country)

Poland.

15. MAIDEN NAME

Do not know.

16. BIRTHPLACE (city or town) (State or country)

Do not know.

17. INFORMANT Margaret Kunawicz. (wife)
(Address) 121 S. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul's an Date April 19, 1934

19. UNDERTAKER

(Address) 308 Eden St
Wendell J. Pippel

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

Last seen Feb. 5, 1934 Found Apr. 18, 1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drowning.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Do not know. Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt
Address 1017 Charles St.

Coroner M. D.

PR 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 00587

00587

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp 186-01* Ward *6-01*)Length of residence in city or town where death occurred *yr. mos. ds.* How long in U. S. If of foreign birth *yr. mos. ds.*

2. FULL NAME

(a) Residence: No. *244 S. East Ave* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Sept. 29 1888*AGE *75* Years Months *6* Days *18* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *27*12. BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *John Witka*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *Poland*17. INFORMANT *Mrs. Riensfelder* (Address)18. BURIAL, CREMATION, OR REMOVAL *St. Stanislaus* Date *April 20 1934*19. UNDERTAKER *Stephen J. Fialkowski* (Address) *1000 S. East Ave*APR 19 1934 *Heating & Plumbing, etc.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 17 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *2400* m. Death is said to have occurred on the date stated above, at *2400* m.

The principal cause of death and related causes of importance were as follows:

Shocked from accidental fracture of pelvis

Other contributory causes of importance:

Name of operation *Chis* Date of *Chis*What test confirmed diagnosis? *Chis* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: *Yes* Date of injury *4/16 1934*Accident, suicide, or homicide? *Yes*Where did injury occur? *244 S. East* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *home*Manner of injury *Fell down steps*Nature of injury *Fractured pelvis*

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *E. P. Hergom* M. D.(Address) *1312 N. Ballantyne Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00588

00588

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *14 E. Henrietta St. 22-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 23, 1932*

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 17, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

April 6, 1934 to *April 17, 1934*I last saw her alive on *April 17, 1934* Death is saidto have occurred on the date stated above, at *7:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Muscle
Bronchopneumonia*

Date of onset

Apr 6

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *autopsy* *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

Sidney H. Speck M. D.

(Address)

*450 E. Fort Ave.*R 191934 *St. Margaret's Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 E. 7th St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No. 552 E 7th Ave. St., Ward. X

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male white Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. AGE Years Months Days 29 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Walter G. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret Schindler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT W. C. Johnson

(Address) 5520 7th Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Bur Date Apr 19, 1934

19. UNDERTAKER W. A. Krause & Son

(Address) 795 S. Broadway St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1934

22. I HEREBY CERTIFY That I attended deceased from April 3, 1934 to April 17, 1934

I last saw him alive on April 17, 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia (Primary)

Other contributory causes of importance: Exhaustion

Name of operation None Date of 4/14/34

What test confirmed diagnosis Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. A. Campbell M. D.

(Address) 644 Hancock St

R 19 1934

H. E. Williams, Jr. 1934

F 00590

F 00590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospital St. 18-01 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

1016 Vine St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. P. Herzog M.D.

Coroner

M. D.

(Address) 1305 N. Tallman Park

R 19 1934

0318

THE MORGUE

F 00591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *10-01* St. *10-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Daniel Scott

(a) Residence: No.

454 Barrett

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Virginia Scott* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 19, 1882*7. AGE Years *52* Months *0* Days *15* If LESS than 1 day, hrs. *14* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Md* (State or country)13. NAME *Wm Scott*14. BIRTHPLACE (city or town) *Penna* (State or country)15. MAIDEN NAME *Mary Wolff*16. BIRTHPLACE (city or town) *Baltimore Md* (State or country)17. INFORMANT *Theresa (deceased)* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *St. Mary's* Date *April 19, 1934*19. UNDERTAKER *James J. ...* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/13* . *34*22. I HEREBY CERTIFY. That I attended deceased from *Apr. 8* 1934 to *Apr 13* 1934I last saw h. alive on *Apr 13* 1934 Death is said to have occurred on the date stated above, at *3:15 pm*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

4/8/34

Other contributory causes of importance:

*None*Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John J. ...* M. D.
(Address) *3012 Northway Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital* *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. mos. ds. How long in U. S. If of foreign birth *26* yrs. mos. ds.

2. FULL NAME

Abraham Drutz(a) Residence: No. *1210 S. Charles*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Rebecca*6. DATE OF BIRTH (month, day, year) *1889*7. AGE Years *45* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe Maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *088*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Morris*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Rose*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL *Interred Perry*Date *4/19/34*19. UNDERTAKER *John Lewis Inc.*(Address) *1439 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 18*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March 4*, 19*34*, to *April 18*, 19*34*I last saw him alive on *April 18*, 19*34*. Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Chronic Myocarditis
Coronary Sclerosis
Cardiac Insufficiency*

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. A. Weber*(Address) *Sinai Hospital*

M. D.

APR 19 1934

283708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Med.* **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. *15-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? *2* yrs. mos. ds.2. FULL NAME *Mellie Meyer*(a) Residence: No. *1722*

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced (or) WIFE of *Isadore (same)*7. DATE OF BIRTH (month, day, year) *Mar. 15, 1877*7. AGE Years *57* Months *1* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Samuel Cooper*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Hanna Betshkem*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Records*(Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL *Buried*

Place

Date *4/19/34* 1919. UNDERTAKER *Paul Padgett*(Address) *1439 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 18* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 1* 19*34* to *April 18* 19*34*I last saw her alive on *April 18* 19*34*. Death is said to have occurred on the date stated above, at *11:30* A. M.

The principal cause of death and related causes of importance were as follows:

CARCINOMA of CAECUM

Date of onset

MAY, 1933

Other contributory causes of importance:

*GENERALIZED CARCINOMATOSIS
SECONDARY ANAEMIA**JUNE 33
Sept '33*Name of operation *None* Date of _____What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *Paul Padgett*(Address) *The Johns Hopkins Hospital*

M. D.

191934

00595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F/00595

91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *1411 McCallish* St. *14-01* Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1411 McCallish* St., _____ Ward. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color of Race *Red* 5. Single, Married, Widowed, or Divorced *Married*a. If married, widowed, or divorced, give name of HUSBAND of (or) WIFE of *Mary Brooks*DATE OF BIRTH (month, day, year) *1854*

AGE

80

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*10. Date deceased last worked at this occupation (month and year) *1900*11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) (State or country) *unknown*13. NAME *20*14. BIRTHPLACE (city or town) (State or country) *unknown*15. MAIDEN NAME *20*16. BIRTHPLACE (city or town) (State or country) *20*17. INFORMANT *Mary Brooks*(Address) *1411 McCallish*

18. BURIAL, CREMATION, OR REMOVAL

Place *1st**Calvary*Date *4/19**1934*19. UNDERTAKER *Rayner Sanders*(Address) *1413 E. Preston St**3 1934**Washington Holliman*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 17th 1934*

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis
1 month

Other contributory causes of importance:

Chronic Rheumatism
*1 year*Name of operation *Regular*What test confirmed the diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____.

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify: _____

(Signed) *W. J. Quirk*

(Address) _____

Coroner

M. D.

00596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Eb.)
 CITY OF BALTIMORE: (No. St. 17-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred.....yrs. 10 mos. ds. How long in U. S. If of foreign birth?.....yrs. mos. ds.

2. FULL NAME Jeannette Cottman

(a) Residence: No. 630 W. Biddle st. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1888

7. AGE Years 45 Months 7 Days 3 If LESS than I day.....hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Arthur Cottman

14. BIRTHPLACE (city or town) Virginia ? (State or country)

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date April 19 1934

19. UNDERTAKER Elroy O. Wilson (Address) 1000 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1933, to April 15, 1934.

I last saw her alive on April 15, 1934. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

May
 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw, M. D.
 (Address) Baltimore City Hospitals

191934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00597

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *952 N. Washington* St. *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

952 N. Washington

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Aug. 30. 1870*7. AGE Years *63* Months *7* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore md*
(State or country)13. NAME *Peter McNeill*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Catherine McNeill*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Miss Rose McNeill*
(Address) *952 N. Washington*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *April 19 1934*19. UNDERTAKER *William G. Shaffer*
(Address) *1816 E. Monument St*

1934

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/17/34*22. I HEREBY CERTIFY. That I attended deceased from *March 25* 1934 to *April 17* 1934I last saw her alive on *April 17* 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

*Hypostatic Congestion
of Lungs
(Pneumonia)*

Date of onset

4/8/34
over

Other contributory causes of importance:

*Hypertension**Jan 1932*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John J. Patek*(Address) *936 E. Monument St*

M. D.

00598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Found floating in harbor.

CITY OF BALTIMORE: (No.

Foot of Chester St., 2-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Willner

(a) Residence: No.

1916 Allicanna St.

Ward.

(If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Jan. 2 - 1887

AGE Years 47 Months 3 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Frank Willner

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Caroline Grauling

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Caroline Willner (Address) 729 So. Curlew St.

BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date April 20, 1934

UNDERTAKER Henry Sandy & Son Inc (Address) Baltimore & Pennsylvania Ave. N.E.

FILED 1934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Found on April 18 - 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowning

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Do not know

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Probably Accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph L. Valentini M.D. Coroner

(Address) 16 South Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE F 00599

0599

CERTIFICATE OF DEATH.

REGISTERED NO. 95-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 870 Carroll

2-FULL NAME

Elizabeth Smith

(R) RESIDENCE NO.

870 Carroll St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (Usual place of abode) Life mos. ds.

(If non-resident give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

female

white

married

If married, widowed, or divorced (or) WIFE of

John Smith

DATE OF BIRTH (month, day, and year)

Sept. 11, 1863

AGE

Years

Months

Days

IF LESS than 1 day.....hrs. or.....min.

70

✓

7

7

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

housewife

(none)

BIRTHPLACE (city or town)

(State or country)

Balto., Md.

10 NAME OF FATHER

John Benner

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Mary Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany ?

John Smith

Informant

(Address)

870 Carroll St.

9 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 18, 1934

17 I HEREBY CERTIFY, That I attended deceased from

March 28, 1934, to Apr 18, 1934,

that I last saw her alive on Apr. 18, 1934,

and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Auricular Fibrillation

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

Atherosclerosis

(duration) 2 yrs. mos. ds.

Hypertension

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? none necessary

(Signed)

4/19, 19 34 (Address)

523 North St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Loudon Park Cemetery

Date of Burial

Apr. 21 19 34

20 UNDERTAKER

W. B. Cook

ADDRESS

1003 West Baltimore St.

00600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *200 South Tremont St.* *21-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *16* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *200 South Tremont St.* Ward. *new Windsor ind.*
(Usual place of abode) *16 days* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 2. Color or Race *White* 3. (Single, Married, Widowed, or Divorced) (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Brian E. Gungling*
(or) WIFE *Sept 15-1889*6. DATE OF BIRTH (month, day, year) *Sept 15-1889*7. AGE Years *52* Months *7* Days *3* If LESS than 1 day, ____ hrs. ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Express Guard*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Brinks Ex Co Phila*
10. Date deceased last worked in this occupation (month, day, year) *April 7, 1934*
11. Total time (years) spent in this occupation *5 1/2 yrs*12. BIRTHPLACE (city or town) *Fredrick Co Md*
(State or country) *Maryland*13. NAME *Jouis Grant Gungling*14. BIRTHPLACE (city or town) *Westminster*
(State or country) *Maryland*15. MAIDEN NAME *Susan R. Smith*16. BIRTHPLACE (city or town) *Fredrick Co*
(State or country) *Maryland*17. INFORMANT *Charles D. Roelcke*
(Address) *200 South Tremont Rd*18. BURIAL, CREMATION, OR REMOVAL
Place *Pepe Creek Md* Date *April 21, 1934*19. UNDERTAKER *William Cook*
(Address) *1217 St Paul Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Apr 2, 1934* to *Apr 18, 1934*I last saw him alive on *Apr 18, 1934* Death is said to have occurred on the date stated above, at *11:15 A.*

The principal cause of death and related causes of importance were as follows:

Hypertension

Date of onset

Other contributory causes of importance:

Cardiac Decomposition 16 days

Name of operation _____ Date of _____

What test confirmed diagnosis? *CL* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *F. T. Kypers* M. D.(Address) *3321 Fresh Air*

91934

F 00601

00601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 East North St. Ward 9)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 325 East North St. Ward 9

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE Marguerite McKindless6. DATE OF BIRTH (month, day, year) June 2-1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

641116

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) April 4, 193411. Total time (years) spent in this occupation 4212. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John McKindless14. BIRTHPLACE (city or town) (State or country) Berford Md

MOTHER

15. MAIDEN NAME Elizabeth Holt16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address) 329 East North St

18. BURIAL PLACEMENT, OR REMOVAL

Place Greenmount Date 4/24 1934

19. UNDERTAKER

(Address) William Cook1217 St Paul & Gt

91934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 193422. I HEREBY CERTIFY, That I attended deceased from March 21, 1934 to April 18, 1934last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 3 PM

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis with fibrillation of heart

Date of onset

Other contributory causes of importance:

Name of operation no Date ofWhat test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) William Cook M. D.(Address) 1217 St Paul & Gt

00602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *126 Callender St.* *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. *34* mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No.

126 Callender St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 4 - 1901*7. AGE Years *2* Months *6* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Rollins Fork*
(State or country) *Virginia*13. NAME *Walter H. Jenkins*14. BIRTHPLACE (city or town) *Shiloh*
(State or country) *Virginia*15. MAIDEN NAME *Ruth E. Scott*16. BIRTHPLACE (city or town) *?*
(State or country)17. INFORMANT *Ruth E. Jenkins*
(Address) *126 Callender St.*18. BURIAL, CREMATION, OR REMOVAL *Fredericksburg Va April 20*
Date19. UNDERTAKER *William Cook*
(Address) *1217 S. Paul Street**Huntington Virginia, Reg*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 18*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

Apr 15, 19*34* to *Apr 18*, 19*34*I last saw him alive on *Apr 18*, 19*34* Death is saidto have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Broncho-Pneumonia
following Measles

Other contributory causes of importance:

Measles
*(by husband)*Name of operation *none* Date ofWhat test confirmed diagnosis? *typical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. H. Johnston*, M. D.(Address) *887 Broadway*

9 1934

00604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 W Fayette St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 850 W Fayette St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Linda H. Pflaig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Schell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Catherine Pflaig

(Address) 850 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Buried

19. UNDERTAKER

(Address) 410 W. Lombard St.

9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/20/34 to 4/18/34, 19

I last saw him alive on 4/17/34, 19. Death is said to have occurred on the date stated above, at 3-A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard F. Terry

(Address) 410 W. Lombard St.

M. D.

M. D. 1934 F 00605

F 00605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital - 91* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Abraham Frick* *Wagnerboro, Penna.* St., *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Mrs. Abraham Frick*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *6/16/1852*7. AGE Years *81* Months *10* Days *3* 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) *Penna. Md.*
(State or country)13. NAME *George Frick*14. BIRTHPLACE (city or town) *Penna*
(State or country)15. MAIDEN NAME *Frederica Oppenlander*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Deceased.*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wagnerboro, Pa* Date *Apr 23* 19 *34*19. UNDERTAKER *Th. J. Lickner, Sons*
(Address) *Wagnerboro*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 20*, 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *April 10*, 19 *34*, to *April 20*, 19 *34*.I last saw him alive on *April 19*, 19 *34*. Death is said to have occurred on the date stated above, at *2:45* a.m.

The principal cause of death and related causes of importance were as follows:

Hyphoid pneumonia
Broncho pneumonia, bilateral

Date of onset

4/19

Other contributory causes of importance:

Carcinoma of prostate
Arteriosclerosis
*Permissive anemia*Name of operation *0* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *Richard France* M. D.(Address) *Union Memorial Hospital*

R 20 1934

F 00606

F 00606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2756 Riggs Ave Ward 6-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2756 Riggs Ave

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of Wm Davis6. DATE OF BIRTH (month, day, year) About 18507. AGE Years 84 Months 2 Days 2 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship builder
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) (State or country) MD13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Mrs Robert A. Brady
(Address) 1400 Eastern Place18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 20 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 193422. I HEREBY CERTIFY. That I attended deceased from April 1, 1934 to April 17, 1934I last saw him alive on April 17, 1934. Death is said to have occurred on the date stated above, at 3:10 PM

The principal cause of death and related causes of importance were as follows:

Gradual failing Heart
& Uremic coma

Date of onset

Other contributory causes of importance:

General debility.
ur semility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Thos H Phillips M. D.(Address) 1939 Edmond St Baltimore

APR 20 1934

Registrar.

F 00607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00607

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. *Union Memorial Hosp 15-01* Ward)

2-FULL NAME

(a) RESIDENCE NO. *2511 Oswego Ave* St.,Ward *X*

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 Color or Race *White* 5 Single, Married, Widowed or Divorced, (write the word) *Single*

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) *June 24, 1932*

7 AGE Years Months Days IF LESS than 1 year
I *3* *25* *4* *###*

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

None

9 BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*

10 NAME OF FATHER *Harold A. Hippensteele Sr.*

11 BIRTHPLACE OF FATHER (city or town) *Lansford*
(State or country) *Penna*

12 MAIDEN NAME OF MOTHER *Betty M. Reimel*

13 BIRTHPLACE OF MOTHER (city or town) *Lansford*
(State or country) *Penna.*

14 Informant *Harold A. Hippensteele Sr.*
(Address) *2511 Oswego Avenue*

15 *201934* *Huntington Williams, M.D.*

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-18-34*

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquiry* (Inquest, autopsy or inquiry.)

hereon and from the evidence obtained by said (inquest, au-

topsy or inquiry) find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH was as follows:
Poisoning from eating
Evazion Tablets
(about 25 tablets) accidental

CONTRIBUTORY
(Secondary)

18 Where was disease contracted
If not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy *yes*

What test confirmed diagnosis?
(Signed) *John H. Monksley* M. D.

4-19-34 (Address) *3637 Roland Ave*

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL *Summitt Hill Cem.*

DATE OF BURIAL

*Lansford, Pa.**4/21/34*

20 UNDERTAKER

ADDRESS

*George J. Puth Sr.**734*

Homier

HEALTH DEPARTMENT—CITY OF BALTIMORE

00608

CERTIFICATE OF DEATH

821000608

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *815 Tissue* St. *17-01* Ward)

2. FULL NAME

length of residence in city or town where death occurred *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Chas H. Homier(a) Residence: No. *815 Tissue* St. *17-01* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>Col</i>	5. Single, Married, Widowed, or Divorced (mark the word)
		<i>Married</i>

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *1873*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>61</i>			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 17 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw h. *living* alive on *19* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows

Cerebral Hemorrhage
sudden

Other contributory causes of importance:

Name of operation *Regular* Date of *19*What test confirmed diagnosis? *there an autopsy?* *no*23. If death was due to external causes (violence) fill in also the following: Date of injury *19*

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *H. L. Smith* M. D.(Address) *Coroner*

PR 20 1934

Huntington, Virginia, VA

HEALTH DEPARTMENT—CITY OF BALTIMORE 00609

00609

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No)

503 W. La Fayette St., 17-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Hodges Sorrell

(a) Residence: No.

503 W La Fayette St., Ward.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of Race Coal 5. Sex, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Robt Sorrell

DATE OF BIRTH (month, day, year)

Nov 28-1884

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

49

4

20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Birth not

12. BIRTHPLACE (city or town) (State or country)

Elliott Hodges

13. NAME

14. BIRTHPLACE (city or town) (State or country)

20

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

20

INFORMANT

(Address)

Lucille Sorrell 503 W La Fayette

BURNIAL, CREMATION, OR REMOVAL

Date 4/22/34

UNDERTAKER

(Address)

Samuel J. Hemphill 578 N. Middle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 18-1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on Aug 19 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Sudden

Other contributory causes of importance:

Name of operation

Date of

What test confirmed the diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

APR 20 1934

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

00610

CERTIFICATE OF DEATH

*131 00610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital St. 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Jeffrey Bell* St. *Chippin Mill Md.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1858*7. AGE Years *76* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cook* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *No Record*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *No Record*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Wm Mc Painter* (Address) *Owings Mills*18. BURIAL, CREMATION, OR REMOVAL Place *St Thomas Em* Date *4/20* 193419. UNDERTAKER *Samuel A. Henry* (Address) *578 N. Biddle St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-17-34* 1922. I HEREBY CERTIFY, That I attended deceased from *3-27-34* 19, to *4-17-34* 19.I last saw him alive on *4-17-34* 19. Death is said to have occurred on the date stated above, at *9:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Myocardial Infarction
Complicated by Arteriosclerosis
Chronic Nephritis*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William J. [Signature]* M. D.(Address) *President Hospital*

PR20 1934

F 00611

F 00611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Beal St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1618 Beal St. St., 24 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race N. 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Widowed (or) WIFE of Cornelius Curran6. DATE OF BIRTH (month, day, year) June 27/627. AGE Years Months Days If LESS than 1 day, hrs. or min. 71 9 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) (State or country) Hagerstown Md.13. NAME H. F. Scott
14. BIRTHPLACE (city or town) (State or country) Pa.15. MAIDEN NAME Elizabeth E. Scott
16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Artida F. Magawick (Address)18. BURIAL, CREMATION, OR REMOVAL London Park Place 4/21 Date 3419. UNDERTAKER J. F. Hagerston (Address) 1318 Beal St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 193422. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to April 18, 1934I last saw him alive on April 18, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage 4/18/34
Arteriosclerosis 17
Valvular Heart Disease ?

Other contributory causes of importance:

Name of operation Stimulant Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1934Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) Sidney H. Shrevel M. D.(Address) 450 E. Fort Ave

R20 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00612

CERTIFICATE OF DEATH

00612

125-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-01 St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 25 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 839 W. Fayette St., 18-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Widowed
(or) WIFE of Joseph Teberis6. DATE OF BIRTH (month, day, year) No. 1887
7. AGE 47 Years - Months - Days - If LESS than 1 day, - hrs. or - min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year) Lithuania12. BIRTHPLACE (city or town) Lithuania
(State or country)13. NAME Anthony Matukaitis
14. BIRTHPLACE (city or town) Lithuania
(State or country)15. MAIDEN NAME Mary Brooks
16. BIRTHPLACE (city or town) Lithuania
(State or country)17. INFORMANT Joseph Teberis
(Address) 839 W. Fayette Street18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 21 193419. UNDERTAKER John Grebliauckas
(Address) 423 S. Paca Street

PR 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-34, 193422. I HEREBY CERTIFY, That I attended deceased from 2-27-34 to 4-18-34, 1934
I last saw h. 2 Y. alive on 4-18-34, 1934. Death is said to have occurred on the date stated above, at 8:00 p. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure due to
Toxemia

Date of onset

Other contributory causes of importance:

1. Pericarditis Abscess to
2. Pericarditis
3. Multiple Abscesses of LiverName of operation None Date of 4-18-34
What test confirmed diagnosis? None Was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury 4-18-34
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None(Signed) Mark E. Gann(Address) 125-002

M. D.

M. 00613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Fairview Ave St. 15 Ward)Length of residence in city or town where death occurred 45 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 3300 Fairview Ave St. 15 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Austria13. NAME Joseph14. BIRTHPLACE (city or town) (State or country) Austria15. MAIDEN NAME Pearl16. BIRTHPLACE (city or town) (State or country) Austria17. INFORMANT Mrs. Susan Offutt (Address) same18. BURIAL, CREMATION, OR REMOVAL Reburied 4/20/3419. UNDERTAKER Jack Lewis Inc. (Address) 1439 E. Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/34 1922. I HEREBY CERTIFY, That ☒ attended deceased from 9/22/31 19 to 4/19/34 19I last saw him alive on 4/19/34 19. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum

Date of onset

1931

Other contributory causes of importance:

Name of operation ColostomyDate of 9/22/31

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Dr. Zimberg(Address) 2520 E. Balto. M.

M. D.

R 20 1934

Dr. E. J. Williams, M.D.

00614
M. D. P. 1208-9

SHIUM

✓ Dr. Tanner
No. 4258P 00614 Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N. Eutaw Place St., 11-01 Ward)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth 19 yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1104 N. Eutaw St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

7. DATE OF BIRTH (month, day, year)

8. AGE Years 60 Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jack Lewis (Address) 1439 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL (Address) 1439 E. Baltimore St. Date 4/20/34, 19

19. UNDERTAKER Jack Lewis (Address) 1439 E. Baltimore St.

20 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to April 19 1934 I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 4:30 AM.

The principal cause of death and related causes of importance were as follows: Atherosclerotic Cardiovascular Disease & Hypertension a) Coronary Thromboses Diabetes Mellitus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Lewis M. D. 4/20/34 (Address) 1439 E. Baltimore St.

M. D. F 00615

F 00615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto city / Bk-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anthony Roman (Jermak) correct name

(a) Residence: No.

629 S. Patterson St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Victoria Roman

6. DATE OF BIRTH (month, day, year) 11/12/1874

7. AGE 59 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lithuania (State or country)

13. NAME Peter Jermak

14. BIRTHPLACE (city or town) Lithuania (State or country)

15. MAIDEN NAME Mathias August

16. BIRTHPLACE (city or town) Lithuania (State or country)

17. INFORMANT

(Address)

Bosp record.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date April 23, 1930

19. UNDERTAKER John M. Weber

(Address)

401 S. Chester St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1934

22. I HEREBY CERTIFY, That attended deceased from

4/15, 1934 to 4/19, 1934

I last saw him alive on 4/19, 1934 Death is said

to have occurred on the date stated above, at 7:45am

The principal cause of death and related causes of importance were as follows:

Injury of at hand from 3 days after other injury.

Other contributory causes of importance:

shingles were septisemia

Name of operation 9:00 of hand Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so,

(Signed) R. B. Bays

(Address) Balto city Bosp.

M. D.

APR 20 1934

00616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00616

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Walters + Caton St.

Ward) 98-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

Jacob Henry Baugher

(a) Residence: No. 4413

Liberty Heights Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dennis B.

6. DATE OF BIRTH (month, day, year) Oct 19, 1866

7. AGE 67 Years 5 Months 29 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Mrs. H. Baugher

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Annie E. Redecker

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. H. G. Marks (Address) Elliott St, Md

18. BURIAL, CREMATION, OR REMOVAL Place and Ridge Date April 20, 1934

19. UNDERTAKER John C. Mitchell Sons (Address) 1202 Calver Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 18, 1934, to April 18, 1934.

I last saw him alive on April 18, 1934. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS
GENERALIZED ARTERIOSCLEROSIS

Date of report 2/26/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify _____

(Signed) _____ M. D.

(Address) St. Agnes Hospital

PR 10 1934

Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 6617

06617

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins & Carlton St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Marie Doris Loane

(a) Residence: No.

131 Parkin St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1923

7. AGE 1 Years 1 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

FATHER

13. NAME

Edward M. Loane

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

MOTHER

15. MAIDEN NAME

Margaret Brannan

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

17. INFORMANT

Mr. Edward M. Loane

(Address)

131 Parkin St.

18. BURIAL, CREMATION, OR REMOVAL

Place London, York, Date 4/21/1934

19. UNDERTAKER

(Address)

The J. Cowan & Son

APR 20 1934

St. Agnes Hospital

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 10, 1934, to April 19, 1934

I last saw h. alive on April 19, 1934. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Bilateral)

Date of onset?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Hematol. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Signed John C. Duncanson M. D.

(Address) St. Agnes Hospital

00618 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00618

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St., 9-01 Ward)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Audrey Eleanor Maxwell

(a) Residence: No.

26 1/2 Annapolis St.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *fe.* 4. Color or Race *wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced
HUSBAND of _____
WIFE of _____

DATE OF BIRTH (month, day, year)

Sept 13th 1929

AGE

4

Years

Months

8

Days

15

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Theodore B Maxwell

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Eleanor Epp

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem

Date Apr 21, 1934

19. UNDERTAKER

John A. Deary

(Address)

715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 17th 1934 to Apr 18th 1934I last saw her alive on Apr 17th 1934 Death is said to have occurred on the date stated above, at 2:42 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia, pneumonia, 4-15-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Autopsy*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) Richard Francis

M. D.

(Address)

Union Memorial Hosp

APR 20 1934

Huntington Williams, Jr.

F 00619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds.

How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME

James W. Reardon

(a) Residence: No.

835 North Luzerne

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of

Dora E. Reardon

6. DATE OF BIRTH (month, day, year)

November 15, 1873

7. AGE

Years

60

Months

5

Days

3

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Said Clothing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Halifax, Nova Scotia

FATHER

13. NAME

James W. Reardon

14. BIRTHPLACE (city or town) (State or country)

Halifax, Nova Scotia

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT (Address)

Mrs. Annie Alexander 418 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore

Date Apr 21, 1934

19. UNDERTAKER (Address)

John J. Henry 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 18, 1934

22. I HEREBY CERTIFY, That

attendee deceased from

April 16, 1934, to April 18, 1934

I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Malignant tumor of colon?
2. Acute ulcerosis
3. Chronic myocarditis

Other contributory causes of importance:

1. Broncho pneumonia terminal

Name of operation appendicectomy Date of 7-11-34

What test confirmed diagnosis? operation there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. M. Alexander

M. D.

(Address)

ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

PR 20 1934

F 00620

00620

Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

115-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1229 Bayard* ST. *21-01* WARD)2-FULL NAME *Thomas Edw. Thomas*

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE. NO. *1229 Bayard* ST. WARD. *X*

(Usual place of abode)

WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *10* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col

5 Single, Married, Widowed, or Divorced (write the word)

married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

*Catherine Thomas*6 DATE OF BIRTH (month, day, and year) *6-17-1888*

7 AGE

45

Years

Months

10

Days

2

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

*Anne Arundel Co., Md*10 NAME OF FATHER *Wm Thomas*

11 BIRTHPLACE OF FATHER (city or town) (State or country)

*see 9*12 MAIDEN NAME OF MOTHER *Margaret Dorsey*

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

see 9

14

Informant (Address)

*Catherine Thomas
1229 Bayard St.*

15

Filed

20 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4-18-34* 19

17 I HEREBY CERTIFY, That I attended deceased from

3-27-34 19 to *4-18-34* 19that I last saw him alive on *11* 19and that death occurred, on the date stated above, at *11 A. M.*

The CAUSE OF DEATH* was as follows:

Acute Follicular Tonsillitis

(duration)

yrs.

mos. *14* ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos. *3* ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed)

F. M. Cardozo

M. D.

42034 (Address) *1524 Ottil Ave.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Mt. Auburn Cemetery April 23, 1934

20 UNDERTAKER

Mrs. Katie R. Williams Schroeder St.

00621 HEALTH DEPARTMENT—CITY OF BALTIMORE 00621

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 W. Lombard St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1209 W. Lombard St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Charles B. Whiteford

DATE OF BIRTH (month, day, year) February 2, 1925

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Washington D.C.

13. NAME

Geo. Harrison

14. BIRTHPLACE (city or town) (State or country)

Washington D.C.

15. MAIDEN NAME

Martha A. Miller

16. BIRTHPLACE (city or town) (State or country)

Washington D.C.

INFORMANT

(Address)

Mr. Alice M. Buch 2015 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

Date 4/21/1934

UNDERTAKER

(Address)

John J. Coward & Co. 901 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on Inquiry 19 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Embolus

Date of onset

Sudden

Other contributory causes of importance:

Tertiary Syphilis

Name of operation

Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify

(Signed)

John L. Valente M. D. Coroner

Address 16 South Broadway

R201934

19

Registrar

F 00622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Clarkson St., 23-01 Ward)Length of residence in city or town where death occurred Unknown (over 50 years) yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1629 Clarkson St., 23-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND or (or) WIFE of Rosa T. GreifzuDATE OF BIRTH (month, day, year) Sept. 28 1849AGE Years 84 Months 6 Days 21 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Unknown (State or country) Germany13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country) GermanyINFORMANT Anna D. Greer (Address) 4700 Hammett Ave.BURIAL, CREMATION, OR REMOVAL Place Odor Hill Cemetery Date April 21, 1934UNDERTAKER Fredrich Beck (Address) 7401 E. Pratt Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1932 to April 19, 1934I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 1:15 P.M. (A.M.)The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease Date of onset 1930Other contributory causes of importance:
Chronic Interstitial Nephritis 1932

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Henry F. Buettner M. D.(Address) 1319 Light St., Balto., Md.

1934

F 00623

F 00623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1739 S. Charles* St. *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *65* yrs. *9* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1739 S. Charles* St., *23-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of *Robert L. Schweitzer* (or) WIFE ofDATE OF BIRTH (month, day, year) *July 17, 1868*AGE Years *65* Months *9* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balt.*
(State or country)13. NAME *John Thomas Turner*14. BIRTHPLACE (city or town) *Balt.*
(State or country)15. MAIDEN NAME *Rebecca Allison*16. BIRTHPLACE (city or town) *Md.*
(State or country)INFORMANT *Mr. Robert L. Schweitzer*(Address) *1739 S. Charles St.*

BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olive*UNDERTAKER *Wm. J. McRae Sons*(Address) *North Pa. Aves.*FILED *Huntington, Williams, N.D.*

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan 6* to *Apr 17*Last saw him alive on *Apr 17* Death is said to have occurred on the date stated above, at *4:20* p.m.

The principal cause of death and related causes of

gastric hemorrhage

Date of injury

4/17/34

Other contributory causes of importance:

Gastric Carcinoma

Date of injury

*11/1/33*Name of operation *divul* Date of *no*What test confirmed diagnosis *divul* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. H. H. H.* M. D.(Address) *1111 Randall St.*

Ed. 00624

F 00624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Brookwood Rd. St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 611 Brookwood Rd. St., 28-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced, name of BUSBAND of Birdie Knapp Jeffery (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1881

7. AGE 52 Years 8 Months 21 Days If LESS than 1 day, 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. meat industry

10. Date deceased last worked at this occupation (month and year) 4/14/34 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) Farmersville (State or country) MD

13. NAME Charles E. Jeffery

14. BIRTHPLACE (city or town) Harford Co. (State or country) MD

15. MAIDEN NAME Mary E. Garton

16. BIRTHPLACE (city or town) Harford Co. (State or country) MD

17. INFORMANT G. Oliver Jeffery (Address) Greenway

18. BURIAL, CREMATION, OR REMOVAL London Park Place Op 21 Date 1934

19. UNDERTAKER Thos J. Lickner & Sons (Address) Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1934 to April 18, 1934

I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 11:45 P. M.

The principal cause of death and related causes of importance were as follows:

arterial hypertension
cerebral hemorrhage
terminal pneumonia

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George F. Knapp M. D.

(Address) 3030 Edmondson

207934

F 00625

F 00625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 2-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 209 S Castle St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam SchulteisDATE OF BIRTH (month, day, year) May 7 1870

AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.62631118

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Maryland

13. NAME

Adolph Sennies14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Anna Mary16. BIRTHPLACE (city or town)
(State or country)Germany

INFORMANT

Mrs. Lena Bowers

(Address)

4 E. Litching St.

BURIAL, CREMATION, OR REMOVAL

Place

Louisa ParkDate Apr. 23 1934

UNDERTAKER

(Address)

E. Leroy Stiffel, Inc.
125 E. North Ave.

FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes Mellitus

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? No Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) W. P. H. M. D. M. D.
(Address) 1315 N. Patterson Park

R201934

00626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Harnden Court Ward 7)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1605 Harnden Court Ward 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Dec. 17, 19317. AGE Years 2 Months 4 Days 1 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME James R. Smith14. BIRTHPLACE (city or town) Harford Co (State or country) Md.15. MAIDEN NAME Bessie M. Hartman16. BIRTHPLACE (city or town) Harford Co (State or country) Md.17. INFORMANT Mrs. Jas. R. Smith(Address) 1605 Harnden Court

18. BURIAL, CREMATION, OR REMOVAL

Place Med. Sch.Date April 20, 1934

19. UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 193422. I HEREBY CERTIFY That I attended deceased from April 12, 1934 to April 18, 1934I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

4/12/34

Other contributory causes of importance:

Broncho Pneumonia 4/16/34Name of operation None Date of _____What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NoSigned Robt. Campbell M. D.(Address) 1644 Harwood St

001934

0325

00628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City 14th 22-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rachel Pulley

(a) Residence: No.

16 W Churchill

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Pulley

6. DATE OF BIRTH (month, day, year)

7. AGE 5-4 ? Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Lambert Chase

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

18. BURIAL, CREMATION, REMOVAL Place 17th St School Date April 20, 1934

19. UNDERTAKER (Address) 139 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934 to April 16, 1934

I last saw her alive on April 16, 1934. Death is said to have occurred on the date stated above, 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Intermittent Hypertension, Angina pectoris, arteriosclerosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) P. Magill

(Address) Baltimore City 14th

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00629

00629

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Anne's Hospital* 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 14. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2754 William St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) *Feb 22nd 1934*8. AGE Years *4* Months *1* Days *26* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*14. NAME *James Brown*15. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*16. MAIDEN NAME *Agnes P. Davis*17. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*18. INFORMANT *James Brown*(Address) *2754 William St*

19. BURIAL, CREMATION, OR REMOVAL

20. PLACED IN CEMETARY *St. Anne's Hospital* Date *4/21/34*21. UNDERTAKER *B. J. Williams*(Address) *1300 E. North Ave*

22. FILED

61334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/18/34*22. I HEREBY CERTIFY, That I attended deceased from *April 15 1934* to *April 18 1934*I last saw him alive on *April 18 1934*. Death is said to have occurred on the date stated above, at *8 P. m.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia*Date of onset *April 15*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James P. Hanahan*(Address) *St. Anne's Hospital*

F 00630

00630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 54-005

1. PLACE OF DEATH

Mary Hospital

Registered No.

CITY OF BALTIMORE: (No.

Calvert St.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Hear

(a) Residence: No.

2730 Bedford Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH

Mar 27th 1907

AGE

Years

Months

22 Days

If LESS than
1 day, hrs.
or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at (his occupation (month and year))

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

13. NAME

William J. Hear

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

15. MAIDEN NAME

Mary E. Lundy

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

17. INFORMANT

(Address)

Hospital Records
Baltimore St. Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 4/21/58

19. UNDERTAKER

(Address)

J. B. Williams & Son
1505 E. Baltimore Ave.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1958

22. I HEREBY CERTIFY. That I attended deceased from

April 17, 1958, to April 18, 1958

I last saw her alive on April 19, 1958 Death is said

to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1) Began growth of
trachea
2) Mechanical asphyxiation

2 years

Other contributory causes of importance:

Name of operation Tracheotomy Date of 4/18/58

What test confirmed diagnosis? Bronchoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00631

00631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wickens & Caton Ave

St. 27-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

George J. Huttenberger

(a) Residence: No. _____

4648 Pimlico Rd. St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

May Lillian Huttenberger

6. DATE OF BIRTH (month, day, year)

March 19, 1898

7. AGE

Years 36

Months 1

Days 1

If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Moving Hauling Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

April 13, 1934

11. Total time (years) spent in this occupation

11 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Francis Huttenberger

14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

15. MAIDEN NAME

Sophia Immore

16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

17. INFORMANT

Mrs. Lillian May Huttenberger

(Address)

4648 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL

Place

Western Cemetery

Date April 23, 1934

19. UNDERTAKER

(Address)

1003 W. Baltimore St.

FILED

1934

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to April 20, 1934

I last saw him alive on April 20, 1934 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Left side)

Date of onset

4/13/34

Other contributory causes of importance:

Name of operation

None

Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

John C. Dunsen, M.D.

(Address)

St. Agnes Hospital

0632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F00632

F 00632

X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *New Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Arlington Md*

(Usual place of abode)

Parkway

Ward. *Balto Co Md*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>in married</i>
-----------------	------------------------------	--

6. If married, widowed, or divorced
HUSBAND of *Emma W. Witter*
(or) WIFE of

DATE OF BIRTH (month, day, year)			
AGE	Years	Months	Days
	<i>52</i>		
			If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Carpenter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *015*

10. Date deceased last worked at this occupation (month and year) *March 14 33*

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Arlington Md*
(State or country)

12. NAME *August W. Witter*

14. BIRTHPLACE (city or town) *Parkway*
(State or country)

15. MAIDEN NAME *Catherine Hunter*

16. BIRTHPLACE (city or town) *Germany*
(State or country)

INFORMANT *Emma Witter*
(Address) *Arlington Md*

BURIAL, CREMATION, OR REMOVAL
Place *Westminster Md* Date *4-20-34*

UNDERTAKER *Frank H. Newell*
(Address) *Pikesville Md*

Wilmington Delaware Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 20*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 20, 1934* to *April 30, 1934*

I last saw him alive on *Apr. 20, 1934* Death is said to have occurred on the date stated above, at *9:20 A. m.*

The principal cause of death and related causes of importance were as follows:

*Coronary Artery Disease
Myocardial Failure*

Date of onset
*1927?
4-19-34*

Other contributory causes of importance:
Generalized Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? *Polio* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John L. Can Meke*, M. D.

(Address) _____

01934

J. M.

00633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4407 Mary Ave. St. 26th Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ann Amanda McGomas Pyle

(a) Residence: No. 4407 Mary Ave. St. 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Charles Wesley Pyle

DATE OF BIRTH (month, day, year) Dec. 24, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	25		

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co.,
(State or country) Maryland

13. NAME Alexander Pyle

14. BIRTHPLACE (city or town) Harford Co.,
(State or country) Maryland

15. MAIDEN NAME Mary Streett

16. BIRTHPLACE (city or town) Harford Co.,
(State or country) MarylandINFORMANT Walter M. Pyle
(Address) 4407 Mary Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. E. Church Cemetery Date April 22, 1934

UNDERTAKER
(Address)Wm. Cook
1217 St. Paul St.
Baltimore, Md.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1934

22. I HEREBY CERTIFY. That I attended deceased from
Apr. 8, 1934, to Apr. 19, 1934

I last saw her alive on April 18, 1934. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary disease

Arterio-sclerosis

(many years duration)

Date of onset

4-8-34

unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Wilkinson

M. D.

(Address)

5713 Belair Rd.

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

00634

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 Huntington Ave Ward 12-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Ida V. Warfield St. Severna Rd Ward. 12-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced

HUSBAND Brunswick P. Warfield
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

July 3rd 1876

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.579168. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Self10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Odenton Md

13. NAME

Charles H. Durham14. BIRTHPLACE (city or town)
(State or country)Balto Md

15. MAIDEN NAME

Alma Gaither16. BIRTHPLACE (city or town)
(State or country)Odenton Md

17. INFORMANT

(Address)

Mrs Blanche Disary
2625 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Friendship U. Ch. Date April 22nd 1934

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 193422. I HEREBY CERTIFY That I attended deceased from April 7th 1934 to April 19th 1934I last saw her alive on April 19th 1934 Death is said
to have occurred on the date stated above, at 10:45 m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Paralysis April 7th

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Cook

(Address)

1117 W. 20th St

11934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00635

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 N. Fulton Ave Ward 5-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1732 N. Fulton Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Annie T. Keirle
(or WIFE of)7. DATE OF BIRTH (month, day, year) May 4 - 18498. AGE Years 84 Months 11 Days 15 If LESS than 1 day, 0 hrs. 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black layer11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Wm T. Keirle14. BIRTHPLACE (city or town) Balto (State or country) md15. MAIDEN NAME Sarah Dr. Goss16. BIRTHPLACE (city or town) Balto (State or country) md17. INFORMANT Annie T. Keirle
(Address) 1732 N. Fulton Ave18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date April 28, 193419. UNDERTAKER John Cook
(Address) 1217 St. Paul St
Huntington Avenue, N.Y.20. REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 193422. I HEREBY CERTIFY, That I attended deceased (from April 15 to April 19)I last saw him alive on April 19. Death is said to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 18

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.(Address) 617 N. Howard

21 1934

0636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Decker & Fair Ave. 1-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *52* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *Decker & Fair Ave.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of *Anna Catherine Heise* WIFE of *Anna Catherine Heise*7. DATE OF BIRTH (month, day, year) *Nov 15th 1843*7. AGE Years *90* Months *5* Days *4* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Baker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*10. Date deceased last worked at this occupation (month and year) *Dec 1914* 11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) *Germany* (State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown* (State or country)17. INFORMANT *Chas. Heise* (Address) *4658 Park Heights Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Western* Date *Apr 21st 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St.*21-1934 *Thurston* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 19th 1934*

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1934 to April 19, 1934

I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at *5⁰⁰ P.m.*

The principal cause of death and related causes of importance were as follows:

*Chronic asthmatic bronchitis*Date of onset *several**ral**Vrs.**ago.*

Other contributory causes of importance:

*Myocardial insufficiency**1 day*Name of operation *Physical signs of death* Date of *No*What test confirmed diagnosis? Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *213 Bronushash*(Signed) *DR. I. B. BRONUSHASH**3037 O'DONNELL ST.*

F 00637

0637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 27-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Baby6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby7. DATE OF BIRTH (month, day, year) Sept 24, 1933
8. AGE Years _____ Months 6 Days 27 If LESS than 1 day, _____ hrs. or _____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md13. NAME Martin Neusker14. BIRTHPLACE (city or town) (State or country) Baltimore Md15. MAIDEN NAME Catherine Juckett16. BIRTHPLACE (city or town) (State or country) Baltimore Md17. INFORMANT Martin Neusker(Address) 15106 Parkwood St.18. BURIAL, CREMATION, OR REMOVAL Holy AdelineDate April 21, 193419. UNDERTAKER Joe J. Stevenson(Address) 15106 Parkwood St.

21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 193422. I HEREBY CERTIFY, That I attended deceased from April 19, 1934 to April 20, 1934I last saw her alive on April 20, 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
BronchopneumoniaDate of onset April 18

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury _____ 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Harry Gachman(Address) St. Gertrude Hospital

M. D.

F 00638

00638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01)

St. 15-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr. Frank Burat

(a) Residence: No. 3437 Monmouth Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Frank Burat

7. DATE OF BIRTH (month, day, year)

Sept. 29, 1852

8. AGE

81

Years

Months

6

Days

21

9. If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

P.O. Dept

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Washington D.C.

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 004

13. BIRTHPLACE (city or town) (State or country)

New Jersey

14. NAME

James Burat

15. BIRTHPLACE (city or town) (State or country)

New York

16. MAIDEN NAME

Maria Corwin

17. BIRTHPLACE (city or town) (State or country)

New York

18. INFORMANT

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place

Mt O Linch

Date

April 23, 1934

20. UNDERTAKER

(Address)

Geo W Little 700 E Diamond St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-5-1934 to 4-20-1934

I last saw him live on 4-20-1934 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy

Date of onset 1927-

Other contributory causes of importance:

Hypertension & Arteriosclerosis

Angina pectoris

Name of operation Prostectomy

What test confirmed diagnosis Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Hanger M.D. Md. Gen. Hospital

(Address)

FILED

1934

19

Registrar.

00639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00639

159

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

22 N. Chapel

ST.

WARD)

2. FULL NAME

Baby

Kraus

(a) RESIDENCE NO.

(Usual place of abode)

22 N. Chapel

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Apr. 18 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
2			17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

10 NAME OF FATHER Joseph Pancratius Kraus

11 BIRTHPLACE OF FATHER (city or town) Balt.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Finizaga

13 BIRTHPLACE OF MOTHER (city or town) Balt.
(State or country) Md.

14 Informant Brother
(Address) 22 N. Chapel St

21 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 34

17 I HEREBY CERTIFY, That I attended deceased from Birth Apr. 18, 19 34, to Apr 20, 19 34 that I last saw her alive on Apr. 20, 19 34 and that death occurred, on the date stated above, at 1st P. M.

The CAUSE OF DEATH* was as follows:

Immature Birth—
(6 $\frac{1}{2}$ to 7 mo.)

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George D. Lippert M. D.

19 (Address) 432 S. Patterson Park Dr.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Redeemer

DATE OF BURIAL

4/21/34

20 UNDERTAKER

George J. Ruth One

ADDRESS

125 N. Ave.

00640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00640

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1115* St. *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *6* yrs. *10* mos. *10* ds. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* ds.

2. FULL NAME

(a) Residence: No. *1115* St. *17-01* Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>M.</i>	4. Color or Race <i>R.</i>	5. Single, Married, Widowed or Divorced (write the word) <i>Married</i>
---------------------	-------------------------------	--

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of <i>William H. Gosh</i>
--

7. DATE OF BIRTH (month, day, year) <i>1883-</i>	8. AGE Years <i>61-</i> Months <i>11</i> Days <i>10</i>	9. If LESS than 1 day, hrs. or min.
---	--	-------------------------------------

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	11. Total time (years) spent in this occupation <i>37</i>
--	--

12. BIRTHPLACE (city or town) (State or country) *Beth, Pa.*13. NAME *John V. Gosh*14. BIRTHPLACE (city or town) (State or country) *Pa.*15. MAIDEN NAME *Elizabeth Gosh*16. BIRTHPLACE (city or town) (State or country) *MA*17. INFORMANT (Address) *1115 St. 17-01*18. BURIAL, CREMATION, OR REMOVAL *1115 St. 17-01*19. UNDERTAKER (Address) *Samuel T. Humphrey*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/18/34*22. I HEREBY CERTIFY, That I attended deceased from *4/17/34* to *4/18/34*. I last saw him live on *4/18/34*. Death is said to have occurred on the date stated above, at *350* H.The principal cause of death and related causes of importance were as follows:
*Chronic Nephritis*Other contributory causes of importance:
*Chronic Nephritis*Name of operation *None* Date of *None*What test confirmed *None* there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *None*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Samuel T. Humphrey* M. D.(Address) *1115 St. 17-01*

F 00641

HEALTH DEPARTMENT—CITY OF BALTIMORE

00641

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Sydenham Hospital 76-01

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Baby

DATE OF BIRTH (month, day, year)

AGE

Years 3

Months

Days 18

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 6, 1934, to April 20, 1934

I last saw him alive on April 20, 1934. Death is said

to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Measles
Pneumonia
Bacterial (Meningitis)

Date of onset

April 2

April 2

April 2

Other contributory causes of importance:

Name of operation

Date of operation

What test confirmed diagnosis? Smear Was there an autopsy? No23. If death was due to external causes (violence) or in also the following: Accident, suicide, or homicide: No Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Answer If so, specify

(Signed)

(Address)

1934

00642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00642

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Belt St.

St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Johnson

(a) Residence: No. 1803 Belt St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 9 1934

8. AGE Years 3 Months 11 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Balto. Md. (State or country)

14. NAME Henry Johnson

15. BIRTHPLACE (city or town) Md. (State or country)

16. MAIDEN NAME Mary K. Chase

17. BIRTHPLACE (city or town) Brunswick Md. (State or country)

18. INFORMANT Mr. Chase (Address) 1803 Belt St

19. BURIAL, CREMATION, OR REMOVAL

Place Brunswick Md. Date Apr. 22, 1934

20. UNDERTAKER I. New M. Gully (Address) 130 E. Fort.

1 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to April 20, 1934

I last saw him alive on April 19, 1934 Death is said to have occurred on the date stated above, at 6:4 m.

The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis

Date of onset

Other contributory causes of importance:

Cardiac Dilatation

Name of operation

Date of

What test confirmed diagnosis? Clinician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00643

0643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1615 Park av* St., *14-11* Ward)Length of residence in city or town where death occurred *50* yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1615 Park av* St., *14-11* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
----------------------	----------------------------------	--

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) <i>Oct 30 1949</i>			
AGE	Years	Months	Days
<i>84</i>	<i>5</i>	<i>21</i>	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

16. BURIAL, CREMATION, OR REMOVAL

Place *Our Lady's Park*Date *April 23 1934*

9. UNDERTAKER

(Address)

1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 21 1934*22. I HEREBY CERTIFY. That I attended deceased from *April 16 1934* to *April 21 1934*I last saw her alive on *April 20 1934* Death is said to have occurred on the date stated above, at *3:04* m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

April 16 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. F. Robinson M. D.
Medical Arts Building

0644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Trident Hospital* St. *22-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *215 W. Hill*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND of *Gertie Swain*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Delaware*
(State or country)13. NAME *No Record*14. BIRTHPLACE (city or town) *No Record*
(State or country)15. MAIDEN NAME *No Record*16. BIRTHPLACE (city or town) *No Record*
(State or country)7. INFORMANT *Gertie Swain*(Address) *215 W. Hill St.*

8. BURIAL, CREMATION, OR REMOVAL

Place *National Cemetery*Date *4/23*19*34*9. UNDERTAKER *Walter B. Spang*(Address) *139 W. Hill*

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-19-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *4-17-34*, 19, to *4-19-34*, 19I last saw him alive on *4-19-34*, 19. Death is said to have occurred on the date stated above, at *12:30* a. m.

The principal cause of death and related causes of importance were as follows:

Tubercular Pneumonia

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00645

F 00645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Williams & Caton Ave.

St.,

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Anna Powell

(a) Residence: No. _____

St. Agnes Hospital

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year)

Feb. 13, 1876

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

St. Agnes Hosp.

10. Date deceased last worked at this occupation (month and year)

Total time (years) _____ spent in this occupation _____

2. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____ (State or country) _____

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

9. UNDERTAKER

(Address)

10. FILED

PR 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1934 to April 20, 1934

I last saw him alive on April 20, 1934. Death is said to have occurred on the date stated above, at 5:22 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Glaucoma, Suppurative Cholecystitis & Cholelithiasis

Date of onset

2/1/34

2/3/34

Other contributory causes of importance:

Adherent Pericarditis, Suppurative Cholecystitis & Cholelithiasis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Daniel S. Shaughey, M.D.
St. Agnes Hospital

00646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward) 27-01

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Caroline Perot(a) Residence: No. 4804 Park Heights Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

Husband of
(or) WIFE of Arthur PerotDATE OF BIRTH (month, day, year) December 9, 1874AGE Years Months Days If LESS than 1 day. hrs. or min.
59 4 116. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 03710. Date deceased last worked at this occupation (month and year) April 5, 1934 11. Total time (years) spent in this occupation 402. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME William Robertson14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Amanda Freeman16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland7. INFORMANT Patent
(Address) 4804 Park Heights Ave

8. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 23, 19349. UNDERTAKER Robert H. Carey
(Address) 440 E. North Ave10. FILED 1934 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 193422. I HEREBY CERTIFY, That I attended deceased from April 9, 1934 to April 20, 1934.I last saw h.c. alive on April 20, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhageDate of onset
4/22/34

Other contributory causes of importance:

Arterial hypertensionArteriosclerosisName of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

N.O. If so, specify

(Signed) Charles H. Jordan M. D.(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00647

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Haven St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Maerschel(a) Residence: No. 118 S. Haven St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Elizabeth Maerschel
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan 19 1875AGE 59 Years 59 Months 3 Days 086 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME Henry Maerschel14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Elizabeth Lauterbach16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Elizabeth Maerschel
(Address) 118 S. Haven St

BURIAL, CREMATION, OR REMOVAL

Place Park Lawn Cem Date Apr 23 1934UNDERTAKER John Ullrich
(Address) 2008 CalvertonRegistrar. John Ullrich

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1934

22. I HEREBY CERTIFY. That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Arterio sclerosis

Name of operation

Date of

What test confirmed diagnosis? Next Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. K. H. M. D. M. D.
(Address) 1305 N. Patterson Rd

1934

00648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Balto. Genl. Hosp.*)Length of residence in city or town where death occurred *17* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

FULL NAME

John Wesley Hulschart Sr.

(a) Residence: No.

3026 Brighton St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Mary Hulschart*
WIFE of

DATE OF BIRTH (month, day, year)

Aug 22nd 1864

AGE

Years

Months

Days

If LESS than
1 day, *0* hrs.
or *0* min.*69**7**28*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Asst. Foreman
Packing Dept.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Med. Biscuit Co.

8. Date deceased last worked at this occupation (month and year)

*Aug 1934*11. Total time (years) spent in this occupation *15*BIRTHPLACE (city or town)
(State or country)*Morrisville
Howard Co. Md.*

13. NAME

*George W. Hulschart*14. BIRTHPLACE (city or town)
(State or country)*Pa*

15. MAIDEN NAME

*Mary Chamwell*16. BIRTHPLACE (city or town)
(State or country)*Md.*

INFORMANT

Mary Hulschart (wife)

(Address)

3026 Brighton St.

BURIAL, CREMATION, OR REMOVAL

Morrisville Md. April 22nd 1934

UNDERTAKER

William Cook

(Address)

1219 St. Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on *19th 1934* Death is saidto have occurred on the date stated above, at *8:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Myocarditis
Sudden*

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *1934*What test confirmed diagnosis? *There an aut.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

APR 21 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00649

CERTIFICATE OF DEATH

174 F 00649

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital) St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Leon Sennay

(a) Residence: No. 108 N. Central Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1908

AGE Years 26 Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Tolchester, Md.

13. NAME

Richard Sennay

14. BIRTHPLACE (city or town) (State or country)

Tolchester, Md.

15. MAIDEN NAME

Mattie Hitchens

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT Father (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Apr. 21, 1934

UNDERTAKER (Address)

Edward Bryan 1631 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16/34

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound of neck

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide of injury Apr 15/34 Baltimore, Md.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed with knife

Nature of injury cutting rt facial artery

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FILED

APR 21 1934

00650 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 University Pkwy. St., 12-01 Ward)Length of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 72 yrs. 0 mos. 25 ds.

2. FULL NAME

(a) Residence: No. 603 University Pkwy. St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of M. Agnus D. Moore
(or) WIFE ofDATE OF BIRTH (month, day, year) March 26 1862AGE Years 72 Months 0 Days 25 If LESS than 1 day, hrs. 24 or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Representative9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doshi Co. of N.Y.10. Date deceased last worked at this occupation (month, day, year) Feb 1934 11. Total time (years, months, days) spent in this occupation 50 yrs12. BIRTHPLACE (city or town, State or country) Leonardtown Maryland13. NAME Andrew J. Moore14. BIRTHPLACE (city or town, State or country) Leonardtown Maryland15. MAIDEN NAME Mary Herbert16. BIRTHPLACE (city or town, State or country) Leonardtown Maryland17. INFORMANT Mrs. M. Agnus D. Moore
(Address) 603 University Pkwy.18. BURIAL, CREMATION, OR REMOVAL
Place New York Date Apr 23 193419. UNDERTAKER Hewitt M. M. M. Company
(Address) 108 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20 193422. I HEREBY CERTIFY, That I attended deceased from 2/15 1934 to 4/20 1934I last saw him alive on 4/20 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Recent arteriosclerosis
Chronic nephritis + chronic
hypertension

Other contributory causes of importance:

Chronic Pyelitisacute Coronary thrombosisName of operation Prostatectomy Date of 4/12What test confirmed diagnosis? Ray Ex. Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) John T. Moore M. D.
(Address) 804 Cathedral St.

PR 21 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00651

CERTIFICATE OF DEATH

F 00651

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Lennox St., 13-01 Ward)Registered No. 82-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 73 yrs. 10 mos. 6 ds.

2. FULL NAME

Irwin Francis Mather(a) Residence: No. 708 Lennox St., 13-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND or (or) WIFE of Susan A MatherDATE OF BIRTH (month, day, year) June 13/1860AGE Years 73 Months 10 Days 6 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Educator10. Date deceased last worked at this occupation (month and year) about 192811. Total time (years) spent in this occupation 40 yrs12. BIRTHPLACE (city or town) (State or country) Gallipolis Ohio13. NAME Francis Mather14. BIRTHPLACE (city or town) (State or country) Parkersburg W. Va.15. MAIDEN NAME Edaline C. Bell16. BIRTHPLACE (city or town) (State or country) Sp. Va.INFORMANT Mrs. Susan A. Mather (wife)(Address) 708 Lennox St.

17. BURIAL, CREMATION, OR REMOVAL

Place Frederick Date April 21/3418. UNDERTAKER Stewart M. Mann Co(Address) 411 W. North Ave.FILED 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 193422. I HEREBY CERTIFY. That I attended deceased from March 5, 1934, to April 18, 1934I last saw him alive on April 18, 1934 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Arteriosclerosis
HypertensionDate of onset 3/5/34

Other contributory causes of importance:

Prostatic hypertrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) Arthur J. Smith(Address) 724 W. North Ave

M. D.

00652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12-W-202* -St., *Hotel*

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth *60* yrs. *0* mos. *0* ds.

2. FULL NAME

Henry Wilhelm Edel(a) Residence: No. *2032 W. Lenox*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Mrs. Johanna Lang Edel*DATE OF BIRTH (month, day, year) *February 23, 1859*AGE Years *75* Months *1* Days *27* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe-maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Gorsuch & Sons*10. Date deceased last worked at this occupation (month and year) *April 20, 1934* 11. Total time (years) spent in this occupation *20 yrs*BIRTHPLACE (city or town) (State or country) *Leibnau Germany*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *? ? Germany*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *? ? Germany*INFORMANT *Mrs. Johanna L. Edel (wife)* (Address) *603 Sennard Street*BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *Apr/23/34*UNDERTAKER *Stewart Monn Co.* (Address) *1000 N. Holladay*

PR 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-20-23*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, specify *John J. Morison* M. D. (Address) *363 W. Roland*

Schaeffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

00653

CERTIFICATE OF DEATH

00653

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3053 Brighton St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	74	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 4, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from 4-10, 1934, to 4-19, 1934.

I last saw deceased alive on 4-19, 1934. Death is said to have occurred on the date stated above, at 7:05 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Bronchio Pneumonia
Cardiac Insufficiency
Pulmonary Edema

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Gustav Hightower

(Address)

Sinai Hospital

M. D.

21 1934

Registrar.

0654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1629 N. Hilton* St., *16-01* Ward)

Month of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Baby Edward Jones*(a) Residence: No. *1629 N. Hilton* Street, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *June 14, 1933*AGE Years Months Days If LESS than 1 day, hrs. or min.
10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Edw. Jones*14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*15. MAIDEN NAME *Marguerite Heimollar*16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*INFORMANT *Mr. Bennett*
(Address) *1629 N. Hilton St.*

BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Apr. 21, 1934*

UNDERTAKER

(Address) *Wm. J. Tucker & Son*1934 *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 20, 1934* to *April 20, 1934*I last saw him alive on *April 20, 1934* Death is said to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Enlarged Thyroid.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

N. E. Skrote M. D.
(Address) *2347 - W. North Avenue*

10655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00655

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St., 17-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Tenniswood

(a) Residence: No. 923 Fremont ave.

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of Henrietta (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 22, 1875

AGE Years Months Days If LESS than 1 day, hrs. or min. 59 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME William Tenniswood

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Alice Miller

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date April 21, 1934

19. UNDERTAKER

(Address)

1934

0328

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 16, 1934.

I last saw him alive on April 16, 1934, Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

8 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Christopher C. Shaw, M. D. Baltimore City Hospitals (Address)

00656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00656

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospitals* 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1543 Orleans* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
--------------------	------------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

?

7. DATE OF BIRTH (month, day, year)

Oct - 8, 1857

8. AGE

76

Years

Months

Days

If LESS than
1 day, hrs.
or min.*11*

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

Wame? Co. N. C.

14. NAME

Arthur Stevens

15. BIRTHPLACE (city or town) (State or country)

N. C.

16. MAIDEN NAME

Rachael Evans

17. BIRTHPLACE (city or town) (State or country)

N. C.

18. INFORMANT (Address)

*Records
Balt. City Hosp.*

19. BURIAL, CREMATION, OR REMOVAL

Place *Med College* Date *April 21, 1934*

20. UNDERTAKER (Address)

*Wm. H. H. H. H. H.*21. 1934 *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1934, to April 19, 1934*I last saw him alive on *April 19, 1934* Death is said to have occurred on the date stated above, at *6:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Atherosclerosis
Hemiplegia due to old cerebral hemorrhage

Date of onset

*2 days**3 yrs?*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

*Phogel
Balt City Hosp.*

M. D.

0329

F 00657

00657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6700 Bessemer Ave. St. No. 91 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 6700 Bessemer Ave. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Gertrude Kapp (or) WIFE of7. DATE OF BIRTH (month, day, year) Dec 8, 19188. AGE Years 25 Months 4 Days 14 If LESS than 1 day, ____ hrs. or ____ min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 02310. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loyd J. Smith

11. Date deceased last worked at this occupation (month and year) _____ 12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) Baltimore (State or country)14. NAME Clarence R. Kapp15. BIRTHPLACE (city or town) Baltimore (State or country)16. MAIDEN NAME Mary E. Bryan17. BIRTHPLACE (city or town) Baltimore (State or country)18. INFORMANT Clarence R. Kapp (Address) 6700 Bessemer Ave.19. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date Apr 21, 193420. UNDERTAKER Philip Henry Sons (Address) 2016 Park Ave. S.E.21. 1934 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 193422. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933 to April 18, 1934I last saw him alive on April 7, 1934 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

4-5-33

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) _____

(Address) _____

AW Rier

M. D.

Durandale, Md.

0658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *717 W Baltimore* Ward *4-01*)

2. FULL NAME

(a) Residence: No. *717 W Baltimore*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced HUSBAND of (or) WIFE of *?*DATE OF BIRTH (month, day, year) *1864*AGE *70* Years *69* Months Days If LESS than 1 day, *1864* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Many land*12. NAME *Adam Cepis*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Hanigunda Hanferrind*16. BIRTHPLACE (city or town) (State or country) *Germany*INFORMANT *Mrs Catherine Cepis*(Address) *117 W Baltimore*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer*UNDERTAKER *George A. Taylor*(Address) *1205 W. Taylor*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 19* 193422. I HEREBY CERTIFY, That I attended deceased from *Jan. 16* 1926, to *April 19* 1934I last saw her alive on *April 19* 1934 Death is said to have occurred on the date stated above, at *6:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Cardiac dilatation
Chronic myocarditis
*Interstitial nephritis*Date of onset *4-15-24**ca 1-16-26**ca 1-16-26*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Howard Cepis*(Address) *1205 W. Taylor* M. D.

B 00659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *49-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

George Smith
218 S. Gilmore

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

1886

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

48

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Shop Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mt. Clair Shops
B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME James Smith

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

15. MAIDEN NAME Emma Galloway

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

INFORMANT Mrs. Ada Price
(Address) 218 S. Gilmore St.BURIAL, CREMATION, OR REMOVAL
Goudon Park Cem.

April 21, 1934

HENRY SANDER & SONS, INC.

UNDERTAKER
(Address)

Baltimore St. & Broadway.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1934 to 4-19-1934

I last saw him alive on 4-19-1934. Death is said to have occurred on the date stated above, at 11:36 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Chas Taylor
University Hosp.

M. D.

F/ 00660

0660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

610 S. Polomac St.

St. 1-01 Ward)

CITY OF BALTIMORE: (No.

2. FULL NAME

Annie Catherine Granling

(a) Residence: No.

610 S. Polomac St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND OF Frederick Granling
(or) WIFE OF

DATE OF BIRTH (month, day, year)

AGE

67

Years

Months

5

Days

23

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 44 yrs.BIRTHPLACE (city or town)
(State or country)

Baltimore

13. NAME

Wm. Gunk

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Elizabeth Gunk

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT
(Address)Wm. Granling
1601 E. 31st St.

BURIAL, CREMATION, OR REMOVAL

Place

St. Trinity Cem

Date

Apr. 24 1934

HENRY SANDER & SONS, INC.
UNDERTAKER

(Address)

Baltimore St. & Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1933, to April 21, 1934
I last saw him alive on April 20, 1934. Death is said
to have occurred on the date stated above, at 3:00 p. m.The principal cause of death and related causes of
importance were as follows:

myocardial insufficiency

Date of onset

4/15/34

Other contributory causes of importance:

atrophic sclerosing carcinoma of
left breast. cachexia
metastatic carcinoma
chronic myocarditis

1927

Name of operation

What test confirmed diagnosis? physical findings

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify.

(Signed)

L. C. Tobin

M. D.

(Address)

447 N. Kenwood Ave.

21-1934

D. 1266
F 00661

F 00661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Memorial Hospital
East Thirty-third St. 17-01 (Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

4. Color or Race

W

5. Single, Married, Widowed,
or Divorced (write the word)

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Dec 18, 1908

AGE

Years
25Months
4Days
3If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Day laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

2/34

11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Maryland

12. NAME

Harry Fendley

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Lannah Bowers

16. BIRTHPLACE (city or town)
(State or country)

Maryland

INFORMANT

(Address) Harry Fendley (brother)

BURIAL, CREMATION, OR REMOVAL

Place

Texas, Md

Date Apr. 24, 1934

UNDERTAKER

(Address)

Wm. C. Bowers & Son
Baltimore, Md

22 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 20, 1934, to

April 21, 1934

I last saw him alive on April 21, 1934. Death is said
to have occurred on the date stated above, at 5:00 P. M.The principal cause of death and related causes of
importance were as follows:

Diabetes mellitus

Diabetic coma

Septicemia

Date of onset

?

Apr. 20thApr. 20th

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hospital

M. D. 11-00662

F 00662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hap* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. *2 S. Frederick* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married (by)*6a. If married, widowed, or divorced
HUSBAND of *Lula* (Sep)
(or) WIFE of7. DATE OF BIRTH (month, day, year) *Jan. 28 1893*8. AGE Years *41* Months *2* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *acid maker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *osb*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *South Carolina*
(State or country)13. NAME *Barry Neal*14. BIRTHPLACE (city or town) *S. C.*
(State or country)15. MAIDEN NAME *Lula Garvin*16. BIRTHPLACE (city or town) *S. C.*
(State or country)17. INFORMANT *Records*
(Address) *Balt City Hap*18. BURIAL, CREMATION, OR REMOVAL
Place *Greenville S C* Date *April 22 1934*19. UNDERTAKER *Joseph A. Lively*
(Address) *409 N. Mount Street*20. FILED *19* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 19 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 12 1934* to *April 19 1934*I last saw him alive on *April 18 1934*. Death is said to have occurred on the date stated above, at *2:35* am.

The principal cause of death and related causes of importance were as follows:

Aneurysm of Aorta (thoracic) rupture with bronchus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *P. Majors* M. D.(Address) *Balt City Hap*

R 22 1934

00663

F 00663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* - 01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *4104 Parkwood Ave* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) *Dec. 10, 1927*
AGE Years *6* Months *4* Days *11* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town), *Baltimore* (State or country)

13. NAME *Martin A. Nueslein*

14. BIRTHPLACE (city or town), *Baltimore* (State or country)

15. MAIDEN NAME *Catherine Buckert*

16. BIRTHPLACE (city or town), *Baltimore* (State or country)

INFORMANT *Martin A. Nueslein*
(Address) *4104 Parkwood Ave*

BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *April 23, 1934*

UNDERTAKER *Dr. J. A. Nueslein*
(Address) *156 E. Lexington Ave.*

221934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Apr. 14, 1934* to *Apr. 21, 1934*

I last saw him alive on *Apr. 21, 1934* Death is said to have occurred on the date stated above, at *9:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Measles Date of onset *4/7*

Other contributory causes of importance:

Bilateral Bronchopneumonia *4/13*

Name of operation *None* Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *Thyron G. Jell* M. D.
(Address) *Sydenham Hospital*

00664 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William B. Lewis

(a) Residence: No. 3120 Brentwood

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 13/1905

AGE Years 28 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME George Lewis

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Ellen Boston

16. BIRTHPLACE (city or town) Md
(State or country)INFORMANT Elizabeth Lewis
(Address) 3120 Brentwood

BURIAL, CREMATION, OR REMOVAL

Place, Calvary Date 4/23/34

UNDERTAKER
(Address)

R 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Ap 4 20/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 12.20 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Odema

Acute Atrophy of liver

Date of onset

Other contributory causes of importance:

Recent Arsphenimine intra venous treatment following positive Wasserman

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 00665

F 00665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Wilson St. 14-01 Ward)Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 402 Wilson St., 14-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race Caucasian 2. Single, Married, Widowed, or Divorced SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 58 Years 9 Months 10 Days If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 402 Wilson St.

BURIAL, CREMATION, OR REMOVAL

Date 4/23/34

UNDERTAKER

(Address) 818 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 193422. I HEREBY CERTIFY, That I attended deceased from April 16th 1934 to April 19th 1934I last saw him alive on April 17th 1934. Death is said to have occurred on the date stated above, at 4:05 m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia Date of onset April 1

Other contributory causes of importance:

Acute Bronchitis 4/1/34Name of operation none Date of noneWhat test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If specify Harry F. Brown M. D.(Signed) Harry F. Brown (Address) 1916 Penna Ave.

221934

Huntington Williams, M.D.

D. E. F-00666

F 00666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 N. Mount St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 1104 N. Mount St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, give name of HUSBAND or (or) WIFE of Benjamin Roy

DATE OF BIRTH (month, day, year) Aug 1-1871 AGE Years 62 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country) Essex Co. Md.

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

INFORMANT Sarah Queen (Address) 1030 Cranley Ave

BURIAL, CREMATION, OR REMOVAL Place Date

UNDERTAKER (Address)

FILED 21934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1934 to Apr 20 1934

I last saw her alive on April 20 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Coronaries of Spleen a probable metastatic cancer of liver

Other contributory causes of importance Gastro-Enteritis

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signal) Bernard P. French M. D.

(Address) 2319 Arundel Ave

M. D. B. 12-40

00667

F 00667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Baltimore City Hospital 17-C (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1304

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed6. If married, widowed, or divorced HUSBAND of Ramme (dead) (or) WIFE of7. DATE OF BIRTH (month, day, year) May 9, 18668. AGE Years 67 Months 11 Days 10 If LESS than 1 day, 0 hrs. 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME James Byrd14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Sallie16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT (Address) Records Bald City Hosp.18. BURIAL, CREMATION, OR REMOVAL Place Interment Date 4-22-3419. UNDERTAKER (Address) Geo. A. Gibson 1735-1741 Hillman

22 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 193422. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to April 19, 1934I last saw him alive on April 19, 1934 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Myocardial Insufficiency
to congestive failureDate of onset 4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

M. D. R. 1268-9

F 00668

F 00668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Map St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

1108 S. Lakeview Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
--------------------	----------------------------------	---

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEunna

DATE OF BIRTH (month, day, year)

June 12, 1885

AGE

48

Years

10

Months

14

Days

If LESS than

1 day, 2 hrs.

or min.

8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Henry Luckhardt

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Katherine F. Schmidt

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Records
Balt. City Map

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Co. Date April 23, 1934

19. UNDERTAKER

(Address)

Wm. L. Miller & Son
8334 Jefferson St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 193422. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to April 19, 1934I last saw him alive on April 19, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis 1 mo?

Septic Stenosis & Intestinal Stenosis & myocardium (Rheumatic)?

Other contributory causes of importance:

Date of onset

1 mo?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

1 P. Magill
Balt City Map

M. D.

F 00669

F 00669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *45-01* Ward)Length of residence in city or town where death occurred *57* yrs. *10* mos. *10* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *102 S. Bouldin* St., *45-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *?*DATE OF BIRTH (month, day, year) *July 27, ?*AGE *67* Years *8* Months *22* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *?*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *?*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Records*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Broad Heath* Date *April 23, 1934*19. UNDERTAKER *Mrs. E. Walker*(Address) *2334 Jefferson St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 19, 1934*22. I HEREBY CERTIFY. That I attended deceased from *June 26, 1933* to *April 19, 1934*I last saw him alive on *April 19, 1934* Death is said to have occurred on the date stated above, at *3:15* p.m.

The principal cause of death and related causes of importance were as follows:

*Myocardial insufficiency
& congestive failure
Atherosclerosis
Bronchial Asthma*

Date of onset

8 mo

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Phonil*(Address) *Balt City Hosp*

M. D.

APR 22 1934

Antington

F 00670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00670

93-003

Registered No.

1. PLACE OF DEATH

1059 Guyman St. (formerly 2233 N. E. Ave.)
CITY OF BALTIMORE (No. 10)(If death occurred in
hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1705 Guyman St. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amy R. Dehrend

DATE OF BIRTH (month, day, year) Oct 6/1883

AGE 51 Years 6 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, e.g., carpenter, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Aaron Dehrend

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Cohen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. Sydney Humphrey

(Address) 1705 Guyman St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER J. J. Dehrend

(Address) 1705 Guyman St.

20. FILED 22-1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to April 21, 1934

I last saw him alive on April 21, 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction
after a long illness

Date of onset

to

Other contributory causes of importance:
Coronary embolism

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur G. Gosh

(Address) 107 Guyman St., Balt.

M. D.

00671

F 00671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH _____

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Mary A. Baake(a) Residence: No. 3127 Baker Street St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Herman W. Baake
(or) WIFE of _____DATE OF BIRTH (month, day, year) July 26, 1877AGE Years 56 Months 8 Days 1324 If LESS than 1 day, hrs. _____ or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Bald, Md
(State or country) _____13. NAME William H. Leisure14. BIRTHPLACE (city or town) Md
(State or country) _____15. MAIDEN NAME Susan Spurrier16. BIRTHPLACE (city or town) Md
(State or country) _____INFORMANT Herman W. Baake
(Address) 3127 Baker StBURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr 23, 1934UNDERTAKER Mrs. John W. Tuck
(Address) 801 W. ...FILED 221334 8/1/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/34, 19 _____22. I HEREBY CERTIFY, That I attended deceased from 4/8/34, 19 _____, to 4/19/34, 19 _____I last saw her alive on 4/19/34, 19 _____ death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

4/12/34

Other contributory causes of importance:

Cardiac Failure4/12/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Ray A. Curry

M. D.

(Address) 400 N. Payson St

F 00672

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00672

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. de. How long in U.S. If of foreign birth? yrs. mos. de.

FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4 Color or Race _____ 5 Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____
(State or country) _____

13. NAME

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country) _____

INFORMANT

(Address) _____

BURIAL, CREMATION, OR REMOVAL

Place _____ Date April 22, 1934

UNDERTAKER

(Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

Apr. 16, 1934 to Apr. 20, 1934

I last saw him alive on Apr. 20, 1934 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____

(Address) _____

FILED

122 133

Baltimore, Md.

April 22, 1934

F 00673

F 00673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE

2919 Walbrook St., 15-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John H. Wimpsett

(a) Residence:

2919 Walbrook

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color of Race: White 2. Single, Married, Widowed, or Divorced: Married

3. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of: Mary Wimpsett

4. DATE OF BIRTH (month, day, year): Aug 1-1882

5. AGE: 51 Years 8 Months 9 Days If LESS than 1 day, hrs. min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 609

8. Date deceased last worked at this occupation (month and year):

9. BIRTHPLACE (city or town) (State or country): Baltimore

10. NAME: John H. Wimpsett

11. BIRTHPLACE (city or town) (State or country): Baltimore

12. MAIDEN NAME: Elizabeth Keyman

13. BIRTHPLACE (city or town) (State or country): Baltimore

14. INFORMANT: John H. Wimpsett

15. BURIAL, CREMATION, OR DISPOSAL: Buried in Greenview April 23, 1934

16. UNDERTAKER: J. J. Cowan & Son

17. (Address): 901 Hollins St.

21. DATE OF DEATH (month, day, year): Apr 20, 1934

22. I HEREBY CERTIFY That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Sudden

Other contributory causes of importance:

Name of operation: Regular

What test confirmed diagnosis: No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed): J. J. Cowan

(Address):

M. D.

F 00674

D. B. 122-001

F 00674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinner Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Meyer Schwartzman 3412 Woodbrook Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Annie
(or) WIFE ofDATE OF BIRTH (month, day, year) 4-21-1934AGE Years 57 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66BIRTHPLACE (city or town) (State or country) Russia13. NAME Louis14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Dora16. BIRTHPLACE (city or town) (State or country) RussiaINFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

By Religious Society Date 4/24/34 19UNDERTAKER 1439 E. Pratt St.
(Address)

FILED

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21-193422. I HEREBY CERTIFY, That I attended deceased from 4-16-1934 to 4-21-1934I last saw him alive on 4-21-1934 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
Myocarditis
? Infection

Date of onset

4-21-344-20-34

Other contributory causes of importance:

Name of operation Blat. Hemorrhage Date of 4-17-34What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mark E. Hann M. D.(Address) Sinner Hospital

M. D. B. 100-00675

F 00675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S. Albemarle St. 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 245 S. Albemarle St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

April 16, 1934, to April 19, 1934

I last saw him alive on April 19, 1934. Death is said
to have occurred on the date stated above, at 6:30 A.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

APR 22 1934

Registrar

F 00676

F 00676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home and Infirmary.

CITY OF BALTIMORE: (No.)

St. 6-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Anna P. Holden

(a) Residence: No. Church Home and Infirmary St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27, 1846

AGE 87 Years 5 Months 24 Days 33 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Mr. E. P. Holden

14. BIRTHPLACE (city or town) Mass. (State or country)

15. MAIDEN NAME Elizabeth I. James

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Church Home Records. (Address)

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal Date Apr 27, 1934

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 20, 1933, to April 20, 1934

I last saw her alive on April 20, 1934 Death is said

to have occurred on the date stated above, at 3:35 Am.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Cystitis, Arteriosclerosis, Hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Delany, M. D.

(Address) Church Home & Inf

F 00677

F 00677

93003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Foster St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred 78 yrs. 5 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mary Catherine North

(a) Residence: No. 2904 Foster

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word)

male

White

Widowed

If married, widowed, or divorced

HUSBAND or (or) WIFE of

Robert P. North

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

5

3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Edward H. Fowler

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

(Address)

Miss Mary F. North 2904 Foster

BURIAL, CREMATION, OR REMOVAL

Place

Green Park

Date Apr 21, 1934

UNDERTAKER

(Address)

The J. Lickner Co. 1000 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Apr 19, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Name of operation

Regular

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

APR 22 1934

Huntington Williams, M.D. Registrar

F 00678

F 00678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Parkwood Ave., 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 2738 Parkwood Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND or (or) WIFE of Thomas J. Hess

DATE OF BIRTH (month, day, year)

AGE 81 Years 10 Months 16 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930 to April 21, 1934

I last saw her alive on April 15, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebro Vascular Renal

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis: Urinal Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED

APR 22 1934

19

BALTIMORE, MD.

Registrar

F 30679

F 00679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp. St.* 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *46* yrs. *6* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Cambridge Arms 476* St. *Charles* Ward. *34-46*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct 20 - 1893*
AGE Years *40* Months *6* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Real Estate*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Real Estate*10. Date deceased last worked at this occupation (month, day, year) *Oct 1933* 11. Total time (years) spent in this occupation *10*BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Jerome H. Joyce*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Genevieve Baker*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*INFORMANT *Howard E. Baker*
(Address) *Cambridge Arms 476*BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *Oct 23, 1934*UNDERTAKER *J. J. Baker*
(Address) *Cambridge Arms 476*FILED *22 1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/21/34*, 19
22. I HEREBY CERTIFY, That I attended deceased from *1-22-34*, 19, to *4-21-34*, 19I last saw him alive on *4/21/34*, 19. Death is said to have occurred on the date stated above, at *12:00 p.m.*

The principal cause of death and related causes of importance were as follows

Carcinoma of lung (primary)

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If no, specify(Signed) *Howard E. Baker Jr.* M. D.(Address) *University Hospital*

F 00680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00680

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Home for incurables*
 CITY OF BALTIMORE: (No. *40th St + Keenick Rd. 13-01* Ward)

Registered No. *95-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Alice Ray Briscoe Bowers*

(a) Residence: No. *Home for incurables* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year) *Oct 29 - 1918*

AGE *15* Years Months *5* Days *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Kent Co Maryland*
 (State or country)

13. NAME *James Raymond Bowers*

14. BIRTHPLACE (city or town) *Kent Co Maryland*
 (State or country)

15. MAIDEN NAME *Alice C. Bowers*

16. BIRTHPLACE (city or town) *Kent Co Maryland*
 (State or country)

INFORMANT *Hospital Record*
 (Address)

BURIAL, CREMATION, OR REMOVAL

Place *Chestertown Md* Date *Apr 23, 1934*

UNDERTAKER *Wm. J. Tuckman & Son*
 (Address) *North 4th Ave*

FILED *12-1534*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 20*, 1934

22. I HEREBY CERTIFY, That I attended deceased from *May 17th*, 1933, to *April 20th*, 1934.

I last saw her alive on *April 20th*, 1934. Death is said to have occurred on the date stated above, at *9:05 p.m.*

The principal cause of death and related causes of importance were as follows:

Chronic hypertrophic arthritis
Rheumatic heart disease
Pulmonary embolism

Date of onset

1922

" "

4/20/34

Other contributory causes of importance:

Secondary anemia

1932

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *N. Nungers Hopkins* M. D.

(Address) *214 Med Art Bldg*

D. R. 00681

E 00681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Home for Invalids

CITY OF BALTIMORE: (No. 40 St. & N. 13th St.)

Ward

Length of residence in city or town where death occurred 24 yrs. mo. ds.

How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

Ellen Grace Allnutt

(a) Residence: No.

Gaithersburg Md. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

July 26 1874

AGE

59 Years

Months

Days

If LESS than 1 day. hrs. or min.

59

26

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Montgomery Co Md

13. NAME

J. Hanson Allnutt

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Anna Jarboe

16. BIRTHPLACE (city or town) (State or country)

Frederick Co Md

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

New Catholic

Date

Mar 24 1934

UNDERTAKER

(Address)

J. Lickner, Sons

FILED

18

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 21- 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 10 - 1914 to April 21- 1934

I last saw him or alive on April 21- 1934 Death is said to have occurred on the date stated above, at 5:10 P. M.

The principal cause of death and related causes of importance were as follows:

Erysipelas	(Apr. 17-34)	Apr. 17-34
Septicemia		1924
Chronic Intestinal Nephritis		1924
Chronic Hypertensive Arteriosclerosis		1887

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. Hanson Allnutt M. D.
 (Address) 212 S. Maryland Ave

D. B. REC-500682

F 00682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 N. Calvert St., 12-01 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth 7 yrs. 11 mos. 17 ds.

2. FULL NAME

Adele J. Bristor

(a) Residence: No. 2205 N. Calvert St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Joseph W. Bristor (or) WIFE of

DATE OF BIRTH (month, day, year) May 3, 1869

AGE Years 64 Months 11 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Louis Jeanneret

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Marie Higgins

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Joseph W. Bristor (Address) 2205 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 4/23 1934

UNDERTAKER Henry Y. Meade and Son (Address) 805 N. Calvert St.

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to April 20, 1934

I last saw him alive on April 20, 1934. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilated Heart

Other contributory causes of importance:

Slight Malnutrition

Name of operation 1 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Bristor, M. D.

(Address) 5 Club St.

1221934

F 00683

F 00683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 784 W. Cross St. 21-01 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Dora Butz

(a) Residence: No. 784 W. Cross St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of John G. P. M. Butz (or) WIFE of

DATE OF BIRTH (month, day, year) January 24, 1850

AGE Years Months Days If LESS than 1 day, hrs. or min. 84 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William Waxmuth

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Walter Butz (Address) 5115 Queensberry Ave., Pimlico

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery April 23, 1934

19. UNDERTAKER (Address) 1003 W. Baltimore St.

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. or alive on Apr 19, 1934 Death is said to have occurred on the date stated above, at 12 Midnight

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with terminal pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. W. M. D.

(Address) 827 Light St.

00684

00684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 16-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Gloria Thompson

(a) Residence: No.

914 N. Arlington Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

4. Color or Race

Black

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

1-22-1926

AGE

Years 8

Months 2

Days 26

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Joseph Thompson

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Janie Hall

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

(Address)

Records

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

4-23-1934

UNDERTAKER

(Address)

L. P. Davenport
1006 89 Ave

23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to April 18, 1934.

I last saw her alive on April 18, 1934. Death is said to have occurred on the date stated above, at 540 pm.

The principal cause of death and related causes of importance were as follows:

Tbc meningitis

Date of onset

Early March

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Warrington M. D.
(Address) Johns Hopkins Hosp. Md

F 00685

Josephine C. Wild

HEALTH DEPARTMENT—CITY OF BALTIMORE F 00685

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

76 2 76

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

9. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That attended deceased from

I last saw h.w. alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cancer cervix uteri

Other contributory causes of importance:

Bronch. pneumonia

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

231934

D. B. 12-1
00686

F 00686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced, (write the word) _____

If married, widowed, or divorced, give name of (or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

INFORMANT _____

(Address) _____

BURIAL, CREMATION, OR REMOVAL

UNDERTAKEN _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____

I last saw him alive on _____ Death is said to have occurred on the date stated above, at _____ p.m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Metastatic Carcinoma
Primary in Breast
1929?

Other contributory causes of importance: _____

Myocardial Failure 4/13

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) _____ M. D.

R 23 1934

F 00687

00687 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Swan Hospital St. 7-01 Ward)

2. FULL NAME

(a) Residence: No. 1 E. Ruth Ave. Sparrow Pt.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Morris

DATE OF BIRTH (month, day, year) Oct. 26 1884

AGE 49 Years 5 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Greece

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT

(Address) 1 E. Ruth Ave. Sparrow Pt.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn

Date 4/23, 1934

UNDERTAKER

(Address) 1000 S. Park St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1934

22. I HEREBY CERTIFY That I attended deceased from April 16, 1934 to April 20, 1934

I last saw him alive on April 20, 1934 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Post-operative shock & cardio-vascular collapse

Date of onset 4-20-34

Other contributory causes of importance: none

Name of operation Uterine Tomy

Date of 4-20-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed L. Katzenstein

M. D.

(Address) Linds Hospital

PR 23 1934

19

Registrar

D. F 120 **F 00688****F 00688**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. St. **16-01** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ¹⁰ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME **Laranna Fleming**(a) Residence: No. **724 N Carrollton Ave** Ward. **X**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **female** 4. Color or Race **black** 5. Single, Married, Widowed, or Divorced (write the word) **married**If married, widowed, or divorced
HUSBAND of **Lewis**
(or) WIFE ofDATE OF BIRTH (month, day, year) **3/25/05**AGE Years Months Days If LESS than 1 day, hrs. or min.
29 **25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **Va**
(State or country)13. NAME **Frederick Moore**14. BIRTHPLACE (city or town) **Va**
(State or country)15. MAIDEN NAME **Mama Jones**16. BIRTHPLACE (city or town) **Va**
(State or country)INFORMANT **Records**(Address) **JOHNS HOPKINS HOSPITAL**

BURIAL, CREMATION, OR REMOVAL

Place **Mt Calvary Cem**Date **4/23**19**34**UNDERTAKER **Samuel F. Hemmelf**(Address) **578 N. Biddle St.**

FILED

19

APR 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **April 20, 1934**22. I HEREBY CERTIFY, That I attended deceased from **March 30, 1934, to April 20, 1934**I last saw her alive on **April 20, 1934** Death is said to have occurred on the date stated above, at **6:30** m.

The principal cause of death and related causes of importance were as follows:

Streptococcus septisæmia
general peritonitis

Date of onset

3/20/34**3/21/34**

Other contributory causes of importance:

puerperal sepsis**spontaneous delivery (at home)****3/23/34****3/24/34**Name of operation **blood culture** Date ofWhat test confirmed diagnosis? **blood** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) **Wmell & Stout**

M. D.

(Address) **210**

00689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Rutland St., 7-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Branch Hargrove

(a) Residence: No. 1001 Rutland St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) March 4/1902
AGE Years 32 Months 1 Days 17 If LESS than 1 day.....hra. or.....min.

1. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire worker

2. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

3. Date deceased last worked at this occupation (month and year) Apr 20/34 11. Total time (years) spent in this occupation 8 yrs

BIRTHPLACE (city or town) Prine Edward Co Va (State or country)

3. NAME Flemming Hargrove

4. BIRTHPLACE (city or town) Va (State or country)

5. MAIDEN NAME Agnes Hurt

6. BIRTHPLACE (city or town) Va (State or country)

INFORMANT Burley Hargrove (Address) 1001 Rutland

BURIAL, CREMATION, OR REMOVAL

Place McBurn Va Date 4/25/34 19

UNDERTAKER Robert Williams (Address) 1515 M^cEdward St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21/34

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 8.45 A.M.

The principal cause of death and related causes of importance were as follows:
Probable Cardiac Embolism

Date of onset

Other contributory causes of importance:

Chr Tonsillitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. S. H. Patten M. D.
(Address) 508 E. North Ave

23 1934

00690

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00690

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *770 Carroll* ST. *81-01* WARD)2-FULL NAME *Mary Beck*(a) RESIDENCE NO. *770 Carroll*

(Usual place of abode)

Length of residence in city or town where death occurred *81* yrs. *3* mos.

ST.,

WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

Single, Married, Widowed, or Divorced, (write the word)

Female *White* *In home*

If married, widowed, or divorced, (write name of husband or wife)

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from *April 18, 1934* to *April 22, 1934*, that I last saw her alive on *April 21, 1934*and that death occurred, on the date stated above, at *9 a* m.

The CAUSE OF DEATH* was as follows:

*Facial Erysipelas**Etiology unknown* (duration) yrs. mos. *5* ds.

CONTRIBUTORY (Secondary)

Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

1934

(Address) *108 N Fulton Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-NOVAL

DATE OF BURIAL

*Holy Redeemer**4-25 1934*

UNDERTAKER

ADDRESS

*Wm. W. S. Pink**2512 N. Hill*

Registrar

APR 23 1934

00691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00691

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital St., 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. *9* da. How long in U. S. If of foreign birth?..... yrs. mos. da.

2. FULL NAME

Mary Pollock(a) Residence: No. *Odele Ave*

(Usual place of abode)

St.,

Ward. *Ellicott City*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Caucasian*5. Single, Married, Widowed, or Divorced *Married*If married, widowed, or divorced
HUSBAND of
(or) WIFE of *John Pollock*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*31**2**3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*La*

13. NAME

*Jerry Williams*14. BIRTHPLACE (city or town)
(State or country)*La*

15. MAIDEN NAME

*Matting Williams*16. BIRTHPLACE (city or town)
(State or country)*La*

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

APR 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-22-1934*22. I HEREBY CERTIFY, That I attended deceased from *April 13, 1934, to April 22, 1934.*I last saw him alive on *April 22, 1934.* Death is said to have occurred on the date stated above, at *10:00* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*April 10-34**Bi-cultural**Lobar Pneumonia*

Other contributory causes of importance:

Toxemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Calvin H. Belmont
Provident Hospital

M. D.

0692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

University Hospital

CITY OF BALTIMORE: (No.

21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Augustine Knight

(a) Residence: No.

1406 Carroll

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ Male ☐ Female 4. Color or Race

Caucasoid

5. Single, Married, Widowed, or Divorced (write the word)

married

If married, widowed, or divorced

HUSBAND of

Arletha Knight

(or) WIFE of

DATE OF BIRTH (month, day, year)

May 8, 1866

AGE

Years 67

Months 1

Days 11

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Valdosta Georgia

13. NAME

Andrew Knight

14. BIRTHPLACE (city or town) (State or country)

Georgia

15. MAIDEN NAME

Liza?

16. BIRTHPLACE (city or town) (State or country)

Georgia

INFORMANT

(Address)

Arletha Knight 1406 Carroll St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Zion

Date April 23, 1934

UNDERTAKER

(Address)

Mrs. Katie R. Williams 222 N. Schroeder St.

FILED

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

4-13-34 to 4-20-34

I last saw him alive on 4-20-34. Death is said

to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Benign Hypertrophy of Prostate.

Date of onset

Other contributory causes of importance:

Myocardial failure and Shock

Name of operation

Prostatectomy

Date of 4-18-34

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Harry A. Shiley

M. D.

(Address)

University Hospital

0693

HEALTH DEPARTMENT—CITY OF BALTIMORE

00893

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Vine

St. 18-01 Ward)

FULL NAME

Cornelia E. Brent

(a) Residence: No. 916 Vine

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male Colored married

HUSBAND of

Geo. W. Brent

DATE OF BIRTH (month, day, year)

YE 39 Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

BIRTHPLACE (city or town) (State or country)

Md

1. NAME

West. Smith

4. BIRTHPLACE (city or town) (State or country)

Md

5. MAIDEN NAME

Rachel Simms

6. BIRTHPLACE (city or town) (State or country)

Md

INFORMANT

Geo. W. Brent

(Address)

Shady side - Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 24, 1934

UNDERTAKER

Mrs. Katie R. Williams

(Address)

327 1/2 S. Broadway St.

FILED

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Eugene J. Ellis M. D.
3739 Eastern Ave

F 00694

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Conkling St. 76-01 Ward)Length of residence in city or town where death occurred: 7 yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Coleman(a) Residence: No. 111 S. Conkling St., 76-01 Ward. (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Jan. 12-1887
AGE Years Months Days If LESS than 1 day, hrs. or min.
47 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country)

Baltimore, Md

12. NAME

Thomas Coleman

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

15. MAIDEN NAME

Georganna Fray

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

INFORMANT

Mrs. Irene Schaub
(Address) 111 S. Conkling St.

BURIAL, CREMATION, OR REMOVAL

Place Int. Camel Cem. Date April 25 1934

UNDERTAKER

George W. Gubler
(Address) 4787 E. Elmer St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 193422. I HEREBY CERTIFY, That I attended deceased from old Jan 1930 to April 22 1934I last saw him alive on April 22 1934 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Ecchymosis
aortic aneurism

Date of onset

April 22

Other contributory causes of importance:

Epilepsyover

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. W. Wright

M. D.

(Address) 1620 So. Elmwood Ave

PR 23 1934

00895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 White Ave St., 8-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. moa. ds.

2. FULL NAME

(a) Residence: No. 1627 E Oliver St St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Charles Diebing
(or) WIFE ofDATE OF BIRTH (month, day, year) Unknown
AGE Years Months Days If LESS than 1 day, hrs. or min. about 578. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore12. NAME John England14. BIRTHPLACE (city or town) (State or country) Balto Md15. MAIDEN NAME Sarah Backman16. BIRTHPLACE (city or town) (State or country) Balto MdINFORMANT Mrs M J McKeen
(Address) 1627 E Oliver St

BURIAL, CREMATION, OR REMOVAL

Place Parrywood Cemetery Date 4/24

PR 23 1934

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 193422. I HEREBY CERTIFY That I attended deceased from Mar 12, 1933 to Apr 21, 1934I last saw her alive on Apr 21, 1934. Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
(hypertension)

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clara Smith

M. D.

(Address) 422 Hopkins Rd

00696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 00696

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 E. 31st St., 9th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 1945 E. 31st St., 9th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married
If married, widowed, or divorced HUSBAND of <u>Bertha Wenzbach McPherson</u> (or) WIFE of		
DATE OF BIRTH (month, day, year) Feb. 5, 1880		
AGE	Years	Months
	54	2
		Days
		16
		If LESS than 1 day, hr. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Estimator		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Car Co.		
10. Date deceased last worked at this occupation (month and year) 2-24-34		
11. Total time (years) spent in this occupation 20 yrs		

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Robert McPherson

14. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

15. MAIDEN NAME Violet Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Bertha McPherson
(Address) 1945 E. 31st St.BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 23, 1934UNDERTAKER John F. Denny
(Address) 715 LIGHT ST

FILED 4-19-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 19, 1934 to April 21, 1934

I last saw him alive on April 21, 1934 Death is said to have occurred on the date stated above, at 5:55 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis - hypertension
Chronic Nephritis
Chronic Myocarditis

Other contributory causes of importance:

Anemia 2 wks

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Geo. B. Dykeman, M. D.

(Address) 2007 Maryland Ave.

0697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00697

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Gorsuch Ave. St. 9-01 Ward)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Henry Buck

(a) Residence: No. 1101 Gorsuch Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced HUSBAND of Mary B. Buck (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 31 1885

AGE Years Months Days 48 7 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 61

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME George W. Buck

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Harriet A. Ferguson

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Mary B. Buck (Address) 1101 Gorsuch Ave.

B. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 25 1934

9. UNDERTAKER John F. Denny (Address) 715 Light St

R 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Apr 21 1934

I last saw him alive on Apr 21 1934 Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage

Other contributory causes of importance:

Arterio Sclerosis, Chronic Dist. Nephritis, Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin R. Lumsden M. D.

(Address) 718 N. Pellum Rd

F 00698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 Wheeling 23-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 19 Wheeling St., 23-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color of hair

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town,
State or country)

13. NAME

14. BIRTHPLACE (city or town,
State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town,
State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 193422. I HEREBY CERTIFY, That I attended deceased from
April 1, 1934 to April 22, 1934I last saw him alive on April 22, 1934. Death is said
to have occurred on the date stated above, at 9 P. m.The principal cause of death and related causes of
importance were as follows:Chlorosis

Date of onset

4/1/34

Other contributory causes of importance:

Broncho Pneumonia 4/19/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Thos. Campbell, M. D.

Registrar

(Address) 1644 Hancock St.

APR 23

F B 00699

F 00699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Gales St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? 2 yrs. 2 mos. 17 ds.

2. FULL NAME

(a) Residence: No. 1600 N. Gales St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Ellis Lorden
WIFE ofDATE OF BIRTH (month, day, year) Aug. 4, 1869AGE Years 64 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME John Amos14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Catherine Mary16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mr. Ellis Lorden
(Address) 1600 N. Gales St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 24, 1934UNDERTAKER Huntington Williams, Jr.
(Address) 1701 N. Gales St.REG. Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 193422. I HEREBY CERTIFY, That I attended deceased from October 15, 1930 to April 21, 1934.
I last saw him alive on April 21, 1934. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 10/1930

Other contributory causes of importance:

Chronic Interstitial Nephritis Date of onset 12/1930Name of operation Autopsy Date of 10/1930What test confirmed diagnosis? Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Williams, Jr. M. D.
(Address) 1701 N. Gales St.

00700

F 00700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *X*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Presbury St. *16-01* Ward)

2. FULL NAME

Thomas J. Burkett

(a) Residence: No.

2403 Presbury

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary D. Burkett

DATE OF BIRTH (month, day, year) Mar. 20 1901

AGE	Years	Months	Days	If LESS than 1 day, ...hra. or ...min.
33	1	50		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Thomas W. Burkett

14. BIRTHPLACE (city or town) Baltimore, Md.

15. MAIDEN NAME Elizabeth Wiseman

16. BIRTHPLACE (city or town) Baltimore, Md.

17. INFORMANT Mary D. Burkett
(Address) 2403 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 24 1934

19. UNDERTAKER
(Address)

R 23 1934

Huntington Williams, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20 1934 19

22. I HEREBY CERTIFY, That I attended deceased from *Dec 23* 1933 to *April 20* 1934, 1034
I last saw him alive on *April 19* 1934. Death is said to have occurred on the date stated above, at *9:30* p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pericarditis

Date of onset

2 days

Other contributory causes of importance:

Bronchitis following
Influenza

4 mos.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed)

(Address)

B. B. Melote
1279 William St.

M. D.

F 00701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00701

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH _____

CITY OF BALTIMORE: (No. 1807 Wick Ave. St., 25-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME _____

(a) Residence: No. 1807 Wick Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4 Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) InfantIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) June 2, 1934AGE Years _____ Months 3 Days 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) Baltimore Md.13. NAME Levin Vane14. BIRTHPLACE (city or town) _____
(State or country) Howe Netherland15. MAIDEN NAME Ella Hooper16. BIRTHPLACE (city or town) _____
(State or country) Baltimore Md.INFORMANT Dr. L. M. Mather
(Address) Same

BURIAL, CREMATION, OR REMOVAL

Place London & Philip Date April 23, 1934UNDERTAKER Edw. J. J. J.
(Address) Wash. Netherland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 193422. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to April 22, 1934I last saw him alive on April 10, 1934 death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
bilateral

Date of onset

14 days

Other contributory causes of importance:

Vertical Strain3 wks.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. A. Bonelli M. D.(Address) 33 W. Frederick Ave

23 1934

0702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00702

V 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simon Hospital St. 8-01 Ward)Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 2421 E Biddle St., — Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year)

AGE Years 54 Months — Days — If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Nathan Korasiak

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Samuel Miller (Address) 2421 E Biddle StBURIAL, CREMATION, OR REMOVAL Interment Place — Date 4/23/34UNDERTAKER John F. Wilson & Co. (Address) 1127 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 193422. I HEREBY CERTIFY. That I attended deceased from April 21, 1934, to April 23, 1934.I last saw him alive on April 23, 1934. Death is said to have occurred on the date stated above, at 340 A.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

4-20-34

Other contributory causes of importance:

Hypertension
Cardiac Hypertrophy and DilatationName of operation Operation of Intestine Date of 4-22-34What test confirmed diagnosis? — Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) Gustav Hochstetler M. D.
(Address) Simon Hospital

FILED

3 1934

F 00703

F 00703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME

Alexius Elder Wells

(a) Residence: No.

214 E. Chase St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Annina Osborne*

DATE OF BIRTH (month, day, year)

Dec. 26-1869

AGE

78

Years

3

Months

25

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Salesman.*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)*5 yrs. ago
Hampstead
Md*11. Total time (years)
spent in this
occupation*40 yrs*BIRTHPLACE (city or town)
(State or country)*Baltimore*

13. NAME

*Thos. F. Wells*14. BIRTHPLACE (city or town)
(State or country)*Baltimore*

15. MAIDEN NAME

*Julia Lamotte*16. BIRTHPLACE (city or town)
(State or country)*Maryland*

INFORMANT

Mrs. Annina Wells
(Address) *214 E. Chase St.*

BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery* Date *Apr. 25, 1934*

UNDERTAKER

Henry W. Treaswell
(Address) *805 21. Calvert St.*

FILED

11-01

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 22-1934*22. I HEREBY CERTIFY, That I attended deceased from
4/12 *1934* to *Apr. 22* *1934*I last saw him live on *April 22, 1934* Death is said
to have occurred on the date stated above, at *5 a. m.*The principal cause of death and related causes of
importance were as follows:*Senile Arterio-sclerosis
Senile Dementia*

Date of onset

5 yrs.

Other contributory causes of importance:

Left lobar pneumonia

Began

4/20/34

Name of operation

none

Date of

What test confirmed diagnosis?

*Autopsy*Was there an autopsy? *NO*23. If death was due to external causes (Violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed) *Danman P. Alayian*(Address) *3346 Juddman Ave.*

F 00704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No.

3023 Elliott St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME

Frank Beyma or Frank Bayma or Frank Bamer

(a) Residence: No.

3023 Elliott

St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Male White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 77 Years 8 Months 15 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Foreman Sweden

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 67 1/2

BIRTHPLACE (city or town) (State or country)

Germany

3. NAME

unknown

4. BIRTHPLACE (city or town) (State or country)

Germany

5. MAIDEN NAME

Unknown

6. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Mary Sargisinski

(Address)

3023 Elliott

BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross National

Date

April 25, 1934

UNDERTAKER

(Address)

Stephens & Palko

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 22, 1934

I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia 4/7/34

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Unknown

Name of operation

None

Date of

non

What test confirmed diagnosis? Resp. Ex. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none

(Signature) Joseph A. Rosenblatt M. D.

(Address) 3078 O'Donnell St.

0705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hospital* Ward)Length of residence in city or town where death occurred: *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *106 E. Montgomery St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*If married, widowed, or divorced HUSBAND of (or) WIFE of *Johanna Lucas*DATE OF BIRTH (month, day, year) *May 20, 1860*AGE *comp 3* Years *11* Months *2* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *paper hanger*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *1*10. Date deceased last worked at this occupation (month and year) *7/1*11. Total time (years) spent in this occupation *25*BIRTHPLACE (city or town) *Balto. Md*
(State or country)13. NAME *Jas. W. Lucas*14. BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)15. MAIDEN NAME *Hannah R. (?)*16. BIRTHPLACE (city or town) *Maryland*
(State or country)INFORMANT *Balto. City Hosp*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn*Date *4/25**1934*UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St.*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-22-1934*22. I HEREBY CERTIFY, That I attended deceased from *2-26-34* to *4-22-34*I last saw him alive on *4-22-1934* Death is said to have occurred on the date stated above, at *11:45 a.m.*The principal cause of death and related causes of importance were as follows: *Carcinoma of prostate*Date of onset *12-19-33**1934**4-5**mos.*Other contributory causes of importance: *Pulmonary, etc.*Name of operation *none*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *0* Date of Injury *0*, 19 *0*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *T. Phiswell*

M. D.

(Address) *Balto. City Hosp*

706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 W. Saratoga St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1802 W. Saratoga St. Ward. 70-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND or Wife Minnie DelaneyDATE OF BIRTH (month, day, year) Dec 12 1870AGE Years Months Days If LESS than 1 day, 63 4 9 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City10. Date deceased last worked at this occupation (month and year) Mar 1934 11. Total time (years) spent in this occupation 7BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Vernon Delaney14. BIRTHPLACE (city or town) Balto (State or country) MD15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country)INFORMANT Mrs. Minnie Delaney (Address) 1802 W. Saratoga StBURIAL, CREMATION, OR REMOVAL Place Landon Park Date April 24 1934UNDERTAKER Wm Cook (Address) Washington Heights, MD19 APR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 193422. I HEREBY CERTIFY. That deceased died from Intestinal Hemorrhage 4/21/34I last saw him alive on April 21 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Intestinal Hemorrhage 4/21/34

Other contributory causes of importance:

Carcinoma of Intestines 8/20/33Name of operation Clin Date of 4/21/34What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of Injury 19Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place NoneManner of Injury NoneNature of Injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) M. D. O'Neill M. D.(Address) 108 W. Fulton Ave

37034

0707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (N.

Length of residence in city or town where death occurred ⁴⁰ yrs. ¹⁰ mos. ¹⁰ da. How long in U. S. If of foreign birth? ⁴⁰ yrs. ¹⁰ mos. ¹⁰ da.

FULL NAME

(a) Residence: No. 202 W. Eden St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex Male Color or Race White Single, Married, Widowed, Divorced (write the word) MarriedIf married, widow, or divorced, name of HUSBAND of (or) WIFE of Antinet RutkowskiDATE OF BIRTH (month, day, year) About 64 yearsE. Years Months Days If LESS than I day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) (State or country) PolandNAME UnknownBIRTHPLACE (city or town) (State or country) UnknownMAIDEN NAME UnknownBIRTHPLACE (city or town) (State or country) UnknownINFORMANT Jena Eittel
(Address) 1615 Pratt Street

BURIAL, CREMATION, OR REMOVAL

Pl. Holy Cross (Harford) Apr 24 1934UNDERTAKER William Cook
(Address) 1217 St Paul StreetDATE 3 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. Herzog M. D.(Address) 1305 N. Patterson Park

00708

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00708

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *22 E. Lanvale* St., *12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *22 E. Lanvale* St., *12-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the words) *Married*If married, widowed, or divorced (or) WIFE of *John Phillips*

DATE OF BIRTH (month, day, year)

AGE

Years *About 73 yrs* Months *00* Days *00*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Ireland*

(State or country)

13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown*

(State or country)

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*

(State or country)

INFORMANT *John Phillips*(Address) *22 E. Lanvale*

BURIAL, CREMATION, OR REMOVAL

Place *Crematorium*Date *Apr 24* 1934UNDERTAKER *Wm Cook*(Address) *1217 St Paul St**Thurston Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *APR 21 1934* 1922. I HEREBY CERTIFY, That I attended deceased from *Nov 30* 1933 to *APR 21 1934* 19I last saw him alive on *APR 21 1934* 19. Death is said to have occurred on the date stated above, at *10 P* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Intestine Uterus

Date of onset

2 mos

Other contributory causes of importance:

*Toxic absorption**3 days*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Edward J. Cook*(Address) *413 W Washington*

M. D.

FILED
8 1934

00709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 East 25th St., 9th Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1605 East 25th St., 9th Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced, HUSBAND of Martha Haughey (or) WIFE of _____DATE OF BIRTH (month, day, year) Nov 4, 1860AGE Years 73 Months 4 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Arthur B Haughey14. BIRTHPLACE (city or town) Ireland (State or country) _____15. MAIDEN NAME Rosie McNeill16. BIRTHPLACE (city or town) Ireland (State or country) _____INFORMANT Mammie M. Kelly (Address) 1605 East 25th StreetBURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 24, 1934UNDERTAKER William Cook (Address) 117 St. Paul StreetDATE 23-1934 REGISTERED 81/10/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1934 to April 21, 1934. I last saw him alive on April 20, 1934. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Indefinite

Other contributory causes of importance:

ExhaustionName of operation none Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no(Signed) W. H. Campbell M. D.(Address) 1644 N. Howard St

0710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00710

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hospital* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.FULL NAME *Winford Cane*(a) Residence: No. *1505 W. Fayette St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan. 8 - 1934*AGE Years *3* Months *15* If LESS than 1 day... hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*3. NAME *Robert Cane*4. BIRTHPLACE (city or town) *Winchester*
(State or country) *Pa.*5. MAIDEN NAME *Mildred Pierce*6. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*INFORMANT *Mrs. Mildred Cane*(Address) *1505 W. Fayette St.*

BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet*Date *Apr. 24, 1934*UNDERTAKER *Vernon Kellmer*(Address) *1332 Hollins St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 23, 1934*22. I HEREBY CERTIFY. That I attended deceased from *19* to *19*.I last saw h. alive on *Inquiry*, 19 *12:05 a.m.* Death is said to have occurred on the date stated above, at *12:05 a.m.*

The principal cause of death and related causes of importance were as follows:

Branches Pneumonia

Date of onset

*Apr.**1934*

Other contributory causes of importance:

None

Name of operation

What test confirmed diagnosis *Inquiry*23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? *Inquiry* Was there an autopsy? *No*Where did injury occur? *Inquiry*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so specify(Signed) *Jeff L. Vahle*(Address) *16 South Broadway*

Coroner

M. D.

8 1934

F 00711

0711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Fulton Ave 19-01 Ward)

2. FULL NAME

(a) Residence: No. 115 S. Fulton Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of August B.

DATE OF BIRTH (month, day, year) Aug-16-1855

AGE Years 78 Months 8 Days 147 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Elkridge,
(State or country)

13. NAME Marshall McHarty

14. BIRTHPLACE (city or town) MD
(State or country)

15. MAIDEN NAME Eliza Murshaw

16. BIRTHPLACE (city or town) MD
(State or country)

INFORMANT August B. Brinker
(Address) Forest Hill Harford

BURIAL, CREMATION, OR REMOVAL Mt. Olivet
Place Baltimore Date April 25 1934

UNDERTAKER F. Vernon Fleischer
(Address) 1322 Hollinsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 23, 1934

I last saw her alive on April 22, 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic myocarditis
Chronic nephritis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Albert Scagnetti M. D.
(Address) 1729 W. Lombard St

534

F 00712

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

0712

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 S Rose St., 1-01 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Katarzyna Blachowicz(a) Residence: No. 710 S Rose

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. (If married, widowed, or divorced)
HUSBAND of _____
(or) WIFE of _____

7. DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

8. If LESS than
1 day, 0 hrs.
or 0 min.9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.11. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at 7:30 a.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? No Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) J. W. Bagan(Address) 1305 N. Park Ave. Baltimore, Md.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00713

0713

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 S. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred 36 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME Wojciech Bielut

(a) Residence: No. 1101 S. Clinton St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Agatha Bielut

DATE OF BIRTH (month, day, year) Apr 13 1875

AGE 9 Years 59 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Poland
 (State or country)

3. NAME Ludwig Bielut

4. BIRTHPLACE (city or town) Poland
 (State or country)

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) Poland
 (State or country)

INFORMANT Ludwig Bielut
 (Address) 1101 S. Clinton

BURIAL, CREMATION, OR REMOVAL
 Place Holy Rosary Date April 25 1934

UNDERTAKER Howe & Sons
 (Address) 1900 Eastern Ave

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) J. P. Benson M. D.
 (Address) 1305 E. Patterson Park

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00714

714

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5344 Maple Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George R. J. Clift(a) Residence: No. 5344 Maple Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed or divorced
HUSBAND of Margaret E. Clift
(or) WIFE ofDATE OF BIRTH (month, day, year) Sept 11 1908AGE Years 25 Months 6 Days 30 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) April 1 1934 11. Total time (years) spent in this occupation 10 1/2BIRTHPLACE (city or town) MD
(State or country)13. NAME George Clift14. BIRTHPLACE (city or town) MD
(State or country)15. MAIDEN NAME Mary E. Letts16. BIRTHPLACE (city or town) MD
(State or country)INFORMANT Mrs Mary E. Letts
(Address) 5344 Maple Ave

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER Wm. H. Clift
(Address) 2400 Raper Ave

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 193422. I HEREBY CERTIFY, That I attended deceased from April 13, 1934 to April 20, 1934I last saw him alive on April 13, 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Bell M. D.(Address) 817 H. Hamilton Ave

Registrar.

00715 HEALTH DEPARTMENT—CITY OF BALTIMORE 00715

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 453 5344 Maple Ave Ward 7-01)Length of residence in city or town where death occurred: 78 yrs. 1 mos. 0 da. How long in U. S. If of foreign birth? 78 yrs. 1 mos. 0 da.

2. FULL NAME

(a) Residence: No. 5344 Maple Ave Ward. 7-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Annice E. Clift
(or) WIFE ofDATE OF BIRTH (month, day, year) July 14-1854AGE Years 79 Months 9 Days 17 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md.
(State or country)13. NAME Thomas A. Clift14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Elizabeth Vinton16. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Mrs Edith Clift(Address) 5344 Maple Ave.

BURIAL, CREMATION, OR REMOVAL

Place 1017 ClontDate April 24 1934UNDERTAKER L. Ford Kasper(Address) Laurel

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 18, 1934 to April 21, 1934I last saw him alive on April 20, 1934 Death is saidto have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Cerebral hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Pettigrew M. D.(Address) 817 Hamilton Ave

0716

James Gamor

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00716

CERTIFICATE OF DEATH

Registered No. *+107-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH *University Hospital*CITY OF BALTIMORE: (No. *4-01* Ward)FULL NAME *James Gamor*(a) Residence: No. *Chestnut St.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) *1897*AGE *47*

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country) *Maryland*

13. NAME *James Gamor*

14. BIRTHPLACE (city or town)
(State or country) *Maryland*

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Med College*Date *April 23*19*34*

UNDERTAKER

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-17-34*

22. I HEREBY CERTIFY, That I attended deceased from
March 3, 19*34*, to *April 17*, 19*34*

I last saw him alive on *4-17*, 19*34*. Death is said
to have occurred on the date stated above, at *1:00* p.m.

The principal cause of death and related causes of
importance were as follows:

Pneumonia Vulgaris

Date of onset

Other contributory causes of importance:

Bronchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury *1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934 0330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00717

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (X) Baltimore City

St., 113-01 Ward)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Michael Case (Case)

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

2818 E. Baltimore St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 23, 1934*

22. I HEREBY CERTIFY. That I attended deceased from *April 23, 1934* to *April 23, 1934*. Death is said to have occurred on the date stated above, at *9:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Myocardial Infarction

Date of onset

?

2 yrs

Other contributory causes of importance:

Senility

Name of operation

Date of

No

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Phagil
Bald. City Hosp

M. D.

81534

F 00718

718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Princeton Hospital St. 11-01 Ward)Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 894 Lyson St., 11-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, divorced, HUSBAND of (or) WIFE of Anthony ParawayDATE OF BIRTH (month, day, year) Oct 12-1901AGE Years 32 Months 6 Days 9 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037BIRTHPLACE (city or town) (State or country) Danvers, Mass.13. NAME John H. West14. BIRTHPLACE (city or town) (State or country) Danvers, Mass.15. MAIDEN NAME Isabella Wilkes16. BIRTHPLACE (city or town) (State or country) Danvers, Mass.INFORMANT Anthony Paraway(Address) 894 Lyson St.

BURIAL, CREMATION, OR REMOVAL

Place Westwood StarDate Nov 25 1934UNDERTAKER Samuel H. Chase & Son(Address) 638 N. Johnson St.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 4-21-34, 1922. I HEREBY CERTIFY, That I attended deceased from 3-7-34, 19, to 4-21-34, 19.I last saw her alive on 4-21-34, 19. Death is said to have occurred on the date stated above, at 11¹⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Purpural Septicemia2-27-34

Other contributory causes of importance:

Child Birth2-24-34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) William J. [Signature]

M. D.

(Address) Princeton Hospital

23 1934

00719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 2-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

II. FULL NAME

Richard A Kump(a) Residence: No. *231 Fredue Ave, Hanover Pa* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 24 1911*AGE Years Months Days If LESS than 1 day, hrs. or min.
*22 10 29 1*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sales Clerk*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Penn*
(State or country)13. NAME *Joseph Kump*14. BIRTHPLACE (city or town) *Penn*
(State or country)15. MAIDEN NAME *Beulah R Kippy*16. BIRTHPLACE (city or town) *Penn*
(State or country)INFORMANT *Joseph Kump*
(Address) *Hanover Pa*BURIAL, CREMATION, OR REMOVAL *Hanover Pa*
Place *1212 Elm St* Date *Apr 26 1934*UNDERTAKER *W. G. Fleiser*
(Address) *Hanover Pa*

FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-23 1934*22. I HEREBY CERTIFY, That I attended deceased from *4-17 - 1934* to *4-23-34* 19I last saw him alive on *4-23 1934* Death is said to have occurred on the date stated above, at *5:05 P.M.*

The principal cause of death and related causes of importance were as follows:

Pituitary Tumor
Removal of Pituitary Tumor
Excision of Pituitary Tumor
*Exploratory craniotomy*Date of onset
7-2-34
4-2-34
4-23-34

Other contributory causes of importance:

Name of operation *Craniotomy* Date of *4-21-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France* M. D.
(Address) *Union Memorial Hospital*

R 24 1934

F 00720

F 00720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: No. *Providence Hosp.* St. *17-01* Ward *6*

FULL NAME

(a) Residence: No. *1331 Shield* St., *17-01* Ward *6*

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 2. Color *White* 3. Single *Married*, Widowed *or Divorced* *Large*

4. Color *White* 5. Single *Married*, Widowed *or Divorced* *Large*

6. Married, widowed, or divorced *Large*

HUSBAND of *Large*

(or) WIFE of *Large*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

2. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Mount Zion*Date *April 25 1934*

UNDERTAKER

(Address)

*Joseph A. Livicki**409 N. Mount Street*21. DATE OF DEATH (month, day, year) *Apr 24 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. *Living* alive on *Apr 21 1934* Death is said to have occurred on the date stated above, at *m*The principal cause of death and related conditions of importance were as follows: *Bronchial Pneumonia**3 Days*

Other contributory causes of importance:

*None*Name of operation *Regular* Date of *Apr 24 1934*What test confirmed diagnosis? *Regular*23. If death was due to external causes (violence) fill in also the following: *Regular*Accident, suicide, or homicide? *Regular*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify *Regular*(Signed) *Regular*

(Address)

APR 24 1934

00721

HEALTH DEPARTMENT—CITY OF BALTIMORE 0721

CERTIFICATE OF DEATH

Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 N. Fulton St. 15-01 Ward)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 26 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2020 N. Fulton St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

If married, widowed, or divorced
Name of (or) WIFE of Danl. W. Penning

DATE OF BIRTH (month, day, year) Sept. 26, 1876

AGE Years Months Days If LESS than 1 day. hrs. or min.
57 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Weingardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Schum

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Danl. W. Penning
(Address) 2020 N. Fulton St.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Apr. 25, 1934

UNDERTAKER Harry A. Olsen
(Address) 1900 W. North Ave.11. REGISTRAR Huntington Williams, M.D.
24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-19-1934 to 4-22-1934

I last saw her alive on 4/22/34 12m. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows: Chronic Inflammation

Other contributory causes of importance: Cardiac Valvular Disease

Name of operation None Date of

What test confirmed diagnosis? X-ray

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury 19

Where did injury occur None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. B. M. D.

(Address) 978 N. Fulton St. Balto.

F 00722

F 00722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 W. Lombard St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 825 W. Lombard St., 18-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of
(or WIFE of)Ladie M. Moring
DATE OF BIRTH (month, day, year) March 2, 1898AGE 36 Years 1 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22/193422. I HEREBY CERTIFY. That I attended deceased from February 15, 1934 to Apr. 22, 1934I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Nephritis
(Parenchymatous)2/15/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? urine Was there an autopsy?

23. If death was due to external cause (violence) fill in with the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

M. D.

(Address)

24 1934

Huntington Williams, M.D.
858 W. Lombard St.

D. H. F 00723

F 00723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Thistle St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. day How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

901 N. Thistle St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place of interment

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

Date of

What test confirmed there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

24 1934

F 00724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00724

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mon. ds.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2766 Kinsey St., 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth?

FULL NAME

(a) Residence: No. 2766 Kinsey Ave., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Sex 3. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1934

22. I HEREBY CERTIFY. That I attended deceased from 1931 to Apr 22, 1934

I saw her alive on Apr 22, 1934. Death in said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Pulmonary edema

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 2026 Eastern Ave. M. D.

D. 1936

F 00725

F 00725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No.

East Thirty Third

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da.

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Peter C. Nordvik

(a) Residence: No.

623 N. Calvert St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Mrs. Peter C. Nordvik*

WIFE of

DATE OF BIRTH (month, day, year)

May 3, 1891

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

43

11

19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Norway

12. NAME

A. Nordvik

14. BIRTHPLACE (city or town) (State or country)

Norway

13. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Norway

INFORMANT

Mrs. Frank Quast

(Address)

2221 St. Paul St.

BURIAL, CREMATION, OR REMOVAL

Place

Morland Mem. Park Date Apr 25, 1934

UNDERTAKER

(Address)

Leonard J. Ryck

5305 Kington Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

February 9, 1933 to April 22, 1934

I last saw him alive on April 22, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Refused as the ulcer
Postop. septicemia
metastatic abscesses in liver
lungs & kidneysDate of onset
2-9-34

Other contributory causes of importance:

Pneumonia, Bronchitis, B. Col. 3-1-34

Name of operation (OVER) Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Richard France M. D.

(Address) Union Memorial Hospital

APR 22

F 00726

E 00726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE:

FULL NAME

Registered No.

(If death occurred—in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city

Town where death occurred

Yrs.

mos.

da.

How long in U. S. If of foreign birth?

Yrs.

mos.

da.

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color of hair
5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

7. Age
Years
Months
Days
If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, that I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? (If there an autopsy)

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

4 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 00727

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

0727

CITY OF BALTIMORE: (No. 132 N Potomac St. 6-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 132 N Potomac St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Franklin B. Seibold

DATE OF BIRTH (month, day, year)

AGE 68 Years 3 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John G. Wark

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Barbara Sommer

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs. M. Seibold (Address) 132 N Potomac

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 25, 1934

UNDERTAKER John Wark (Address) 2000 Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21, 1934

22. I HEREBY CERTIFY That I attended deceased from Apr 10, 1934 to Apr 21, 1934

I last saw him alive on Apr 21, 1934 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic)

Date of onset ?

Other contributory causes of importance:

Hypertension (chronic) Par. - eurythmalous

?

Name of operation none etc Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Eugene S. Perazich M. D.

(Address) 514 Drury Lane

24 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

0728

CERTIFICATE OF DEATH

F 00728

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Corp. for Women of Negroes
St., Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Age of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Emma Klein Jones

(a) Residence: No.

1637 E. 25th

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of Race Single, Married, Widowed,
or Divorced (write the word)
White MarriedHUSBAND of
(or) WIFE of
Frank L. Jones

DATE OF BIRTH (month, day, year)

Jul 27 1898

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

36

11

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Home work

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent at this
occupationBIRTHPLACE (city or town),
(State or country)

Baltimore

13. NAME

Leo. Klein

14. BIRTHPLACE (city or town),
(State or country)

Baltimore

15. MAIDEN NAME

Anna Seifert

16. BIRTHPLACE (city or town),
(State or country)

Baltimore

INFORMANT

(Address)

Leo Klein
1637 E 25th

BURIAL, CREMATION, OR REMOVAL

Place

London

Date

April 26, 1934

UNDERTAKER

(Address)

John Williams
1637 E 25th

24 1934

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Jul 23, 1934

22. I HEREBY CERTIFY That attended deceased from

19 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m

The principal cause of death and related causes of
importance were as follows

Suicide

By chloride Mercury
7 Days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.
Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00729

CERTIFICATE OF DEATH

729

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2648 Harford Ave Ward 9-01)Registered No. 87-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 178 yrs. 178 mos. 178 ds. How long in U. S. If of foreign birth? 178 yrs. 178 mos. 178 ds.FULL NAME Carrie Ferral(a) Residence: No. 2648 Harford Ave St., 9-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced WidowedIf married, widowed, or divorced, name of HUSBAND or (or) WIFE John FerralDATE OF BIRTH (month, day, year) May 20, 1854AGE Years 79 Months 11 Days 2 If LESS than 1 day, 2 hrs. or 2 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME John Cumberland14. BIRTHPLACE (city or town) MD
(State or country)15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) MD
(State or country)INFORMANT Mrs. Fred Mueller(Address) 2648 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place BuriedDate April 24, 1934UNDERTAKER John Williams(Address) 1008 Orleans StFILED 1934

Huntington Williams, Reg. Asstr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 193422. I HEREBY CERTIFY, That I attended deceased from 200 to Apr 22, 1934I last saw him alive on Apr 22, 1934 Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset Apr 1934

Other contributory causes of importance

Arterial sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? V Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) John Williams(Address) 2648 Harford Ave

John Geuder

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00730

0730

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 Orleans St., 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1244 Orleans St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Margaret Geuder (last name of wife)

DATE OF BIRTH (month, day, year) July 2, 1857

AGE Years 76 Months 9 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refused

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 13

BIRTHPLACE (city or town) Md (State or country)

13. NAME Adam Geuder

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Wilmar

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Tom Geuder (Address) 1244 Orleans

BURIAL, CREMATION, OR REMOVAL Place Baltimore Date April 25, 1934

UNDERTAKER John H. H. (Address) 2008 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 21 1934 . 19

22. I HEREBY CERTIFY That I attended deceased from April 2 to APR 21 1934 . 19

I last saw him alive on APR 21 1934 . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertension

Date of onset

1 yr.

Other contributory causes of importance:

Cardiac Asthenia 38 yrs
Pulmonary Embolism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. W. Cook M. D.

(Address) 413 Washington

APR 24 1934

L. D. B. F 00731

✓ F 00731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 18-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1236 W Lombard* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of *John*

DATE OF BIRTH (month, day, year) *4/14/34*

AGE Years Months Days 4 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*

13. NAME *John Joseph Fuchs*

14. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*

15. MAIDEN NAME *Margaret Woods*

16. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*

17. INFORMANT *Margaret Fuchs* (Address) *1236 W Lombard*

18. BURIAL, CREMATION, OR REMOVAL Place *New Calver* Date *4-25*

19. UNDERTAKER *Wm. March S. Smith* (Address) *172 Williams St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/23/34*

22. I HEREBY CERTIFY, That I attended deceased from *4/19/34* to *4/23/34*

I last saw him alive on *4/23/34* 1934. Death is said to have occurred on the date stated above, at *3:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Spinal Meningitis

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? *Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. March S. Smith* M. D.

(Address) *University Hospital*

FILED

R 24 1934

Registrar

00732

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00732

CERTIFICATE OF DEATH

117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp.* St. *14-8* Ward)Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1702* *Leman* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 2, 1890*
AGE *43* Years *11* Months *02* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *W. Va.*
(State or country)

13. NAME

14. BIRTHPLACE (city or town) *Don't know*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Don't know*
(State or country)

INFORMANT

(Address) *1824 Bayview Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Funeral*

UNDERTAKER

(Address) *4101 C. M. ...*

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/23, 1934*22. I HEREBY CERTIFY, That I attended deceased from *4/13, 1934*, to *4/23, 1934*I last saw him alive on *4/23, 1934* Death is said to have occurred on the date stated above, at *12:00* m.

The principal cause of death and related causes of importance were as follows:

*Generalized Peritonitis*Date of onset *4/13/34*

Other contributory causes of importance:

*Perforated Gastric Ulcer**4/13/34*Name of operation *Claustrum Gastric Ulcer* *4/13/34*What test confirmed diagnosis? *Yes* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Aloha H. Crowther* M. D.(Address) *Bon Secours Hosp.*

Registrar.

00733 HEALTH DEPARTMENT—CITY OF BALTIMORE 00733

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St. 19-01 Ward)

Place of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Amelia A Beckard

(a) Residence: No. 204 Morris St St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Beckard

7. DATE OF BIRTH (month, day, year) Aug 4 1860

8. AGE Years 73 Months 8 Days 18 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) MD

12. BIRTHPLACE (city or town) (State or country)

13. NAME George Whipple MD

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Sedham

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Laura V Shaw (Address) 603 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place MD Date April 25 1934

19. UNDERTAKER Harry H. White (Address) 1101 Calverton Ave

20. Thurston Williams, Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Infarction

Other contributory causes of importance:

Cholelithiasis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) H. P. Berggren, M.D. (Address) 305 N. Belden St Registrar.

R 24 1934

F 00734

F 00734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD)

St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

Lena Williams

(a) Residence: No.

1630 Ellsworth St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE Years Months Days If LESS than 1 day, hrs. or min. 42

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 057

BIRTHPLACE (city or town) (State or country) unknown

12. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

April 24, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1934

22. I, HEREBY CERTIFY, That attended deceased from April 11, 1934, to April 21, 1934

I last saw him alive on April 21, 1934. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Chronic valvular heart (Aortic) disease. Acute pulmonary edema.
2. Chronic nephritis.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? autopsy are an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

M. D.

24-1934

0331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00735
ORE

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2819 Hudson St.* ST. *1-01* WARD)

2 FULL NAME

(a) RESIDENCE NO. *2819 Hudson St.*
(usual place of abode)

Length of residence in city or town where death occurred *Life* mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

3 Single, Married, Widowed, or Divorced, (write the word)

14 married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE

73

73

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant
(Address)

24 1934

ST.

WARD

(If non resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *April 23/34*

17 I HEREBY CERTIFY, That I attended deceased from *Dec. 4*, 19*33*, to *April 23*, 19*34*
that I last saw her alive on *April 22*, 19*34*
and that death occurred, on the date stated above, at *8:22 a.m.*

THE CAUSE OF DEATH* was as follows:
*Carcinoma of Intestines.
(Metastasis into Livers &
possibly Lungs)*

CONTRIBUTORY (Secondary)

Ascites

18 Where was disease contracted?
If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 UNDERTAKER

Holy Redeemer

John J. Luda

2811 Hudson St.

DATE OF BURIAL

4/26 1934

ADDRESS

2811 Hudson St.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Dead on Arrival at

CITY OF BALTIMORE: (No.

St. Joseph Hospital St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Charles Walton Clark

(A) Residence: No. 104 13th St. N.E. Washington D.C. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. HUSBAND of (or) WIFE of	Ruth Cavanaugh
----------------------------	----------------

7. DATE OF BIRTH (month, day, year)	Sep 30/1894
8. AGE	Years 39 Months 6 Days 21
	If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	House Painter
---	---------------

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
---	--

11. Date deceased last worked at this occupation (month and year)	
---	--

11. Total time (years) spent in this occupation	050
---	-----

12. BIRTHPLACE (city or town) (State or country)	Baltimore, Md.
--	----------------

13. NAME	Charles H. Clark
----------	------------------

14. BIRTHPLACE (city or town) (State or country)	Wannesboro, Va.
--	-----------------

15. MAIDEN NAME	Lucy Lee Taylor
-----------------	-----------------

16. BIRTHPLACE (city or town) (State or country)	Hanover Co., Va.
--	------------------

17. INFORMANT (Address)	Charles H. Clark 603 8th St., N.E. Wash.
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18. BURIAL, CREMATION, OR REMOVAL	
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19. Place	Washington Va
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20. UNDERTAKER (Address)	W. W. Seal Wash. D.C. 816 14th St. N.E. Wash. D.C.
--------------------------	---

21. Date	Apr. 26 1934
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/34, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on about 1 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:
Cardiac Failure due to
Infective Bronchitis

Date of onset

Other contributory causes of importance:
Severed Trachea with stricture
and stricture of oesophagus
(Attempted suicide Feb 14/34)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Washington D.C.

Specify whether injury occurred in industry, in home, or in public place

Home

Manner of injury with pocket knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)	J. H. [Signature]	M. D.
(Address)	508 E. North St.	

24 1934

F 00737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sana'i Hospital* St. *13-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *308 S. Bethel* St., *17* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *S*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *June 26 1933*AGE Years Months Days If LESS than 1 day, hrs. or min.
— 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 24*, 193422. I HEREBY CERTIFY, That I attended deceased from *March 29*, 1934, to *April 24*, 1934I last saw him alive on *April 24*, 1934. Death is said to have occurred on the date stated above, at *12:00* A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Failure

Date of onset

4-20-34

Other contributory causes of importance:

Emphysema
*Acute Pneumonia**3-20-34**3-2-34*Name of operation *Throsectomy*Date of *3-29-34*What test confirmed diagnosis: *Cholera* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Frank H. Hall*

(Address)

M. D.

00738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Mainfield Ave St. 27-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4308 Mainfield Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, of Larrea A. Beck (or) WIFE of

DATE OF BIRTH (month, day, year) March 1 1874

AGE Years 60 Months 1 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME August Spiering

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Mary Pyrie

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT August L. Beck(Address) 4308 Mainfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore CityDate Apr 26 1934UNDERTAKER Harry Wood, Inc.(Address) 1301 E. Eager St.

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1934 to Apr 23 1934

I last saw him alive on Apr 23 1934 Death is said to have occurred on the date stated above, at 7-11 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

2 yrs

Other contributory causes of importance:

Pulmonary embolism

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If specify _____

(Signed) Edward L. Wood M. D.(Address) 413 N. Washington

F 00739

HEALTH DEPARTMENT—CITY OF BALTIMORE

739

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Mem. Hosp. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ethel Warrne Chaplin

(a) Residence: No.

1656 Torneck Ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

De Witt Chaplin

DATE OF BIRTH (month, day, year)

April 28, 1907

AGE

Years

26

Months

17

Days

27

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Insurance Co.

10. Date deceased last worked at this occupation (month and year)

Feb. 1932

11. Total time (years) spent in this occupation

4

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

Edward Warrne

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Minnie Weber

16. BIRTHPLACE (city or town) (State or country)

Mt. Savage, Md.

INFORMANT

De Witt Chaplin

(Address)

1656 Torneck Ave.

BURIAL, CREMATION, OR REMOVAL

London Park

Date

April 27, 1934

UNDERTAKER

(Address)

William Cook

127 S. Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

1/31/34 to 4/23, 1934

I last saw him alive on 4/23, 1934 Death in said

to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis, bilateral
Empyema; right

Date of onset

4/12/34 (2)

Other contributory causes of importance:

Erysipelas

4/14/34

Name of operation: Thymoplasty, rt

Date of March 34

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Richard France

M. D.

(Address) Union Memorial Hospital

1934

P. P. H.

0740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 W Hoffman 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Girl Dunlap
255 W Hoffman St.

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

1934

0333

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of heart

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00741

0741

CERTIFICATE OF DEATH

✓ 95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 Baker St. Ward 14-01)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Johnson(a) Residence: No. 578 Baker St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>7</u>	4. Color or Race <u>R.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joe Johnson</u>		
DATE OF BIRTH (month, day, year) <u>1869-</u>		
AGE <u>64</u>	Years	Months Days
11. LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>070</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

BIRTHPLACE (city or town) (State or country) Pa13. NAME Sam. Johnson14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Amey Charles16. BIRTHPLACE (city or town) (State or country) PaINFORMANT John White(Address) 578 Baker St.

BURIAL, CREMATION, OR REMOVAL

Place WoodlawnDate 4/24 1937UNDERTAKER Archibald B. Gaddis(Address) 210 McCall St.

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/3722. I HEREBY CERTIFY, That I attended deceased from 4/23/37 1937 to 4/23/37 1937I last saw him alive on 4/23/37 at 7:10 p.m. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 4/23/37

Other contributory causes of importance:

Organic heart diseaseName of operation Pneumonia Date of 10What test confirmed diagnosis? Pneumonia Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) H. De Ellis(Address) 424 South

M. D.

0742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00742

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No.

4017 Liberty Heights 15-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Phoebe O'Dell Davis

(a) Residence: No.

4017 Liberty Heights

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Louis W. Davis

DATE OF BIRTH (month, day, year)

Aug 3 - 1869

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

8

20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House work

10. Date deceased last worked at this occupation (month and year)

Baltimore

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

O'Dell

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Emily Haviland

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

L. Nelson Davis

(Address)

4017 Liberty

BURIAL, CREMATION, OR REMOVAL

Place

Ward 15-01

UNDERTAKER

(Address)

Thurston & Sons

4-19-34

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I attended deceased from

I last saw him alive

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

0743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. St., 15-01 Ward)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME John Morrison

(a) Residence: No. 2820 W. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 11, 1885

AGE Years Months Days If LESS than 1 day, hrs. or min.
48 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) England

13. NAME William Morrison

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Catherine McIntire

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem

Date Apr. 25, 1934

UNDERTAKER
(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 22, 1934

I last saw him alive on April 22, 1934 Death is said to have occurred on the date stated above, at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Jan. 1934

Other contributory causes of importance:

Name of operation Clin. Date of No

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Christopher C. Shaw, M. D.
Baltimore City Hospitals

0744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Balto Md St. 710 Ward 34

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elias Hopkins

(a) Residence: No.

Unknown

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color of Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

8-4-73

AGE

Years

60

Months

8

Days

18

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Delaware

13. NAME

William Hopkins

14. BIRTHPLACE (city or town) (State or country)

Delaware

15. MAIDEN NAME

Jane Smith

16. BIRTHPLACE (city or town) (State or country)

Delaware

INFORMANT

(Address)

Records Balto City Hgts

BURIAL, CREMATION, OR REMOVAL

Place

Wilmington Del Apr 24, 1934

UNDERTAKER

(Address)

Wm J. Tietner & Son
1100 North 1st St
Huntington Village, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1934

22. I HEREBY CERTIFY That I attended deceased from 1-23-34 to 4-22-34

I last saw him alive on 4-22-34 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Failure
Ischemic Arteriosclerosis - Arteriosclerosis

Other contributory causes of importance:

General Paralysis of Insane

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harry Goldsmith M. D.

(Address) Balto City

1934

F 00745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. *131*)St. *4-01* Ward)Length of residence in city or town where death occurred yrs. *6* mos. *6* wks. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Lizah L. Bennett*(a) Residence: No. *104 E. Pleasant St.*

(Usual place of abode)

Ward. *Columbia Pa.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed or divorced
HUSBAND of *Edward Bennett*
(or) WIFE ofDATE OF BIRTH (month, day, year) *10-4-1893*AGE Years *40* Months *6* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Pa.*
(State or country)13. NAME *William Master*14. BIRTHPLACE (city or town) *Pa.*
(State or country)15. MAIDEN NAME *Hattie Kaufman*16. BIRTHPLACE (city or town) *Pa.*
(State or country)INFORMANT *Records*
(Address) *JOHNS HOPKINS HOSPITAL*

BURIAL, CREMATION, OR REMOVAL

Place *mt Beth*UNDERTAKER *Wm. St. Paul*
(Address) *1212 St. Paul St. Baltimore Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-24-1934*22. I HEREBY CERTIFY. That I attended deceased from *3-2-1934* to *4-24-1934*I last saw h. *4-24-1934* alive on *4-24-1934* Death is said to have occurred on the date stated above, at *7:20 a.m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic nephritis, hypertension**Uremia**Fibrinous pericarditis*

Date of onset

*3/19/33**Jan 1934**April 1934*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *Josef J. Bergmeyer*(Address) *Johns Hopkins Hospital*

M. D.

1934

00746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00746

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1467 Towson St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

length of residence in city or town where death occurred 30 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

Elizabeth Olman

(a) Residence: No. 1467 Towson (Usual place of abode)

St. 4-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color of Race White 5. Single, Married, Widowed, or Divorced Widowed
If married, widowed, or divorced
HUSBAND of Harry Olman
(or) WIFE of

DATE OF BIRTH (month, day, year)
AGE ? Years 70 Months 0 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country) Barnphol

13. NAME Henry

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT John H. Olman
(Address) 1467 Towson St.

BURIAL, CREMATION, OR REMOVAL
Place St. Cornel Date Apr. 26, 1934

UNDERTAKER Margaret E. Flynn
(Address) 1107 N. ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934
22. I HEREBY CERTIFY, That attended deceased from
December 12, 1933 to April 23, 1934
I last saw h. or alive on April 25, 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

General Ateir - Solusis 39h
Myocarditis 1 yr
Angina Pectoris 1 yr

Other contributory causes of importance:

Acute At. of Heart 6h.
Obstruction of Lungs 6h.

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? —

23. If death was due to external cause (violence) fill in also the following: —

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. S. ... M. D.

(Address) 76 Calverton Rd.

41934

F 00747

F 00747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 1208 Edmunds St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or race 5. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

married, widowed, or divorced

HUSBAND of
(or) WIFE of

I last saw him alive on

to have occurred on the date stated above, at

DATE OF BIRTH (month, day, year)

The principal cause of death and related causes of importance were as follows:

YEARS 44 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bark, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

(Address)

URIAL, CREMATION, OR REMOVAL

Place Date

NDERTAKER

(Address)

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

25 1934

D. B. 100748

F 00748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4607 York Road

St. 27-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME LENA M. McELROY

(a) Residence: No. 4607 York Road

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of Henry P. McElroy (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 17, 1858

AGE 75 Years 4 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Fred Alheit

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Miss Blanche A. McElroy (Address) 4607 York Road

BURIAL, CREMATION, OR REMOVAL

Catholic Cemetery April 27, 1934

UNDERTAKER (Address)

51934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933 to April 23, 1934

I last saw him alive on April 23, 1934 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Pericarditis

Date of onset

1932

Other contributory causes of importance:

Chronic Hypertension

Date of onset

1932

Name of operation

None

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? 40

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

1331 E North Ave.

M. D.

F 00749

F 00749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E. Lafayette Ave St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Fisher, Jr.(H) Residence: No. 2110 E. Lafayette Avenue St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of None
(or) WIFE ofDATE OF BIRTH (month, day, year) 6, 29, 1931AGE Years Months Days If LESS than 1 day, hrs. or min.
2 9 mos 25 268. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Chester Penna
(State or country)13. NAME William M. Fisher Sr.14. BIRTHPLACE (city or town) Chester Pa.
(State or country)15. MAIDEN NAME Marion E. Travers16. BIRTHPLACE (city or town) Maryland
(State or country)INFORMANT William M. Fisher
(Address) 2110 E. Lafayette Avenue

BURIAL, CREMATION, OR REMOVAL

Place Woodland Cemetery Date 4-29 1934UNDERTAKER Robert L. Hill
(Address) 1600 N. Chester Street

25 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 193422. I HEREBY CERTIFY. That I attended deceased from April 20, 1934, to April 25, 1934I last saw him alive on April 25, 1934. Death is said to have occurred on the date stated above, at 2:35 AM.

The principal cause of death and related causes of importance were as follows:

Measles
Broncho pneumoniaDate of onset
4-17-34
4-24-34

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Sam Weiss M. D.
(Address) 2039 C. North Ave

D. R. F 00750

F 00750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Women's Hospital St. 27-01 Ward

Date of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Abortion Hoffman

(a) Residence: No.

5240 St. Charles Avenue

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female white

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Wesley E. Hoffman

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louise Dickelbrager

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL (Address)

Place Carnegie Laboratory

UNDERTAKER (Address)

251 1334 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 22, 1934 to April 23, 1934

I last saw him alive on April 22, 1934 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Immaturity. Placenta

Praemia at 6 or 7

Other contributory causes of importance:

Lunar months of pregnancy

Weight 25 ounces

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John B. Murray M. D.

(Address) 9 East Chase Street

D.F. 00751

✓ F 00751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Grundy St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? yrs. mo. da.FULL NAME Theresa Kroen(a) Residence: No. 812 S. Grundy St., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced HUSBAND of Late Charles Kroen (or) WIFE of Late Charles KroenDATE OF BIRTH (month, day, year) April 20 1866
AGE Years 67 Months 9 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refuse collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany (State or country)13. NAME Theresa14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME ?16. BIRTHPLACE (city or town) Germany (State or country)INFORMANT Charles B. Kroen (son) (Address) 812 S. Grundy St.BURIAL, CREMATION, OR REMOVAL Place Garces Heart Date Apr 26 33UNDERTAKER Lilly & Ziller Inc. (Address) 413 1st St. W.FILED Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 193422. I HEREBY CERTIFY That I attended deceased from Apr. 20 1934 to Apr. 23 1934I last saw him alive on Apr. 23 1934 Death is said to have occurred on the date stated above, at 2:52 m.

The principal cause of death and related causes of importance were as follows:

Streptococcus Infection of Throat
Cellulitis of throat

Other contributory causes of importance:

Systolic

Name of operation _____ Date of _____

What test confirmed diagnosis? C Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Joseph J. Jansky M. D.(Address) 441 S. Elliott St.

1934

F 00752

HEALTH DEPARTMENT—CITY OF BALTIMORE

00752

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary, 1-01 Ward)

Length of residence in city or town where death occurred: 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mildred Senberth

(a) Residence: No. 510 S. Potomac St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) married

4. If married, widowed, or divorced HUSBAND of (or) WIFE of

John Senberth

DATE OF BIRTH (month, day, year)

Sep 5/1905

5. AGE Years 28 Months 7 Days 17 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Rock Hall, Md (State or country)

10. NAME Richard Downey

11. BIRTHPLACE (city or town) Maryland (State or country)

12. MAIDEN NAME ????????

13. BIRTHPLACE (city or town) Maryland (State or country)

14. INFORMANT John Senberth

(Address) 510 S. Potomac St

15. BURIAL, CREMATION, OR REMOVAL

Place Buried Here Date App. 25 - 1934

16. UNDERTAKER

(Address)

Jelly & Zeller Inc. 405 S. W. 1st St.

51934

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 22/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

Meningitis (probably tubercular) ?

Other contributory causes of importance:

Terminal Bronchopneumonia (Slight)

2 day

Lumbar puncture not yet finished

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Brown, M. D.

(Address) 508 E. Pratt St

F 00753

F 00753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
CITY OF BALTIMORE: (No. St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph White

(a) Residence: No. 944 Mason st. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Mary White
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 2, 1893

AGE Years 40 Months 7 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

13. NAME Charles White

14. BIRTHPLACE (city or town) UNKNOWN
(State or country)

15. MAIDEN NAME Mattie ?

16. BIRTHPLACE (city or town) Virginia
(State or country)INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Whitehaven Cemetery Date April 25, 1934

UNDERTAKER
(Address)Richard A. Ladd
2101 Mc Carthy St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934 to April 22, 1934

I last saw him alive on April 22, 1934. Death is said to have occurred on the date stated above, at 2.25 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

Feb.
1934

Other contributory causes of importance:

Lung abscess

March
1934

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.
(Address) Baltimore City Hospitals

25 1934

F 00754

F 00754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *14-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Enoch Hall(a) Residence: No. *2238 Druid Hill Ave.* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Mary Hall*
(or) WIFE of

DATE OF BIRTH (month, day, year)

*July 12, 1887*AGE Years *46* Months *9* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Truck Driver*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Christina Plumber?*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*

INFORMANT

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place *New Catholic* Date *April 20*, 19*34*

UNDERTAKER

Dr. J. H. G. Gaddis
210 N. E. 1st St.

FILED

Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 24*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *April 19*, 19*34*, to *April 24*, 19*34*I last saw him alive on *April 24*, 19*34*. Death is said to have occurred on the date stated above, at *12:15 P.* m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

7 mos?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. G. Gaddis M. D.
Mercy Hospital

25 1934

D. 00755

F 00755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 W. Mulberry St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7. Color Race 4. Single, Married, Widowed, or Divorced (Write the word) 5. Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, year) 6-10-1862

AGE 71 Years 10 Months 12 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Princess Anne Md. (State or country)

13. NAME John Stewart

14. BIRTHPLACE (city or town) Princess Anne Md. (State or country)

15. MAIDEN NAME Charlotte Jones

16. BIRTHPLACE (city or town) Princess Anne Md. (State or country)

17. INFORMANT Rita Wallace (daughter)

(Address) 1410 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary

Date 4/25, 1934

19. UNDERTAKER Charles Cooper

(Address) 514 N. Calverton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1934

I HEREBY CERTIFY That I attended deceased from Apr 18, 1934 to Apr 22, 1934

I last saw h. alive on Apr 22, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Obstructive Pneumonia

Date of onset 4/18/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 2 Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Novak

(Address) 1722 Pa. Ave.

M. D.

25-1934

D. B. 12 **F 00756****F 00756**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **94-001**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **39 N Patterson Park ave** Ward **6-21**)Length of residence in city or town where death occurred **35** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. **39 N Patterson Park ave** St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **married**If married, widowed, or divorced **Widowed** (or) WIFE of **Mary.**DATE OF BIRTH (month, day, year) **1870**AGE Years **64** Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) **Russia**13. NAME **George Higgin**14. BIRTHPLACE (city or town) (State or country) **Russia**15. MAIDEN NAME **Hannah Leah**16. BIRTHPLACE (city or town) (State or country) **Russia**INFORMANT **Gertrude Higgin**(Address) **39 N Patterson Park ave**

BURIAL, CREMATION, OR REMOVAL

Place **Washington Rd**Date **April 25** 19**34**UNDERTAKER **S. L. Larrison Bros**(Address) **1127 S Baltimore St**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **April 24** 19**34**22. I HEREBY CERTIFY, That I attended deceased from **Apr. 23** 19**34** to **Apr. 24** 19**34**I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **4:55** p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Anginal PainsDate of onset **Apr. 24****Final**
note

Other contributory causes of importance:

Dementia**years**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify _____

(Signed) **G. P. Rie**(Address) **24 S. Perry**

M. D.

25 1934

00757

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00757

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home and Infirmary

CITY OF BALTIMORE: (No. _____)

St. 27 Ward 5

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mr Herney Travers

(a) Residence: No. 4918

Arabia Ave

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed or divorced

HUSBAND of

Bathaine Travers

DATE OF BIRTH (month, day, year)

May 4 - 1887

AGE 46

Years

Months

11

Days

11

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Supt. of Mutual

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Life Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

086

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Matthew Travers

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Susan Jane Cannon

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT

(Address)

Bathaine Travers
4918 Arabia Ave.

BURIAL, CREMATION, OR REMOVAL

Place

National City

Date

April 26, 1934

UNDERTAKER

(Address)

John A. Morgan
3000 E. Belts

FILED

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 21, 1934, to April 22, 1934.

I last saw h.t. alive on April 22, 1934. Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia; rt

Date of onset

4/14/34

Other contributory causes of importance:

Cardiac failure
Secondary

Name of operation

None.

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No.

If so, specify

(Signed)

David A. Andrew

(Address)

Church Home & Infirmary

M. D.

00758

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00758

CERTIFICATE OF DEATH

Registered No. 93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 E Lombard St., 2-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Bronislawa Koszalka

(a) Residence: No. 1841 E Lombard St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Koszalka

DATE OF BIRTH (month, day, year)

AGE 4 Years 54 Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

BIRTHPLACE (city or town) (State or country) Poland

3. NAME Stanislaw Hdziszczny

4. BIRTHPLACE (city or town) (State or country) Poland

5. MAIDEN NAME Marie Kowalska

6. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Walter Koszalka

(Address) 1841 E Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 26 1934

UNDERTAKER

(Address) 1230 E. ...

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of... What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If no, specify

(Signed) J. H. ... M. D.

(Address) 1303 N. ...

00759 HEALTH DEPARTMENT—CITY OF BALTIMORE F 00759

11-002
REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1413 E. Preston St.
CITY OF BALTIMORE: (NO. Edna Thompson ST. 10-01 WARD)

2 FULL NAME Edna Thompson

(A) RESIDENCE NO. 1413 E. Preston ST. _____ WARD _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. (life) mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. X

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4 COLOR OR RACE col. 5 Single, Married, Widowed, or Divorced, (write the word) single

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, and year) 1894

AGE Years _____ Months _____ Days _____
If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 70

(c) Name of employer _____

BIRTHPLACE (city or town) Balto., Md.
(State or country)

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER Fizzie Tate

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

Informant Fizzie Tate
(Address) 1413 E. Preston St.

25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21/34

17 I HEREBY CERTIFY, That I attended deceased from 4/14 1934, to 4/21 1934
that I last saw her alive on 4/21 1934
and that death occurred, on the date stated above, at 11:20 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis & Endocarditis

(duration) yrs. _____ mos. 14 ds.

CONTRIBUTORY Neuritis & Influenza
(Secondary)

(duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted
If not at place of death? no

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) H. B. Blah M. D.

4/23/34 (Address) 924 Aragon St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Calvary Cemetery

DATE OF BURIAL

4/25 1934

20 UNDERTAKER

Walter B. Spriggs

ADDRESS Hamley St.

00760

HEALTH DEPARTMENT—CITY OF BALTIMORE

00760

784538

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Conanti Skatobos

(a) Residence: No.

910 N Chester

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 193422. I HEREBY CERTIFY. That I attended deceased from
April 21, 1934, to April 22, 1934.I last saw him alive on April 22, 1934. Death is said
to have occurred on the date stated above, at 10 P m.The principal cause of death and related causes of
importance were as follows:Pneumonia, probably lobes

Date of onset

4/16/34

Other contributory causes of importance:

Emphysema
2. Bronchial asthma

2

1932

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Thos D. Stetler
Johns Hopkins Hospital

M. D.

PR 25 1934

10 M F 00761

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 00761

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (NO. 28-01)

WARD)

2. FULL NAME

(a) RESIDENCE NO.

ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode) 5317 3 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employerBIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant

(Address)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an inquest, autopsy or inquiry. I

thereon and from the evidence obtained by said (inquest, au-

topsy or inquiry.) find that said deceased came to death

on the day stated above.
The CAUSE OF DEATH* was as follows:

Fractured Skull

CONTRIBUTORY
(Secondary)18 Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Joseph P. Brown

Coroner, M. D.

19 (Address)

2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

ADDRESS

R 25 1934

UNDERTAKER

Wm. V. Lickner

762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Thompson(a) Residence: No. 1119 N Dallas St. Ward. 8-01 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) NoneIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 6-21-1931AGE Years Months Days If LESS than 1 day, hrs. or min.
2 10 1

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) MD12. NAME Robert Thompson14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Mollie Burke16. BIRTHPLACE (city or town) (State or country) MDINFORMANT (Address) Records

BURIAL, CREMATION, OR REMOVAL

Place St. Calvary Date 4/26UNDERTAKER (Address) Rayner Sanders5-1934 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 193422. I HEREBY CERTIFY. That I attended deceased from April 16, 1934, to April 22, 1934I last saw him alive on Apr 22, 1934 Death is said to have occurred on the date stated above, at 8:45 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Meningitis (bacterial)Date of onset
4-8-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Wasington(Address) John A. Wasington

M. D.

F 00763

00763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 E. Fort Ave St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L. Benson

(a) Residence: No. 407 E. Fort Ave St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of John Benson (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 15 1844

AGE Years 89 Months 7 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Wash. D. C. (State or country)

13. NAME John Mc Allister

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Mary Betz

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Mrs. Ursula Gadd 407 E. Fort Ave. (Address)

BURIAL, CREMATION, OR REMOVAL

Place Longview PH Date 4/27/1934

UNDERTAKER (Address)

130 E. Fort Ave.

5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 24. 34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11. 23. 28, 19, to 4. 24. 34, 19

I last saw deceased alive on 4. 24. 34, 19 2:30 P. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Intestinal
necrosis

Other contributory causes of importance:

Dementia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Philip B. Toulon M. D.

(Address) 1432 Williams St.

0764

HEALTH DEPARTMENT—CITY OF BALTIMORE 0764

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N. Lexington St., 4-21 Ward)

Length of residence in city or town where death occurred: 28 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth: 28 yrs. 0 mo. 0 ds.

2. FULL NAME

(a) Residence: No. 629 N. Lexington St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced
 HUSBAND of Lillian Stain
 (or WIFE of)

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME David

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1904

22. I HEREBY CERTIFY That I attended deceased from

Feb. 15, 1904, to April 24, 1904

I last saw him alive on April 24, 1904 Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency

Date of onset

Other contributory causes of importance:

Chc. Myocarditis
Cardiac Hypertrophy and Atherosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

61934 Huntington Williams, Apr 24, 1904

F 00765

0765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME *Roland Miller*(a) Residence: No. *439 W 24th St.* St., *2-91* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 27, 1933*
AGE Years Months Days *11* 0 *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto*
(State or country) *md.*13. NAME *Leo F. Miller*14. BIRTHPLACE (city or town) *Balto*
(State or country) *md.*15. MAIDEN NAME *Ruth M. Wood*16. BIRTHPLACE (city or town) *md.*
(State or country)INFORMANT *Leo F. Miller*(Address) *439 W. 24th St.*

BURIAL, CREMATION, OR REMOVAL

Place *W. G. Brown*UNDETAKEE *Walter Davis*(Address) *34186*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 25th, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 19, 1934* to *April 25th, 1934*I last saw him alive on *April 25th, 1934* Death is said to have occurred on the date stated above, at *5:05 A.M.*

The principal cause of death and related causes of importance were as follows:

*Lotar pneumonia*Date of report *4/19/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Samuel E. Bayorap, M.D.*
(Address) *Sydenham Hospital*

F 00766

HEALTH DEPARTMENT—CITY OF BALTIMORE

00766

CERTIFICATE OF DEATH

X 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hosp. St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Bernard Hugg

(a) Residence: No. 12 Ridgemoor Ave. Annapolis Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 11-1924

AGE Years 9 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Annapolis Md (State or country)

13. NAME Edward Hugg

14. BIRTHPLACE (city or town) New York (State or country)

15. MAIDEN NAME Ruth E. Ward

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Edward Hugg (Address) Annapolis Md

BURIAL, CREMATION, OR REMOVAL Place of Maryland Annapolis Date April 27, 1934

UNDERTAKER (Address) Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/34 19

22. I HEREBY CERTIFY. That I attended deceased from 1/3/34 19 to 4/25/34 19

I last saw him alive on 4/25/34 19 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial stenosis (Rheumatic in origin) with decompensation

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? M

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

25 1934

F 00767

0767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 S. Clinton St., 26-01 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1343 S. Clinton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4. Color or Race 7 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. S. Jenkins

DATE OF BIRTH (month, day, year) May-14-1871

AGE Years 62 Months 11 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cumberland (State or country) Md.

13. NAME Oscar Dean

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Lottie Dosch (Address) Taylor Ave. Essex

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date 4/26, 1934

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934 to April 23, 1934

I last saw her alive on April 22, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of the Stomach

Date of onset

Other contributory causes of importance:

Metastasis to the Liver

Name of operation none Date of

What test confirmed diagnosis Rx. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

Jas. A. Rosenblatt M. D.
3028 O'Donnell St.
Balto, Md

F 00768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. _____)St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 4 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.2. FULL NAME John Goodman

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single Married Widowed or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Rebecca GoodmanDATE OF BIRTH (month, day, year) 9-11-1843AGE 90 Years 7 Months 13 Days If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation FarmerBIRTHPLACE (city or town) Maryland
(State or country)13. NAME Richard Goodman14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Martha Jones16. BIRTHPLACE (city or town) Maryland
(State or country)INFORMANT Peters
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Wesley ChapelDate April 27 1934UNDERTAKER Edna Lassman & Son
(Address) 2411 Belair Rd.

5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-193422. I HEREBY CERTIFY, That I attended deceased from 4-20-1934 to 4-24-1934I last saw him alive on 4-24-1934 Death is said to have occurred on the date stated above, at 1:40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the prostate
Cardiac failure
Secondary aneurysm

Date of onset

Other contributory causes of importance:

Name of operation Prostatectomy Date of 4-23-34What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Lumma Alexander Jr.(Address) Johns Hopkins Hospital, Balto

M. D.

0769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Park Ave St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs 10 mos 18 ds. How long in U. S. If of foreign birth? 28 yrs 10 mos 18 ds.

2. FULL NAME

(a) Residence: No. 2012 Park Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed or divorced
HUSBAND of Florence Smith McCardell
(or) WIFE ofDATE OF BIRTH (month, day, year) June 4/1905AGE Years Months Days H LESS than
28 10 18 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer for9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brooklyn Union Gas Co10. Date deceased last worked at this occupation (month and year) Feb - 25/1934 11. Total time (years) spent in this occupation 5 yrsBIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Walter B McCardell14. BIRTHPLACE (city or town) Probably in
(State or country) Ind.15. MAIDEN NAME Eleanor Dooley16. BIRTHPLACE (city or town) Probably in
(State or country) MarylandINFORMANT Mrs Florence S. McCardell
(Address) 2012 Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Dundalk Date Apr - 26/34UNDERTAKER Stewart Mort Co
(Address) 1020 N Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24, 193422. I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to April 23, 1934last saw him alive on April 23, 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerulonephritis 1919 Date of onset

Other contributory causes of importance:

Uremic Coma 2 dyName of operation None Date ofWhat test confirmed diagnosis? Urinal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify _____(Signed) Stewart McCardell, M. D.(Address) 1609 Linden Ave

1934

Registrar.

F 00770

F 00770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore Md
 CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Zimmerman

(a) Residence: No. 2907 Eastern Avenue St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
 HUSBAND of Margaret Weinel Zimmerman
 (or) WIFE of

DATE OF BIRTH (month, day, year) January 7, 1873

AGE Years Months Days If LESS than 1 day, hrs. or min.
 71 3 17 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-2-33 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME Charles Zimmerman

14. BIRTHPLACE (city or town) Bavaria
 (State or country)

15. MAIDEN NAME Annie Jane Graham

16. BIRTHPLACE (city or town) England
 (State or country)

INFORMANT Records, U. S. Marine Hospital
 (Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date April 28, 1934

UNDERTAKER

(Address)

George W. Gubler
 1737 E. Eager St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 19, 1934 to April 24, 1934

I last saw him alive on April 24, 1934. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Embolism, cerebral

Date of onset

4 days

Other contributory causes of importance:

Calcification of corotid artery Undet.

Leukoplakia of m.m. rt. cheek

Name of operation Cauterization of Leukoplakia Date of 4-20-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

U. S. Marine Hospital.

M. D.

61934

00771

E 00771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Clifton Ave. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 3821 Clifton Ave. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color of face 2. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

3. If married, widowed, or divorced, HUSBAND of (or) WIFE of

saw h.

alive on

Death is said

4. DATE OF BIRTH (month, day, year)

AGE

Years 60

Months 8

Days 9

If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

FULL NAME

(a) Residence: No. 3821 Clifton Ave. (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color of face 2. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

3. If married, widowed, or divorced, HUSBAND of (or) WIFE of

saw h.

alive on

Death is said

4. DATE OF BIRTH (month, day, year)

AGE

Years 60

Months 8

Days 9

If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 00772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N Chapel St., 7-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da.

FULL NAME

Clara V. Cooper (Hilmore)

(a) Residence: No. 1037 N Chapel St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Hilmore

DATE OF BIRTH (month, day, year) 1884

AGE

Years 30

Months 1

Days —

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md.

12. NAME

Thomas Cooper

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. MAIDEN NAME

Annie Cornish

16. BIRTHPLACE (city or town) (State or country)

Balto Md.

INFORMANT

Mrs Elouise Campbell

(Address)

1032 N Chapel St.

BURIAL, CREMATION, OR REMOVAL

Place

Ashbury Cemetery

Date 4/26, 1934

UNDERTAKER

Mrs L. H. Bailey

(Address)

1421 Jefferson St

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 34 to April 22 1934

I last saw her alive on April 21, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Jan 1934

Other contributory causes of importance

Chronic Bronchitis
Parenchymatous Nephritis

Date of onset

Jan 1934

Name of operation

none
physical

Date of

What test confirmed diagnosis? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

R. J. Young

M. D.

(Address)

D. B. 126 **F 00773****F 00773**

84365 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. **76-01** Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Viola Campo (VIOLA NANCY CAMPONESCHI)

(a) Residence: No.

3811th Pleasant St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **child**If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Mar 21, 1933

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.**1****1****3**8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)**Maryland**

13. NAME

Ray Campo14. BIRTHPLACE (city or town)
(State or country)**unknown**

15. MAIDEN NAME

unknown16. BIRTHPLACE (city or town)
(State or country)**unknown**

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Oak Lawn CemeteryDate **Apr. 27, 1934**HENRY SANDER & SONS, INC. **F. Sander**

UNDERTAKER

(Address)

Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

APR 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 16, 1934 to April 24, 1934I last saw her alive on **Apr 24, 1934** Death is said
to have occurred on the date stated above, at **4:00 p.m.**The principal cause of death and related causes of
importance were as follows:**Pneumonia (acute primary
(lobar))**

Date of onset

4/13/34

Other contributory causes of importance:

**Emphysema
Chronic Bronchitis****4/21/34****4/21/34**Name of operation **Therapeutic**Date of **4/22/34**

What test confirmed diagnosis?

Chest X-ray Was there an autopsy? **yes**23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Arthur D. Hurd

M. D.

(Address)

Johns Hopkins Hospital**26 1934**

F 00774

F 00774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME John Lumpkins

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward Tennessee

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of _____
(or) WIFE of Laura Lumpkins

DATE OF BIRTH (month, day, year)

AGE 37 Years Months Days If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumpkins9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Tenn
(State or country)13. NAME James Lumpkins14. BIRTHPLACE (city or town) Tenn
(State or country)15. MAIDEN NAME Margaret P16. BIRTHPLACE (city or town) Tenn
(State or country)INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Knoxville Tenn Date April 26, 1934UNDERTAKER Joseph Ahrens

(Address)

26 1934 St. James Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 193422. I HEREBY CERTIFY, That I attended deceased from April 24, 1934 to April 25, 1934I last saw him alive on April 25, 1934 Death is said to have occurred on the date stated above, at 6:57 pm

The principal cause of death and related causes of importance were as follows:

Tuberculosis Brain

Date of onset

1933

Other contributory causes of importance:

TuberculosisName of operation Resection of Brain Date of _____What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Paul A. Kunkel(Address) Ten Johns Hopkins Hosp.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph Hospital St. 9-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

James J. McGovern(a) Residence: No. 532 E. 20th St., 9-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
-----------------------	----------------------------------	--

6. Married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) Feb 23/1888

8. AGE	Years <u>46</u>	Months <u>2</u>	Days <u>0</u>	9. If LESS than 1 day, hrs. or min.
--------	--------------------	--------------------	------------------	-------------------------------------

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Floor Finisher
 Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)NAME Michael McGovernBIRTHPLACE (city or town) Ireland
(State or country)MAIDEN NAME Rose LeonardBIRTHPLACE (city or town) Ireland
(State or country)FORMANT Miss Agnes McGovern
(Address) 532 E. 20th St

FUNERAL, CREMATION, OR REMOVAL

Place Cathedral Bur Date April 24, 1934FUNERAL TAKER Mary M. Woodfield
(Address) 501 E 22nd St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, 9.20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Fractured Skull (occiput) Apr 23/34

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: accidentAccident, suicide, or homicide? accident Date of injury _____, 19____.Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Sherwood Ave near 20th StManner of injury fell and struck head
Nature of injury against curb

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Baker(Address) 508 E. 11th St

M. D.

F 00776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____ (State or country) _____

12. NAME

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____ (State or country) _____

INFORMANT

(Address) _____

BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____

UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____

I last saw him alive on _____ Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Measles
Bronchopneumonia
Empyema

Date of onset
April 3
April 14
April 21

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) _____ M. D.

(Address) _____

APR 26

1934

F 00777

F 00777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* - 01 Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Henry L. Friess*(a) Residence: No. *512 2 East Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

If married, widowed, or divorced

HUSBAND of *Margaret Friess*

(or) WIFE of

DATE OF BIRTH (month, day, year) *May 5, 1858*

AGE

75

Years

Months *11*Days *18*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *none*BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *John Friess*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Catherine ?*16. BIRTHPLACE (city or town) *Germany*
(State or country)INFORMANT *Records*
(Address) *Balt. City Hosp.*

BURIAL, CREMATION, or REMOVAL

Place *Oak Lawn*Date *Apr 26, 1934*UNDERTAKER *John Ullrich*
(Address) *2008 Orleans*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 23, 1934*22. I HEREBY CERTIFY, That attended deceased from *Sept 30, 1932* to *April 23, 1934*I last saw him alive on *April 23, 1934* Death is said to have occurred on the date stated above, at *1:25 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Transfurring
Arteriosclerosis*

Date of onset

*2 yrs**?*

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Phragil*(Address) *Balt. City Hosp*

M. D.

APR 26 1934

D. B. F 00778

✓ F 00778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 133) 11 North Ave. St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 37 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1331 11 North Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female 4. Color or Race: White 5. Single, Married, Widowed, or Divorced: Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry G. Wiesner

DATE OF BIRTH (month, day, year)

AGE: Years 51 Months 10 Days 16 If LESS than 1 day, hrs. or min. 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 1331 11 North Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Apr 28 1937

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/11/37, 1937, to 4/20/37, 1937

I last saw him alive on 4/25/37. Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

Cardiac stenosis, partially caused by general arteriosclerosis, following severe arteriosclerosis nigra

Date of onset

3-4-37

5-6-37

27-6-37

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Impregnated Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

20 1334

3902

Co. 5 F-00779

✓ F-00779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4220 Bayonne Ave Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. 10 mos. 1 ds. How long in U.S. If of foreign birth? 93 yrs. 10 mos. 1 ds.

FULL NAME

Christian Schmeiser

(a) Residence: No. 4220 Bayonne Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sep 19, 1860
AGE Years 73 Months 7 Days 43 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 10 yrs
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME John Schmeiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Alvost

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr F Schulte
(Address) 4220 Bayonne Ave

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Apr 27, 1934

UNDERTAKER John Ullrich
(Address) 2008 Orleans

REG 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24, 1934

I HEREBY CERTIFY That I attended deceased from April 4, 1934 to April 24, 1934
I last saw him alive on April 24, 1934 death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative myocarditis

Date of onset

1 yr

Other contributory causes of importance:

Hypostatic Pneumonia

10 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm J Schmeiser M. D.

(Address) 6016 Eastern Ave Baltimore

1-30 M. & T. 25 Bks.
F 00780

F 00780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 539 N. Mount ST. 19-01 WARD)

2-FULL NAME

(a) RESIDENCE No. 539 N. Mount ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE Years Months Days LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1934, to April 24, 1934, that I last saw him alive on April 24, 1934, and that death occurred, on the date stated above, at 12.30 P.M. The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular complications

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, lab. (Signed) H. Maceo Williams, M. D.

4-25-34 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS 322

26 1934

F 00781

F 00781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital - 01*)Length of residence in city or town where death occurred yrs. mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *Westminster, Md.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 1. Color or Race *White* 3. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND of (or) WIFE of *Joseph Bowers*DATE OF BIRTH (month, day, year) *Oct 22 - 1880*AGE Years Months Days If LESS than 1 day, hrs. or min. *53 6 3*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife 637*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Emmanuel Fisher*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Annie M. Kelly*16. BIRTHPLACE (city or town) (State or country) *Maryland*INFORMANT *Joseph H. Bowers* (Address) *Westminster Md*

BURIAL, CREMATION, OR REMOVAL

Place *Winters New Or under* Date *4/28, 1934*UNDERTAKER *H. B. Bankard & Son* (Address) *Westminster Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 25th, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 20th, 1934, to April 25th, 1934.*I last saw her alive on *April 25th, 1934.* Death is said to have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation

Date of onset

over

Other contributory causes of importance:

*Uremia.*Name of operation *none* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Lauriston L. Brown, M.D.*(Address) *University Hospital*

1934

00783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00783

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (X) *Baltimore City Hospital*

Ward)

Length of residence in city or town where death occurred *82* mos. ds. How long in U. S. If of foreign birth *8* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *114 N. Montford Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*If married, widowed, or divorced
HUSBAND of *Casper*
(or) WIFE of *(dead)*DATE OF BIRTH (month, day, year) *11/9/1842*AGE *90* Years *5* Months *15* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Freigold Grub*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Cath. Leitch*16. BIRTHPLACE (city or town) (State or country) *Germany*INFORMANT *Records*
(Address) *Balt. City Hosp.*BURIAL, CREMATION, OR REMOVAL *4/27/34*Place *Holy Redeemer*UNDERTAKER *Garry G. Ruth*(Address) *1235 N. ...*

APR 26 1934

Registrar. *Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1933* to *April 24, 1934*I last saw him alive on *April 24, 1934* Death is said to have occurred on the date stated above, at *12:30 p*

The principal cause of death and related causes of importance were as follows:

Myocardial Transferring
*Atherosclerosis*Date of onset *1 yr?*

Other contributory causes of importance:

Senility

Name of operation

Date of *April*

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature *Phagel*
(Address) *Balt. City Hosp*

M. D.

F 00784

00784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Female Infant Bauernschub

(a) Residence: No. 1826 North Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1934 AGE Years Months Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles Bauernschub

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eleanor Montgomery

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Charles Bauernschub (Address) 1826 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn April 26, 1934

19. UNDERTAKER (Address) 358 N. Caroline St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 9, 1934, to April 25, 1934.

I last saw her alive on April 25, 1934. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Spina bifida & meningocele.
2. Spinal meningitis; large.
3. Broncho pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagonella M. D. ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

PR 26 1934

M. D. F 00785

F 00785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hosp 48-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* mos. *24* ds. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* ds.

2. FULL NAME

Ellen Johnson(a) Residence: No. *1050* *Vine* St., *10* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6. If married, widowed, or divorced HUSBAND of *Joseph Johnson (dead)* (or) WIFE of *?*

DATE OF BIRTH (month, day, year)

AGE *75-?* Years Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *oil*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Columbia* (State or country) *red*13. NAME *?*14. BIRTHPLACE (city or town) *?* (State or country)15. MAIDEN NAME *Fannie Johnson*16. BIRTHPLACE (city or town) *red* (State or country)7. INFORMANT *Records*(Address) *Bald, City Hosp*

8. BURIAL, CREMATION, OR REMOVAL

At Calverton Cem Date *4/26/34*9. UNDERTAKER *Bernard H. Henschel*(Address) *815 Spring Hill St*

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 23, 1934*22. I HEREBY CERTIFY, That *deceased* deceased (from *Dec. 30* 1931, to *April 23, 1934*I last saw her alive on *April 23, 1934* Death is said to have occurred on the date stated above, at *8:30* p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
bronchitis

Date of onset

20 days

Other contributory causes of importance:

*Senility**?*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Phungell*

M. D.

(Address) *Bald City Hosp*

F 00786

F 00786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Bolton St., 14-01 Ward)

Length of residence in city or town where death occurred 32 yrs. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1722 Bolton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 22 - 1861

AGE Years 73 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Co

(State or country) Md

13. NAME Mr. Geo. M. Bailey

14. BIRTHPLACE (city or town) Balto

(State or country) Md

15. MAIDEN NAME Sarah Ann Fite

16. BIRTHPLACE (city or town) Balto Co

(State or country) Md

INFORMANT Mary M. Harrison

(Address) 1722 Bolton St.

RERIAL, CREMATION, OR REMOVAL

Place Ward Chapel

Date Apr. 26, 1934

UNDERTAKER Wm. J. Fickens & Son

(Address) 1722 Bolton St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934 to April 24, 1934

I last saw her alive on April 23, 1934 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from
Tubercular Ulcer

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00787

E 00787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Gay St. & Fallsaway.

St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Albert Rosenthal.

(a) Residence: No.

Marlborough Apartments St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, ~~XXXXXXXXXX~~
HUSBAND of ~~XXXXXXXXXX~~

Grace Adler Rosenthal

DATE OF BIRTH (month, day, year)

October 16, 1871

AGE Years 62 Months 6 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Contractor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Wilson, N.C.

13. NAME

Emile Rosenthal.

14. BIRTHPLACE (city or town) (State or country)

Germany.

15. MAIDEN NAME

Eva Gettinger.

16. BIRTHPLACE (city or town) (State or country)

GERMANY.

INFORMANT

Grace Rosenthal. (wife)

(Address)

Marlborough Apartments.

BURIAL, CREMATION, OR REMOVAL

Place

Bk. Mar. Date 4/27, 1934

UNDERTAKER

(Address)

D. L. L. Son
1902 E. Bay View

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

Plast saw h alive on 19 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Name of operation

None.

Date of

What test confirmed diagnosis? Inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt

(Address) 1017 E. Charles St.

Coroner

M. D.

25 1934

Huntington Williams

F 00788

F 00788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

284502

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Robert Hormats(a) Residence: No. 1900 N. Charles St. St. 12-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 2/7/13AGE Years 21 Months 7 Days 17 If LESS than 1 day. 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(1. Total time (years) spent in this occupation)

BIRTHPLACE (city or town) N.Y.
(State or country)13. NAME Abraham Hormats14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Grinda Kantor16. BIRTHPLACE (city or town) Russia
(State or country)INFORMANT Parents(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

By Hebrew Burial Soc Date 4/26/34 19UNDERTAKER Jack Lewis, Inc.(Address) 1439 E. Balto St.APR 26 1934 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 24 193422. I HEREBY CERTIFY, That I attended deceased from April - 20 1934 to April - 24 1934I last saw him alive on April - 24 1934 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor
Malignant

Date of onset

Dec 1933

Other contributory causes of importance:

Meningitis, T. OperationName of operation Removal Pericellar TumorDate of 4.21.34What test confirmed diagnosis? Biopsy Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Kimbel M. D.(Address) The Johns Hopkins Hosp.

F 00789

F 00789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Levindale Hebrew Home for aged & infirm

CITY OF BALTIMORE: (No. Belvidere & Greenpring St. 77-01)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Riva Baker (BAKER)

(a) Residence: No.

Levindale

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

widow

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of

not known

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

103

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Russia

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Symund Fairblast Belvidere & Greenpring

18. BURIAL, CREMATION, OR REMOVAL

Buried in Belvidere & Greenpring 4/26/34

19. UNDERTAKER

(Address)

439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 22, 1934, to April 25, 1934

I last saw her alive on April 25, 1934

to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Arterio-sclerosis
Fracture right femur.

Date of onset

Other contributory causes of importance:

Chr. Bronchitis

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Edmund Shevin M. D.

(Address) Levindale

R 26 1934

F 00790

F 00790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital* *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mo. da. How long in U. S. If of foreign birth: *20* yrs. mo. da.

2. FULL NAME

(a) Residence: No. *1240 E. Presbury St.* St. *15-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Sarah Myers*DATE OF BIRTH (month, day, year) *1877*AGE *57* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cap Maker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*

17. INFORMANT

(Address) *Mrs. Sarah Myers*
1240 E. Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Bellevue Hospital*Date *4/26/34* 19

19. UNDERTAKER

(Address) *1439 E. Baltimore St.*20. *1934* *1439 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-25*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 20*, 19*34*, to *April 25*, 19*34*.I last saw him alive on *April 25*, 19*34*. Death is said to have occurred on the date stated above, at *12:20* p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension *1934*

Other contributory causes of importance:

Name of operation Date of *20*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *Samuel S. Marchant* M. D.

(Address)

F 00791

F 00791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH Baltimore Cith Hospitals (Th.)

CITY OF BALTIMORE: (No.)

St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Marie Wright

(a) Residence: No. 644 W. Fairmount ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 21, 1912

AGE Years Months Days If LESS than 1 day, hrs. or min.
21 4 1

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Richmond
(State or country) Virginia

13. NAME Daniel Rice

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Lucy Perkins

16. BIRTHPLACE (city or town) Virginia
(State or country)INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date April 26, 1934

UNDERTAKER
(Address)

FILED

Huntington ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to April 22, 1934

I last saw her alive on April 22, 1934. Death is said to have occurred on the date stated above, at 7.45 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Jan. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Meyer W. Jacobson M. D.
Baltimore City Hospitals

25 1934 335

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00792

00792

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 109 Asquith St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

61934

Huntington Williams, Jr.

00792

00793

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00793

CERTIFICATE OF DEATH

108 ✓

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Powhattan Ave. 5-01) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3306 Powhattan Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

married, widowed, or divorced
HUSBAND of Goldie
(or) WIFE of

DATE OF BIRTH (month, day, year) 1875

AGE 19 Years Months Days 10 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Wife (Address)

BURIAL, CREMATION, OR REMOVAL

Interred Surinam Cem Date 4/26/34 10

UNDERTAKER (Address)

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/34 19

22. I HEREBY CERTIFY, That I attended deceased from April 19 1934 to April 25 1934

I last saw him alive on April 25 1934 Death is said to have occurred on the date stated above, at 5:20 AM

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

4/19/34

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Serial - Laboratory Date of Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

4/26/34 (Address)

David T. T. M. D. Medical Bldg

00794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51 F 00794

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Salmon E. Simmons

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
--------------------	----------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 11-28-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>63</u>	<u>4</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Wisconsin13. NAME Salmon E. Simmons

14. BIRTHPLACE (city or town) (State or country)

New York15. MAIDEN NAME Emma Robeson

16. BIRTHPLACE (city or town) (State or country)

New York17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Buried in Greenlawn Cem. Date April 26, 193419. UNDERTAKER Wm. A. Mitchell

(Address)

1900 Lexington Place

R 26 1934

Thurston, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 193422. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to April 26, 1934I last saw him alive on 4-26, 1934. Death is said to have occurred on the date stated above, at 11:21 A.M.

The principal cause of death and related causes of importance were as follows:

Adynamic ileus following operation for removal of carcinoma of bladder

Date of onset

4-19-34

Other contributory causes of importance

Adynamic ileusName of operation Resection of Bladder Date of 4-18-34What test confirmed diagnosis Path Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) W. A. Mitchell

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1812 N. Fulton Ave.* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Michael Markwaelder(a) Residence: No. *1812 N. Fulton Ave.* St. *15-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>m.</i>	1. Color or Race <i>white</i>	3. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
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If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE <i>61</i>	Years <i>4</i>	Months <i>23</i>	Days <i>1-1872</i>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *32*

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date *April 27, 1934*

UNDERTAKER

FILED *1334*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr. 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 1, 1933* to *Apr 24, 1934*I last saw him alive on *Apr. 24, 1934* Death is said to have occurred on the date stated above, at *8:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Chr. Interstitial Nephritis**1933**Cerebral Hemorrhage**Apr 1-1933*

Other contributory causes of importance:

*Chr. Myocarditis**1933*

Name of operation

*none*Date of *no*

What test confirmed diagnosis

Physical Exam

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

James Brown

M. D.

(Address)

1663 W. North Ave.

00796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 N. Fulton Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2111 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced HUSBAND of Annie CarrollDATE OF BIRTH (month, day, year) Nov. 24, 1852AGE 81 Years 5 Months 54 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

2. BIRTHPLACE (city or town) (State or country) Md.13. NAME John Bryan14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Elizabeth Murphy16. BIRTHPLACE (city or town) (State or country) Ireland7. INFORMANT Mrs. Annie Bryan
(Address) 2111 N. Fulton Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr 28, 19349. UNDERTAKER Martin J. Baker & Sons
(Address) 227 N. North Ave.

1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 193422. I HEREBY CERTIFY, That I attended deceased from 4-17-34 to 4-25-34I last saw him alive on 4-26-34 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Chronic hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Bryan(Address) 2211 N. Fulton Ave.

M. D.

00797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00797

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5809 Hill Top Ave. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5809 Hill Top Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Wm. Zeller*DATE OF BIRTH (month, day, year) *July 30-1880*AGE Years Months Days If LESS than 1 day, hra. or min. *75 8 27.6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Martin Fischer*14. BIRTHPLACE (city or town) (State or country) *Baden Germany*15. MAIDEN NAME *Elyzabeth Fischer*16. BIRTHPLACE (city or town) (State or country) *Germany*7. INFORMANT *Anna C. Fischer* (Address) *5809 Hill Top Ave*8. BURIAL, CREMATION, OR REMOVAL *Interred* Date *4/30/34*9. UNDERTAKER *Donald Buck* (Address) *5305 Lombard Ave*

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/26/34*22. I HEREBY CERTIFY. That I attended deceased from *2-25-1934* to *4-26-1934*Last saw him alive on *4-26-1934* Death is said to have occurred on the date stated above, at *7:45 AM*

The principal cause of death and related causes of importance were as follows:

*Cardiac failure
arterio sclerosis
chronic ulcerated hepatitis*

Date of onset

*?**?**?*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *Symptoms* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Michael J. Crossfield* M. D.(Address) *1404 Eglar Place*

F 00798

00798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5007 Anthony St. Ward 6-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

(a) Residence: No. 5007 Anthony St. Ward 6-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race N 5. Single, Married, Widowed, or Divorced (write the word) Childa. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) July 19-1928

AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.659

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Albert C. Smith14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Josephine G. Miller16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Albert C. Smith(Address) 5007 Anthony St.

18. BURIAL, CREMATION, OR REMOVAL

Place CathedralDate 4/27/3419. UNDERTAKER Longwood(Address) 305 Washington St.20. 1934 4/27/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/3422. I HEREBY CERTIFY. That I attended deceased from April 14, 1934, to April 24, 1934.I last saw him alive on April 24, 1934. Death is said to have occurred on the date stated above, at 8:15 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

April 14
1934

Other contributory causes of importance:

Measles.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hurd(Address) 7810 Belair R

M. D.

00799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Caroline St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 422 N. Caroline St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced write the word Widow

a. If married, widowed, or divorced HUSBAND of William Allwell (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 86 Months 9 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Ferguson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Hausner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

7. INFORMANT Clara Schamlinger (Address) 408 N. Caroline St

8. BURIAL, CREMATION, OR REMOVAL Place Date Apr 27 1934

9. UNDERTAKER John C. Miller (Address) 2435 E. Lincoln St

61934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 28, 1934, April 25, 1934

I last saw h.R. alive on April 24, 1934 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Indefinite

Other contributory causes of importance:

Exhaustion

4/25/34

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. H. Campbell M. D. (Address) 1644 Hanover St

00800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

✓ 106-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. *108 S Monley St.* Ward *70-01*)

Length of residence in city or town where death occurred *29* yrs. *4* mos. *4* ds. How long in U.S. If of foreign birth? *40* yrs. *4* mos. *4* ds.

FULL NAME *Catherine Agnes Steinberg*

(a) Residence: No. *108 S Monley St.* Ward *70-01* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced
 HUSBAND of *Max B. Steinberg*
 (or) WIFE of

DATE OF BIRTH (month, day, year) *Dec 5-1890*

AGE Years *43* Months *4* Days *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Toronto* (State or country) *Canada*

12. NAME *Jules Duplain*

14. BIRTHPLACE (city or town) *Brancaccio* (State or country) *France*

15. MAIDEN NAME *Laurel Brohn*

16. BIRTHPLACE (city or town) *Hamburg* (State or country) *Germany*

INFORMANT *Max B. Steinberg*

(Address) *108 S Monley St.*

17. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood* Date *April 28* 19*34*

UNDERTAKER *Robert B. Walters*

(Address) *3220 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-25-1934*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 2*, 19*31*, to *April 25*, 19*34*

I last saw deceased alive on *April 23*, 19*34* death is said to have occurred on the date stated above, at *7:55 A.M.*

The principal cause of death and related causes of importance were as follows:

Dilation of Heart

Date of onset

(Other contributory causes of importance)

Chronic Gastritis
 Diverticulitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *h.v.* Date of injury *4-25-1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *✓* If so, specify

(Signed) *Chas. A. Schaefer* M. D.

(Address) *2403 Schaefer St.*

6-1934 *Huntington Villanova, Pa.*

F 00801

HEALTH DEPARTMENT—CITY OF BALTIMORE

0801

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Ernest Henry Otto

(a) Residence: No. 505 S. Vincent St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) October 5, 1896AGE 37 Year 38 Months 6 Days 20 If LESS than 1 day, ____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Pipe Fitter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Ship Bldg. Co.10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Richard H. Otto14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Olga A. Horn16. BIRTHPLACE (city or town) Cincinnati
(State or country) OhioINFORMANT Mrs. Selma Connolly
(Address) 1617 McHenry St.BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date April 27, 1934UNDERTAKER Joseph J. Cook
(Address) 1003 W. Baltimore St.

6 1934

Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 19 34

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Inquiry, 19 34 Death is said to have occurred on the date stated above, at 9 An.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism Date of onset Apr. 22, 1934

Other contributory causes of importance:

Cellulitis of jaw due to
pus infected tooth aggravated
by fall which fractured the jaw
Name of operation Inquiry Date of noWhat test confirmed diagnosis Inquiry Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify(Signed) Joseph L. Volter M. D. Coroner
(Address) 14 S. Broadway

0802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00802

K93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward 9-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Ambrose Haulplipe(a) Residence: No. Texas, Md. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WidowerIf married, widowed, or divorced
HUSBAND of Mary
(or) WIFE ofDATE OF BIRTH (month, day, year) July 9/1856
AGE Years Months Days If LESS than 1 day, hrs. or min.
77 9 176. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Long Green Md
(State or country)13. NAME John A. Haulplipe14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Mary ?????16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs John Hamilton
(Address) Texas Md

BURIAL, CREMATION, OR REMOVAL

Place Texas, Md Date Apr 28, 1934UNDERTAKER Wm. C. Brooks & Son
(Address) Sparks, Md

FILED

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis
Genl Arteriosclerosis
" Anasarca

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

F 00803

M. D. B. 1268-9

0803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

76 10 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

3204 Clifton Rd. 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 76 10 3

2. FULL NAME

Edna McCord Paige

(a) Residence: No.

3204 Clifton Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Paige

DATE OF BIRTH (month, day, year) June 23-1857

AGE Years 76 Months 10 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

2. BIRTHPLACE (city or town) (State or country) St. Louis Mo

13. NAME James McCord

14. BIRTHPLACE (city or town) (State or country) Chicago Ill

15. MAIDEN NAME Margaret McHarr

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

INFORMANT Mr. J. A. Paige - Husband

(Address) 3204 Clifton Ave

8. BURIAL, CREMATION, OR REMOVAL

Place St. Louis - Mo

Date Aug 27/34

9. UNDERTAKER

(Address) 104 W. 1st St.

61034

Huntington Pike

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26-1934

22. I HEREBY CERTIFY. That I attended deceased from Dec 28-1933 to Apr 26-1934

I last saw her alive on Apr 26-1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of femur Dec 28-1933 and fracture of hip Jan 26-22-1934. Shock caused gradual decline. Senile arterio-sclerosis.

Other contributory causes of importance:

including several arterial scleroses and myocardial degeneration.

Name of operation 710

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? 24 Date of injury Dec 28-1934

Where did injury occur? Home

(Specify city or town, county, and State) Home - 3204 Clifton Ave

Specify whether injury occurred in industry, in home, or in public place

Nature of injury Falls

Nature of injury Took turn left. Trip.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Paige

(Address) 3204 Clifton Ave

M. D.

F 00804

F 00804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

St Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkins & Eaton Avenue* St. *75-01* Ward)Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Franklin E. Spurry

(a) Residence: No. *1914 Bretnest Ave* St. *75-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed or divorced

HUSBAND of *Lotta Spurry*

(or) WIFE of

DATE OF BIRTH (month, day, year)

Nov 20 1898

AGE

35 Years*5* Months*6* Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Electric Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

April 1934

11. Total time (years) spent in this occupation

Ind

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Franklin E. Spurry

14. BIRTHPLACE (city or town) (State or country)

St Michaels Ind

15. MAIDEN NAME

Virgie Reardon

16. BIRTHPLACE (city or town) (State or country)

Frederick Ind

17. INFORMANT

(Address)

Mrs Williams - Land - 1914

18. BURIAL, CREMATION, OR REMOVAL

Place

*St Olav*Date *April 28* 1934

19. UNDERTAKER

(Address)

*Wm Cook**1217 St Paul St**Washington Williams, Md*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-26-1934*22. I HEREBY CERTIFY, That I attended deceased from *April 23* 1934 to *April 26* 1934.I last saw him alive on *April 26* 1934. Death is said to have occurred on the date stated above, at *11* m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Hydrothorax

Date of onset

April 23/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Daniel S. Shanahan

M. D.

(Address)

St Agnes Hospital

R 27 1934

00805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00805

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 735W. Pratt St. 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Robert J. Brown(a) Residence: No. 735W. Pratt

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

About 1868

AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.668. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Bruery Johnson10. Date deceased last worked at
this occupation (month and
year)192411. Total time (years)
spent in this
occupation 20BIRTHPLACE (city or town)
(State or country)Md

13. NAME

Thomas A. Brown14. BIRTHPLACE (city or town)
(State or country)Md

15. MAIDEN NAME

Mary J. Robson16. BIRTHPLACE (city or town)
(State or country)Md

INFORMANT

James A. Brown

(Address)

1114 W. Fayette St

BURIAL, CREMATION, OR REMOVAL

Place

St. Peters

Date

April 27th 1934

UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

27 1934

Huntington Williams, Jr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23-1934

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm Cook

M. D.

(Address)

279 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

0806

CERTIFICATE OF DEATH

183 F 00806

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of President St.* 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *918 N. Central Ave.* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 20 1901*AGE Years *32* Months *11* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *James Kraemer Sr.*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)15. MAIDEN NAME *Catherine Wolfline*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)INFORMANT *John Kraemer Sr.*
(Address) *918 N. Central*

BURIAL, CREMATION, OR REMOVAL

Place *Baltimore Cemetery*Date *April 28* 19*34*UNDERTAKER *Henry Beck & Sons, Inc.*(Address) *301 E. Eager St.*27 1934 *Washington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 26* 19*34*22. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 Death is said to have occurred on the date stated above, at *10 P.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Probable Accidental
Drowned*

Other contributory causes of importance:

Epilepsy

Name of operation

Date of

What test confirmed diagnosis? *West* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury? 19Where did injury occur? *Foot of President St.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fell overboard*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Williams*M. D.
Coroner(Address) *1300 N. Holliston*

00807 HEALTH DEPARTMENT—CITY OF BALTIMORE 00807

CERTIFICATE OF DEATH

 Registered No. **152**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **President Hospital** Ward)
 Length of residence in city or town where death occurred **1 yr.** How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

 (a) Residence: No. **1571 Edmondson Ave.** St., **Golden** Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 SEX **M** 4. Color or Race **W** 5. Single, Married, Widowed, or Divorced (Write the word) **Married**

 If married, widowed, or divorced
 HUSBAND of **Solomon Bolden**
 (or) WIFE of
DATE OF BIRTH (month, day, year) **1870**
 AGE Years **64** Months Days If LESS than 1 day, hrs. or min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

 12. BIRTHPLACE (city or town) **Ind**
 (State or country)

 13. NAME **Thomas Boston**

 14. BIRTHPLACE (city or town) **Ind**
 (State or country)

 15. MAIDEN NAME **Clarice Boston**

 16. BIRTHPLACE (city or town) **Ind**
 (State or country)

 INFORMANT **Mary Chror**
 (Address) **1571 Edmondson Ave.**

BURIAL, CREMATION, OR REMOVAL

 Place **St. Aubin's Cemetery** Date **4-27-1934**

 UNDERTAKER **Byron H. H. Wright**
 (Address) **1215 2nd St. S. E. Atlanta, Ga.**
R 27 1934

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (month, day, year) **4-24-1934**

 22. I HEREBY CERTIFY That I attended deceased from **Apr 16** to **Apr 24**

 I last saw him alive on **Apr 24** at **11:30 A.** Death is said to have occurred on the date stated above, at **11:30 A.**

The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset

July

Other contributory causes of importance:

Stytorium Cellulitis

 Name of operation **Ph. Lg.** Date of **1934**

 What test confirmed diagnosis **Stytorium** Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

 Manner of injury **18**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

 (Signed) **Benjamin Harris** M. D.

 (Address) **1707 N. Camden**

00808

HEALTH DEPARTMENT—CITY OF BALTIMORE

00808

CERTIFICATE OF DEATH

108

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Corr Alley 18-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? 10 yrs. 10 mos. 10 ds.

FULL NAME

(a) Residence: No. 221 Corr Alley St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Single

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1897 10-20AGE 36 Years 6 Months 4 Days If LESS than 1 day, 4 hrs. or 4 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va13. NAME Louis Harris14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) VaINFORMANT Mary Freeman(Address) 735 W. Mulberry St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. 4-28 1934UNDERTAKER Byron M. Knight(Address) 1218 McElderry St

FILE

27 1934 St. James William

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1934

22. I HEREBY CERTIFY, That I attended deceased from

1934, to 1934I last saw him alive on 1934. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

James J. Ellis M. D.(Address) 2739 Eastern Ave Coroner

F 00809

F 00809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Bentalou Street, 15-01 Ward)

Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ann Rider

(a) Residence: No. 2015 Bentalou Street, (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of Joseph Henry Rider (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 3, 1869.

AGE 64 Years 6 Months 22 Days If LESS than 1 yr. 1 mo. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Samuel Norwood

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Martha Jane Childs

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Joseph Henry Rider (Address) 2015 Bentalou Street

BURIAL, CREMATION, OR REMOVAL Western Cem. April 28, 1934

UNDERTAKER George G. Rude (Address) 1732 N. ...

271934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 - 1934 to Apr 25th 1934. I last saw h. or alive on Apr 24, 1934. Death is said to have occurred on the date stated above, at 7.12 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

1 yr.

Other contributory causes of importance:

Bedema of lung

1 day

Name of operation

Date of

What test confirmed diagnosis? Usual there an autopsy? 2nd

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Syman Prosh M. D.

(Address) 2202 W. ...

00810

HEALTH DEPARTMENT—CITY OF BALTIMORE

00810

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland Gen. Hospital* 131
 CITY OF BALTIMORE: (No. *14-01* St., *14-01* Ward)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Mr Charles Campbell*
 (a) Residence: No. *1402 N. Baltimore* St., Ward.
 (Usual place of abode) (If non-resident give city or town and State)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 a. If married, widowed, or divorced HUSBAND of *Estelle Campbell* (or) WIFE of
 DATE OF BIRTH (month, day, year) *Sept 9 1877*
 AGE Years *59* Months *7* Days If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *600*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Kenneth Campbell*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Elizabeth Balsani*

16. BIRTHPLACE (city or town) (State or country) *Germany*

7. INFORMANT *Campbell (Son)*
 (Address) *1402 N. Baltimore St*

8. BURIAL, CREMATION, OR REMOVAL *4/37*
 Place *Catharin Ave* Date *4/37* 1934

9. UNDERTAKER *John J. Dwyer & Son*
 (Address) *Catharin & Hollins St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-24-1934*
 22. I HEREBY CERTIFY, That I attended deceased from *4-9-1934* to *4-24-1934*
 I last saw him alive on *4-24-1934* Death is said to have occurred on the date stated above, at *10:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal Disease 1932

Date of onset

Other contributory causes of importance:

acute cardiac dilatation 4-2-34

Name of operation _____ Date of _____

What test confirmed diagnosis *Circ.* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public

place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) *Dr. J. C. Hays* M. D.

(Address) *Gen. Hospital*

R27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00811

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N. Ingram St., 6-01 Ward)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 114 N. Durham St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 7 - 1898*AGE Years *35* Months *8* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shipping Clerk*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Furniture*10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *6 yr*12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Anthony Attraction*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Anna Eggenberger*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *James Booley* (Address) *908 N. Ingram*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer* Date *Apr. 30, 1934*19. UNDERTAKER *Felix & Ziehl* (Address) *400 N. Market*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *APR 26 1934* 1922. I HEREBY CERTIFY That I attended deceased from *Jan 21* 1934 to *APR 26 1934* 19 I last saw him alive on *April 25, 1934* Death is said to have occurred on the date stated above, at *11:30* a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis

Date of onset

1 yr

Other contributory causes of importance:

*Pulmonary Abscess**6 wks*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

APR 27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE F 00812

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Baltimore City Hospital 76-01 St., 76 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., 16 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

C. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6. If married, widowed, divorced, or separated, give name of HUSBAND of (or) WIFE of

John Schmitt

DATE OF BIRTH (month, day, year)

AGE

61

Years

21

Months

20

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Wiernan

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Barbara

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Heards, 1000 Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart

Date April 28, 1934

19. UNDERTAKER

(Address)

Lilly & Zeller, 201 N. Wolfe St., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934, to April 24, 1934

I last saw her alive on April 24, 1934. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, left Hypertension

Date of onset

1 wk

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in using the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Phyllis

M. D.

(Address)

Balto City Hosp

R 27 1934

F 00813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00813

CERTIFICATE OF DEATH

92-001

I. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3122 Montebello Ave. St. 9-01 Ward)

Length of residence in city or town where death occurred 13 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3122 Montebello Ave. St. 9-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
6. If married, widowed, or divorced, name of (or) WIFE of John Henderson		
DATE OF BIRTH (month, day, year) Sept 14, 1871		
AGE 63	Years 63	Months 7
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work		8. If LESS than 1 day, hrs. or min. 11
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation		

2. BIRTHPLACE (city or town) (State or country)

Balto. Md.

13. NAME

John F. Furburg

14. BIRTHPLACE (city or town) (State or country)

Norway

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Norway

7. INFORMANT

(Address)

Katherine Disney 3122 Montebello Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Ave. Date Apr 27, 1934

9. UNDERTAKER

(Address)

F. B. Hippert & Son 1300 E. Baltimore Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Apr 25, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Sept 8, 1933, to Apr 25, 1934

I last saw her alive on Apr 20, 1934 Death is said

to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Tubercular Heart Disease

Date of onset

Sept 8, 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. William Frey, M. D.

(Address) 1908 Penna Ave

FILED

1934

Apr 27, 1934

F 00814

F 00814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Arunah Ave. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Caroline L. Lehman(a) Residence: No. 2327 Arunah Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles Lehman

7. DATE OF BIRTH (month, day, year)

Apr 24, 1854

8. AGE

Years
80Months
0Days
1If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Phila. Pa

13. NAME

Gottlieb Meigler14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Caroline Meigler16. BIRTHPLACE (city or town)
(State or country)Germany

17. INFORMANT

(Address)

Clarissa M. G. Poole2327 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Louisa ParkDate Apr 28 1934

19. UNDERTAKER

(Address)

Mr. Mrs. John W. Trufel & Son801 W. Fayette St.

20. FILED

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 23, 1934, to Apr 25, 1934I last saw him alive on Apr 25, 1934 Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic interstitial nephritis10 days

Other contributory causes of importance:

UremiaApr 23

Name of operation

None

Date of

What test confirmed diagnosis? Uremia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

M. B. ... and ...

M. D.

(Address)

2216 Garrison Blvd

F 00815

F 00815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE; NO. 2425

ST. 12-01 WARD)

2. FULL NAME

Edward J. Smith

(a) RESIDENCE NO. 2425

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

70 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Ol Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of or WIFE of

Nannie Smith

DATE OF BIRTH (month, day, and year)

1867

AGE

67

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Virginia

10 NAME OF FATHER

Gabney Smith

11 BIRTHPLACE OF FATHER (city, or town)

(State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant (Address)

Nannie Smith 2425

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 26 1934

17

I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. G. G. M. D.

(Address) 1534 - 2nd St. W. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-NOVAL

DATE OF BURIAL

West Calvary Cemetery

Apr 30 1934

UNDERTAKER

ADDRESS

Mrs Robt A. Elliott

1129 N. Caroline

R 27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

0816

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 14-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

Annie Gruber

(a) Residence: No.

1602 Baker

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

58

3

27

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That deceased died from

Sept. 15-1924 to April 26-1934

I last saw her alive on April 26-1934 Death is said

to have occurred on the date stated above, at 12:28 A.M.

The principal cause of death and related causes of
importance were as follows:Pulmonary Hemorrhage
Post-tubercular Pulmonary
infection

Other contributory causes of importance:

Infection never determined

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Phagell
Balt. City Hosp

M. D.

No. 00817

Burial Permit

F 00817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 McCulloch St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

1732 McCulloch St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

4-15-1897

7. AGE

Years 37

Months

Days 10

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Howard Co Md

13. NAME

Geo W Rheubolt

14. BIRTHPLACE (city or town) (State or country)

Carroll Co Md

15. MAIDEN NAME

Sophia Browne

16. BIRTHPLACE (city or town) (State or country)

Harford Co Md

17. INFORMANT

(Address)

Emil Turner 171904 McCulloch St

18. BURIAL, CREMATION, OR REMOVAL

Place

Staten Island 4-27-1934

19. UNDERTAKER

(Address)

Geo. H. Hollman 681 Union Hill Dr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-25-1934

22. I HEREBY CERTIFY, That I attended deceased from

D.C. 1933 April 25-1934

I last saw him alive on April 25, 1934 Death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

April 25, 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H. K. Fomich 117 N. Maryland St

M. D.

R 27 1934

F 00818

F 00818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Arlington Ave. ST. 16-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 704 N. Arlington Ave. ST. 16-01 WARD

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds.

Now long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE Col. 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Helbron

DATE OF BIRTH (month, day, and year) Dec. 8, 1871

AGE 62 Years 63 Months 4 Days 17 If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

BIRTHPLACE (city or town) Anne Arundel Co. (State or country)

10 NAME OF FATHER James Evans

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER Dinah Pindle

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

Informant (Address) Lillian Helbron
704 N. Arlington Ave.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1934

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1934 to April 25, 1934, that I last saw him alive on April 24, 1934, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-renal-vascular complications

(duration) 1 yrs. 0 mos. 0 da.

CONTRIBUTORY (Secondary) Uremia

(duration) 3 yrs. 0 mos. 0 da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical lab.

(Signed) H. Maceo Williams, M. D.

4-27-34 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Int. Auburn Cemetery

DATE OF BURIAL Apr 29 1934

UNDERTAKER Wm. George H. Holland

ADDRESS 1631 Druid Hill

Filed

27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00819

CERTIFICATE OF DEATH

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Met.* **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. *9-01* St., *9-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Sarah Duffy*(a) Residence: No. *1430 N. E. St.* St., *9-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced, give name of (or) WIFE of *unknown*

DATE OF BIRTH (month, day, year) *11-27-1881*

AGE Years *52* Months *4* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *03*

12. BIRTHPLACE (city or town) *Maryland* (State or country)13. NAME *Samuel St. Claire*14. BIRTHPLACE (city or town) *Pennsylvania* (State or country)15. MAIDEN NAME *Sarah Zimmer*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *Reese* (Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL Place *Port Deposit Md* Date *April 28, 1934*19. UNDERTAKER *Geo. B. Leach* (Address) *1743 N. E. St. Park Ave*R 27 1934 *W. E. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *APR 26 1934*22. I HEREBY CERTIFY, That I attended deceased from *4-21-1934* to *4-26-1934*I last saw him alive on *4-26-1934* Death is said to have occurred on the date stated above, at *9:20* m.

The principal cause of death and related causes of importance were as follows:

*Cardiac failure*Other contributory causes of importance: *Pulmonary*

Date of onset

*April 9**April 9**over*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *John J. Bugmeyer*(Address) *Johns Hopkins Hospital*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00820

0820

CERTIFICATE OF DEATH

11-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Rosalind Ave. St. 27-21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

B. Gertrude Mallonee,

(a) Residence: No. 3026 Rosalind Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Widow

4. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Mallonee.

5. DATE OF BIRTH (month, day, year) August 27, 1871

6. AGE Years 62 Months 7 Days 28 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

12. NAME Cyrus Gardner,

13. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

14. MAIDEN NAME Rebecca Brown,

15. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

16. INFORMANT Mrs. Ethel A. V. Veise (Address) 3026 Rosalind Ave.

17. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date APR 28 1934

18. UNDERTAKER (Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

APR 25 1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to April 25, 1934. I last saw her alive on April 25, 1934. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Sustained April 21 / Cardiac Hypertrophy & 2nd stroke

Date of onset

Other contributory causes of importance:

Cardiac Hypertrophy & 2nd stroke

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 1934

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

APR 27 1934 Huntington Williams, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE 821

00821

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Maryland General Hospital

St. 9-01 Ward

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Samuel P. Zimmerman

(a) Residence: No. 2005 Kennedy Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	15		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schmidt's Bakery Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME John Zimmerman

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Susan Askey

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Alice Zimmerman (Address) 2005 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL Place Torraine Date Apr. 30, 1934

19. UNDERTAKER 7 Vernon Beehner (Address) 1532 Hollins St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1934

22. I HEREBY CERTIFY. That I attended deceased from 4-25-1934 to 4-27-1934

I last saw him alive on 4-27-1934. Death is said to have occurred on the date stated above, at 8:35 A.M.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis & Hypertension

Date of onset

?

Other contributory causes of importance:

Cerebral hemorrhage 4-22-34

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Hanger, M. D. (Address) Md. Gen. Hospital

R 27 1934

D. B. 1933
00822HEALTH DEPARTMENT—CITY OF BALTIMORE 00822
183

CERTIFICATE OF DEATH

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3-01

St., 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. Unknown

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3, 19

Where did injury occur? Foot of Bond

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

FILED 27 1934

Huntington Williams, M.D.

F 00823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00823

CERTIFICATE OF DEATH

186-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital* St. *70-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *4029 Frederick Road* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Edith Miltiades*DATE OF BIRTH (month, day, year) *May 1 1895*AGE Years *38* Months *11* Days *23* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *045*10. Date deceased last worked at this occupation (month and year) *1930* 11. Total time (years) spent in this occupation *1930*BIRTHPLACE (city or town) *Athens* (State or country) *Greece*13. NAME *Unknown*14. BIRTHPLACE (city or town) *Greece* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Greece* (State or country)INFORMANT *Edith Miltiades* (Address) *4029 Frederick Road*

BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *Apr. 27 1934*UNDERTAKER *Easton Sons* (Address) *Ellicott City*FIELD *27 1934* Registrar *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 24 1934*22. I HEREBY CERTIFY, That I attended deceased from *Inquiring* 19....I last saw him alive on *430p.* Death is saidto have occurred on the date stated above, at *430p.* m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
April 24 34

Other contributory causes of importance:

Fall from ladder April 24-34
Fracture of 6th rib April 24-34
Name of operation *Inquiring* Date of operation *April 24 34*What test confirmed diagnosis? *Inquiring* Was there an autopsy? *No*23. If death was due to external causes (violence) in also the following: *beat* Date of injury *April 24 1934*Accident, suicide, or homicide *beat* Date of injury *April 24 1934*Where did injury occur *4029 Frederick Road* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *at home*Manner of injury *Fractured Skull*Nature of injury *Fall from ladder*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph L. Voluntary* D.(Address) *16 S. Maryland*

F 00824

D. 1934

F 00824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 S. Buxley St., 1-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 731 S. Buxley St., 1-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 7 1932AGE Years 1 Months 11 Days 18 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltic13. NAME Frank Dobry14. BIRTHPLACE (city or town) (State or country) Md.15. MAIDEN NAME Helena Klemm16. BIRTHPLACE (city or town) (State or country) Md.INFORMANT Frank Dobry(Address) 731 S. Buxley

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date April 27 1934UNDERTAKER St. Stanislaus(Address) 1000 E. Kenwood Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 193422. I HEREBY CERTIFY, That I attended deceased from April 15 1934 to April 25 1934I last saw him alive on April 25 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

10 days

Other contributory causes of importance:

Broncho Pneumonia4 daysName of operation none

Date of

What test confirmed diagnosis? ✓Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Joseph P. Henry

M. D.

(Address) 2200 E. Madison St.

APR 27 1934

D. R. 00825

F 00825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* 8-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2816 Chestnut St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Child*If married, widowed, or divorced
HUSBAND of
(or) WIFE of *child*DATE OF BIRTH (month, day, year) *Apr 26/34*AGE Years Months Days If LESS than 1 day, hrs. or min. *7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Samuel T. Sturt*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Louise Ann Parker*16. BIRTHPLACE (city or town) (State or country) *Baltimore*INFORMANT (Address) *Samuel T. Sturt*

BURIAL, CREMATION, OR REMOVAL

Place *Woodsboro* Date *April 27, 1934*UNDERTAKER (Address) *George W. Conklin*FILED *27-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 27, 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *1812*

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity 7-8 mons gestation

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John H. Baker*(Address) *508 E. 10th St.*

M. D.

F 00826

00826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 Rossiter Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walter H. Conradt

(a) Residence: No. 336 Rossiter Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

6a. If married, widowed, or divorced HUSBAND of Gertrude Brown, Conradt (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 24, 1866

8. AGE Years 68 Months 3 Days 1 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Baltimore (State or country) MD.

14. NAME George F. Conradt

15. BIRTHPLACE (city or town) Maryland (State or country)

16. MAIDEN NAME Clara P. Robinson

17. BIRTHPLACE (city or town) Baltimore (State or country) MD.

18. INFORMANT E. A. Davis (Address) 305 Somerset Road

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 27, 34

20. UNDERTAKER John O. Mitchell Sons Inc. (Address) 1800 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25, 1934 19

22. I HEREBY CERTIFY. That I attended deceased from 1931 to April 25, 1934

I last saw h. alive on April 24, 1934. Death is said to have occurred on the date stated above, at 7:40 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Parkinson's Disease

1924

Other contributory causes of importance:

Cerebral Decomposition

April 1, 1934

Name of operation Cerebral Decomposition Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

M. D.

(Address) 2435 Maryland Ave.

7 1934

F 00827

00827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

110

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Cedarcroft Road ST. 27-01 WARD)

REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

2-FULL NAME

John Hatton

(a) RESIDENCE NO.

502 Cedarcroft Road

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,
or Divorced, (write the word)

Male

white

married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Laura A. Arnett Hatton

6 DATE OF BIRTH (month, day, and year) Feb 19 1889

7 AGE Years Months Days If LESS than
1 day, hrs. or min.

74

2

6

8 OCCUPATION OF DECEASED Retired

(a) Trade, profession or
particular kind of work

watchman

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

Johns Hopkins Hospital

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Adam Hatton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

12 MAIDEN NAME OF MOTHER Henrietta Walders

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Unknown

14 Informant Laura A. Hatton

(Address) 102 Cedarcroft Road

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 1934

17

I HEREBY CERTIFY, That I attended deceased from

January 15, 1934, to April 15, 1934

that I last saw him, alive on April 15, 1934

and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) - yrs. - mos. 26 ds.

CONTRIBUTORY
(Secondary)

Pleurisy

(duration) - yrs. - mos. 26 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical examination.

(Signed)

A. S. Chalfant

M. D.

April 17, 1934

(Address)

A. S. Chalfant - 625 1/2 St. N.

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Londons Park Cemetery

DATE OF BURIAL

April 28 1934

20 UNDERTAKER

Wm. S. Black 742 W. North Ave

27 1934

19

K. H. Williams, Registrar

00828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward)

Length of residence in city town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Smith

(a) Residence: No.

1705 Prentiss St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

Black

Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1-1-1889

7. AGE

45

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Mayd Eason

14. BIRTHPLACE (city or town) (State or country)

?

15. MAIDEN NAME

Jennie Addison

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's

Date Feb 27 1934

19. UNDERTAKER

(Address)

The Baltimore Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-11-1934 to 4-24-1934

I last saw him alive on 4-24-1934 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

Post-operative Colapso -
Sepsis
Bilateral Pulmonary Embolism

Date of onset

4-20-34

Other contributory causes of importance:

Marked obesity
? of carcinomaLungs
2 days

Name of operation Bilateral Pulmonary Embolism

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Jas. H. Brown
Johns Hopkins Hospital

M. D.

7 1934

0338

00829

HEALTH DEPARTMENT - CITY OF BALTIMORE

F 00829

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 561 W Hoffman St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Baby Purnell(a) RESIDENCE NO. 561 W Hoffman St. 17-01 Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 Color or Race

colored

5 Single, Married, Widowed, or Divorced. (write the word)

single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-27-34

7 AGE

Years

Months

Days

IF LESS than 1 day 7 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

Robert Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

Matthew Co Va

12 MAIDEN NAME OF MOTHER

Mary Bertha Purnell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Baltimore Md

14

Informant (Address)

Mary B Purnell
561 W Hoffman St
Baltimore Md

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-34

17

I HEREBY CERTIFY, That I attended deceased from

4-27-34, 1934, to 4-27-34, 1934that I last saw him alive on 4-27-34, 1934and that death occurred, on the date stated above, at 8:30 A

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Medical tests

(Signed)

W. Atwell Jones, M. D.

, 19

(Address)

1123 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

15 Filed

27 1934

03:37

00830 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward *5-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Fink

(a) Residence: No.

1914 W. North Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 26, 1934

7. AGE

Years

Months

Days

If LESS than 1 day, 3 hra. & 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

13. NAME

*Nathan Fink*14. BIRTHPLACE (city or town) *Austria* (State or country)

15. MAIDEN NAME

*Bessie Siegel*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*

17. INFORMANT

(Address)

Mr. Bessie Fink
1914 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's Med. College* Date *April 27* 1934

19. UNDERTAKER

(Address)

Huntington Funeral Home, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 26, 1934*22. I HEREBY CERTIFY. That I attended deceased from *2:30* 1934 to *5:15* 4/26 1934I last saw him alive on *April 26* 1934. Death is said to have occurred on the date stated above, at *5:15* p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

4/26/34

Other contributory causes of importance:

*Marginal Placenta Previa**4/25/34*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

B. K. Moore

M. D.

(Address) *Franklin St. Sharp*

27 1934

03:39

00831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E. N. Mount St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. E. N. Mount St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Infant, Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) April 26, 1934

7. AGE Years Months Days If LESS than 1 day, hrs. or 50 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn
10. Date deceased last worked at this occupation (month and year) Baltimore, Md.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Louis Augustus Brown
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.15. MAIDEN NAME Laura Thomas16. BIRTHPLACE (city or town) (State or country) Baltimore Md.17. INFORMANT Laura Thomas (Address) E. N. Mount st.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Med College Date April 27, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 193422. I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to April 26, 1934I last saw him alive on April 26, 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Maternal deaths

Other contributory causes of importance:

Clinical maternal fees to be ruled out by subsequent blood examinationName of operation NoneWhat test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

M. D.

271934

0340

00832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F/00832

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2875 Frederick ST., 20-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Agnes Prettyman Pearman

(a) RESIDENCE NO.

2875 Frederick ST., WARD

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female

White

Widowed

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Widowed

6 DATE OF BIRTH (month, day, and year)

May 18th 1891

7 AGE

42

Years

Months

Days

If LESS than 1 day, hrs. or min.

43

11

-8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Balto Md

10 NAME OF FATHER

Warren C. Pearman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Va

12 MAIDEN NAME OF MOTHER

Mollie Brooks 402

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Balto Md

14

Informant (Address)

Nellie Bragg 2875 Frederick St

15

7 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 26 1934

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to April 26, 1934.

that I last saw him alive on April 26, 1934.

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. 11 ds. Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glensman, M. D.

(Address) 2607 Mes Len Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Greenmount Cem April 25th 1934

20 UNDERTAKER

A. Jones

111 S. Gilman St

00833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Chesbrook St. Ward 28-21)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4209 Chesbrook St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M.</u>	4. Color, or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
------------------	-----------------------------------	---

 a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year) <u>Apr. 26 / 34</u>			
AGE	Years	Months	Days
			If LESS than 1 day, 7 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation.	

2. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Male M. Leight14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.15. MAIDEN NAME Lillian M. Northam16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.7. INFORMANT Mrs Lillian Leight
(Address) 4209 Chesbrook St.8. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's College Date April 27, 19349. UNDERTAKER William H. Williams
(Address) 1605 N. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 26, 1934 to Apr. 26, 1934I last saw him alive on Apr. 26, 1934. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Spontaneous 5 1/2 m. fatal

Other contributory causes of importance:

Whooping cough in mother, replaced by meningitis 3 weeks ago

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. Smith M. D.(Address) 1605 N. North Ave.

27 1934

0342

CPW

00834

F 00834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary A. Dussel (Marico Ave.)

(a) Residence: No. 3127 Marico Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Geo. A. Dussel

6. DATE OF BIRTH (month, day, year) October 21, 1861

7. AGE Years 72 Months 6 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Mary A. Dussel

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mr. Maude M. Montgomery (Address) 3127 Marico Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Apr 30, 1934

19. UNDERTAKER Philip H. H. H. (Address) 1111 N. E. St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to April 26, 1934

I last saw her alive on April 26, 1934. Death is said to have occurred on the date stated above, at 7:35 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Appendicitis
2. Cholecystitis
3. Pulmonary embolism

Other contributory causes of importance:

Name of operation Appendectomy & cholecystectomy Date of H-15-34

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Magaweller M. D. ST. JOSEPH'S HOSPITAL (Address) BALTIMORE, MD.

27 1934

F 00835

00835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 So. Decker Ave. 1-01 WARD)2-FULL NAME George W. Benser(a) RESIDENCE NO. 722 So. Decker Ave. WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) MIf married, widowed, or divorced HUSBAND of Mary A. BenserDATE OF BIRTH (month, day, and year) Sept. 19, 1874AGE Years 59 Months 7 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Buck Loader(b) General nature of industry, business, or establishment in which employed (or employer) Oil Refining(c) Name of employer St. Oil Co. of N. J.BIRTHPLACE (city or town) Baltimore
(State or country)10 NAME OF FATHER Henry Benser11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)12 MAIDEN NAME OF MOTHER Harriet Rubley13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)Informant Mrs. Mary A. Benser
(Address) 722 So. Decker Ave.

7 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-3417 I HEREBY CERTIFY, That I attended deceased from March 34 to April 34, that I last saw alive on 4-25-34and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

Coronary ThrombosisCONTRIBUTORY (Secondary) 18 hours (duration) yrs. mos. ds. Arteritis Chronica (duration) yrs. mos. ds. 518 Where was disease contracted if not at place of death? NoDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical
(Signed) M. C. Porterfield, M. D.19 (Address) 316 So. Patterson Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Oaklawn Cemetery DATE OF BURIAL April 30, 193420 UNDERTAKER George L. Schwartz ADDRESS 2101 Park Ave.

00836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto city Hosp - 01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *245 Elmwood ave.* St., *Ward.* (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Elizabeth*6. DATE OF BIRTH (month, day, year) *4/10/1856*7. AGE Years *78* Months *0* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe cleaner*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md.* (State or country)13. NAME *Timothy Ward*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Ann Schuch*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *John Ward* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *April 28, 1934*19. UNDERTAKER *John A. Mann* (Address) *3000 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/26*, 19*34*22. I HEREBY CERTIFY, That attended deceased from *1/2/1934* to *4/26*, 19*34*I last saw him alive on *4/26*, 19*34* Death is said to have occurred on the date stated above, at *8 a.m.*

The principal cause of death and related causes of importance were as follows:

*arterio-sclerotic heart disease with arrhythmia fibrillation*Date of onset *?*

Other contributory causes of importance:

*hypertrophic arthritis chronic nephritis**2*
3

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. P. Brown*(Address) *Balto City Hosp*

M. D.

71934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00837

00837

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

West Baltimore General Hospital

CITY OF BALTIMORE: (No. Ranger & Deland St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Esther Alice Eatz(a) Residence: No. 506 S Para St

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Louis Eatz

7. DATE OF BIRTH (month, day, year)

Aug 12-1897

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

25

24

1

16

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

037

11. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Abraham Chepuris

14. BIRTHPLACE (city or town) (State or country)

Lithuania

15. MAIDEN NAME

Butira Bush.

16. BIRTHPLACE (city or town) (State or country)

Lithuania

17. INFORMANT

Chas H. Schmolt

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Buried at St. Mary's on Aug 19 1934

19. UNDERTAKER

Chas B. Chapman

637 S. Para St.

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 193422. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 26, 1934I last saw her alive on April 26, 1934. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Malignant Hypertension
2. Uremia
3. Breach - myomatous
4. Peritonitis

Other contributory causes of importance:

Name of operation Laparotomy Date of 7/2/34What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon Rahman M. D.(Address) West Baltimore Ave 1800

7 1934

Registrar.

00838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00838

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1300 Ashland Ave. Mother's Address. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 193422. I HEREBY CERTIFY. That I attended deceased from April 20, 1934 to April 27, 1934. I last saw her alive on April 27, 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity of 2 months
Weight 2 lbs 11 oz

Date of onset

Birth 4-20-34

Other contributory causes of importance:

Jaundice4-23-34

Name of operation

None Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

John H. Coan

M. D.

West Baltimore Gen. Hosp.

7 1934

Huntington

00839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Sunset Blvd St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 30 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2821 Sunset Road St., 20-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Fred Angermair
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 16 18607. AGE Years 73 Months 74 Days 7 If LESS than 1 day, 9 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Germany13. NAME August Wittenman14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Elle Angermair
(Address) 2607 Belknap Ave18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date April 28, 193419. UNDERTAKER Robert Duchs & Son
(Address) Calhoun & Belknap St
Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 193422. I HEREBY CERTIFY, That I attended deceased from 4/22, 1934 to 4/25, 1934I last saw him alive on 4/25, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

3 days

Other contributory causes of importance:

arteriosclerosis2Name of operation Clinical Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 1900

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Elle Angermair M. D.
2000 Belknap

7 1934

00840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00840

✓ 122-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH *West Baltimore General Hospital* Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. *15* Ward)
 Length of residence in city or town where death occurred *Life* mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.
 2. FULL NAME *Mrs. Effie O. Walters*
 (a) Residence: No. *1803 Thomas Ave.* St. ____ Ward ____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 5a. If married, widowed, or divorced
 HUSBAND of *William B. Walters*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *April 24, 1881*
 7. AGE Years ____ Months ____ Days ____ If LESS than 1 day, ____ hrs. ____ or ____ min. ____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*
 10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *Robert J. Morrow*
 14. BIRTHPLACE (city or town) *Grafton*
 (State or country) *W. Va.*

15. MAIDEN NAME *Marion Sipes*
 16. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

17. INFORMANT *Mr. William B. Walters*
 (Address) *1803 Thomas Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Louisa Park Cemetery* April 30, 1934

19. UNDERTAKER *Joseph H. Coor*
 (Address) *1003 W. Baltimore St.*
Thurston Williams, R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 27, 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *April 22, 1934* to *April 27, 1934*
 I last saw him alive on *April 27, 1934* Death is said to have occurred on the date stated above, at *11:58 a.m.*

The principal cause of death and related causes of importance were as follows:

Postoperative Shock

Other contributory causes of importance:

Strangulated Intestinal Hernia
Obesity

Name of operation *Hernioplasty* Date of *4/26/34*

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: ____
 Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

no If so, specify ____

(Signed) *John H. Coor* M. D.
 (Address) *1003 W. Baltimore St.*

71934

00841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00841

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 N. Bentalou St. 20-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth C. Nardin

(a) Residence: No. 34 N. Bentalou St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of George F. Nardin
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	-	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vyans, Haute Saone
(State or country) France

13. NAME Pierre Grenullot

14. BIRTHPLACE (city or town) Vyans, Haute Saone
(State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Vyans, Haute Saone
(State or country) France17. INFORMANT Mr. Louis E. Nardin
(Address) 34 N. Bentalou St.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. April 28, 193419. UNDERTAKER Joseph H. H. H.
(Address) 1008 W. Baltimore St.

7 1934 Huntington Williams, Jr. Contrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/27, 1934, to 7/27, 1934.

I last saw her alive on 4/25, 1934. Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Int. sickness
Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bernard J. Terry
(Address) 910 W. Lombard St.

M. D.

0842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth 27 yrs. mos. da.

2. FULL NAME

Rose Lee

(a) Residence: No.

1230 N. Calvert

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Harry W. Lee

DATE OF BIRTH (month, day, year)

Nov - 1875

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

about

58

5?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town)
(State or country)

Ireland

13. NAME

Timothy O'Keefe

14. BIRTHPLACE (city or town)
(State or country)

Ireland

15. MAIDEN NAME

Julia Sullivan

16. BIRTHPLACE (city or town)
(State or country)

Ireland

7. INFORMANT

(Address)

Harry W. Lee
1230 N. Calvert St.

8. BURIAL, CREMATION, OR REMOVAL

Place

Moreland Park

Date

April 28, 1934

9. UNDERTAKER

(Address)

Wm Cook

1217 St. Paul St

Baltimore, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26/34, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on

1.45 A.M.

Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cardiac Failure due to
Lobular Pneumonia (prob-terminal)
Chr Nephritis
Genl Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. J. Green

(Address)

508 E. Lomb St

Coroner

M. D.

271934

00843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 9-01)Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Geo J Bannan(a) Residence: No. 1807 E 31st city

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
WIFE of _____6. DATE OF BIRTH (month, day, year) July 24 19037. AGE Years 25 Months 9 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto Md
(State or country)13. NAME James Bannan
14. BIRTHPLACE (city or town) Balto. Md
(State or country)15. MAIDEN NAME Mamie Dryer16. BIRTHPLACE (city or town) Balto Md
(State or country)17. INFORMANT Agnes M. Bannan
(Address) 1807 E. 31st St.18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 30 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Thurston Philadelphia, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-3422. I HEREBY CERTIFY. That I attended deceased from 4-22-34 to 4-27-34I last saw him alive on 4-27-34 Death is said to have occurred on the date stated above, at 6:00 am.

The principal cause of death and related causes of importance were as follows:

Ruptured peptic ulcer
Pyloroplasty

Date of onset

4-22-344-22-34

Other contributory causes of importance:

Onset of pneumonia
Peritonitis.4-22-344-22-34Name of operation Pyloroplasty Date of 4-22-34What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify

(Signed)

Jas. J. Shmoldge

M. D.

(Address) 104 W. Madison

27 1934

00844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*
 CITY OF BALTIMORE: (No. *33rd & Calvert* St., *9-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Miss Almira Markell*

(a) Residence: No. *504 E 36th* St.
 (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *About 1864*

7. AGE *40* Years *2* Months *2* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *etc*
 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Shepherdstown Virginia*
 (State or country)

13. NAME *James S Markell*
 14. BIRTHPLACE (city or town) *W. Va*
 (State or country)

15. MAIDEN NAME *Elizabeth Seearing*
 16. BIRTHPLACE (city or town) *W. Va.*
 (State or country)

17. INFORMANT *Miss Iattie Markell*
 (Address) *504 E 36th St.*

18. BURIAL, CREMATION, OR REMOVAL *Elmwood Cemetery*
Shepherdstown W. Va. April 29, 1934

19. UNDERTAKER *Wm Cook*
 (Address) *1217 St Paul St*

20. *Thurington Williams, Jr*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-26*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *4-26*, 19*34* to *4-26*, 19*34*

I last saw him alive on *4-26*, 19*34*. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fracture of hip rt.

Date of onset *4-24-34*

Other contributory causes of importance:

Bill. Burels pneumonia

4-22-34

Dr. Corney J. Housley
 Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *W. B. Settle* M. D.

(Address) *Union Memorial Hospital*

27 1934

F 00845

00845

283963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. _____ mos. 21 ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.2. FULL NAME Charles A. Bean(a) Residence: No. Sabins

(Usual place of abode)

St., _____

Ward. West Va

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

10-10-25

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8617

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

W Va

FATHER

13. NAME

Alvin Bean

14. BIRTHPLACE (city or town) (State or country)

W Va

MOTHER

15. MAIDEN NAME

Ellie Funk

16. BIRTHPLACE (city or town) (State or country)

W Va

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Funerary W Va 4/27/34

19. UNDERTAKER

(Address)

Bernard A. Harb

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 6, 1934, to April 27, 1934.I last saw him alive on April 27, 1934. Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

Brain Abscess

Date of onset

Feb 1934

Other contributory causes of importance:

MonociditisFeb 1934Name of operation Drainage Abscess Date of Apr. 4What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Paul E. Kuebel M. D.(Address) The Johns Hopkins Hosp

271934

00846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00846
F 00846

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 N. Fulton Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Morris M. Dean

(a) Residence: No.

1441 N. Fulton Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Mary Dean7. DATE OF BIRTH (month, day, year) May 28 - 1873

AGE

Years 61

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

London, Green Md

13. NAME

Martin Dean

14. BIRTHPLACE (city or town) (State or country)

London, Green Md

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Hollis S. Dean 1441 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Not givenDate Apr 30

1934

19. UNDERTAKER (Address)

Dean & Sons Bel Air Md

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1934

22. I HEREBY CERTIFY, That I attended deceased from

April 19 1934 to April 28 1934
I last saw him alive on April 27 1934 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

3 days

Other contributory causes of importance:

Cold & BronchitisWeak

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

no

(Signed)

Charles E. Clark

M. D.

(Address)

3214 J. Edgar Ave

✓ F 00847

00847
284675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Winfield Fields

(a) Residence: No.

443 E. Pa. Ave.

Ward. Towson Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

unknown

6. DATE OF BIRTH (month, day, year)

11-11-1905

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

28

- 5

- 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as specialist, lawyer, bookkeeper, etc.

Empl. - Golf Club

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

86

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Edward Fields

14. BIRTHPLACE (city or town) (State or country)

Virginia

MOTHER

15. MAIDEN NAME

Bessie Harvey

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem

Date 4-29

1934

19. UNDERTAKER

(Address)

Burton Mamie W. Wright

218 McCallister St

28-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1934 to 4-26-1934

I last saw him alive on 4-26-1934 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Perforated Gastric Ulcer

Date of onset

4-24-34

Other contributory causes of importance:

Pneumonia

Name of operation

Closure of Perforation of 4-26-34

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Walter Brown(a) Residence: No. 421 C. Pa. Ave.

(Usual place of abode)

Ward. Towson Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 12-24-19087. AGE Years 25 Months -4 Days -3 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Lewis Brown14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Nellie Britton16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Records
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Harbor Date 4-29 193419. UNDERTAKER Sproul & Son, 111 E. High
(Address) 1218 McElderry St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 26 193422. I HEREBY CERTIFY That I attended deceased from 4-14-1934 to 4-26-1934I last saw deceased alive on 4-26-1934 Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia of undetermined originDate of onset 4/1/34

Other contributory causes of importance:

Secondary AnemiaName of operation none Date of _____What test confirmed diagnosis? Blood urea Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. Hampton M. D.(Address) Johns Hopkins Hospital

28 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

00849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 Harford Rd. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4710 Harford Rd. St., 27-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Emma Oberlander
(or) WIFE of6. DATE OF BIRTH (month, day, year)
June 10, 18557. AGE Years 78 Months 10 Days 515 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Piano Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 years ago 11. Total time (years) spent in this occupation 4612. BIRTHPLACE (city or town) Baltimore City
(State or country) Maryland13. NAME Ludwika Oberlander14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. William Emma
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Park Ave. Date 193419. UNDERTAKER Ludwika Lassahn & Son
401 Belair Rd.20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 193422. I HEREBY CERTIFY. That I attended deceased from April 19, 1934 to April 25, 1934I last saw him alive on April 25, 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chc. Intestinal Nephritis 1925
Uremia April 24, 1934

Date of onset

Other contributory causes of importance:

Name of operation none Date of noneWhat test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury 19Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) S. A. Alessi M. D.(Address) 6217 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00850

F 00850

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

City of Baltimore: (No. 2204 Oak St. 12 Ward)

2-FULL NAME

(a) RESIDENCE NO. 2204 Oak St. 12 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race Colored 5 Single, Married, Widowed or Divorced, (write the word) Child5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Mar 31-19347 AGE Years 3 mos Months 25 Days 25 IF LESS than 1 day hrs. or min.8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) Baltimore
(State or country)10 NAME OF FATHER Samuel Gayles11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)12 MAIDEN NAME OF MOTHER Annie Thornton13 BIRTHPLACE OF MOTHER (city or town) Gloster Va
(State or country)14 Informant Samuel Gayles
(Address) 2204 Oak St15 28 1934 Huntington Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-34

17 I HEREBY CERTIFY, That I took charge of the remains described above, held and (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
(duration) yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. M. D.127-1934 (Address) 7692 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Mt Zion Cemetery DATE OF BURIAL Apr. 28, 193420 UNDERTAKER V. A. Brooks ADDRESS 14637 Carey

00851

HEALTH DEPARTMENT—CITY OF BALTIMORE 00851

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Clifton Avenue St., 15-01 Ward)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Florence S. Duff

(a) Residence: No. 3011 Clifton Avenue St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of Harry V. Duff
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	18	17

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Samuel Sindall

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Susan Shorey

16. BIRTHPLACE (city or town) Bath
(State or country) Maine17. INFORMANT Mrs. Harry J. Winder
(Address) 3011 Clifton Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 4/28, 193419. UNDERTAKER Henry W. Meats & Son
(Address) 805 N. Calvert Street

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1934

22. I HEREBY CERTIFY That I attended deceased from
Apr. 25, 1934 to Apr. 26, 1934I last saw him alive on Apr. 26, 1934 Death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as follows:

Diabetes.

Date of onset

2 mo.

Other contributory causes of importance:

myocarditis

5 yrs.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Lusk, M. D.

(Address) 119 Med. Arts Bldg.

PR 28 1934

00852

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00852

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 W. Lombard St. St. 19-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1823 W. Lombard St. St. ____ Ward ____
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) July-15-18717. AGE 62 Years 9 Months 10 Days If LESS than
1 day ____ hrs. ____ or min.8. Trade, profession, or particular
kind of work done, an spinner,
sawyer, bookkeeper, etc. None
9. Industry or business in which
work was done, an silk mill,
saw mill, bank, etc. Disabled
10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town) Phila.; Pa.
(State or country)13. NAME Vincent Hance
14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Mrs L. Simmons
(Address) 1823 W. Lombard St.18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date April 28-193419. UNDERTAKER Charles J. Schwab
(Address) 505 N. Menace St.

8-1934

Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 193422. I HEREBY CERTIFY, That I attended deceased from
April 23, 1934 to April 26, 1934
I last saw him alive on 4/26, 1934 death is said
to have occurred on the date stated above, at 6:15 PMThe principal cause of death and related causes of
importance were as follows:Cancer of Larynx

Date of onset

12-2

Other contributory causes of importance:

Acute cardiac dilatation1 dayName of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? No23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify _____(Signed) Benjamin Miller M. D.(Address) 2030 Wilkes Ave

00853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00853

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 E. Monument St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary E. Butta

(a) Residence: No. 2639 E. Monument St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Butta

6. DATE OF BIRTH (month, day, year) Aug 17/1866

7. AGE 67 Years 8 Months 10 Days If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) Can Boat Young 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) U. S.

13. NAME Casper Prokop 14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma Kennedy (Address) 1203 Essex St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 20 1934

19. UNDERTAKER Frank A. Fink (Address) 915 Dr. Baylyt

Huntington Hilligues

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That attended deceased from Oct 10, 1932 to April 26, 1934

I last saw him alive on April 24th, 1934 Death is said to have occurred on the date stated above, at 12¹⁵ A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of exam 4/23/34

Other contributory causes of importance:

General Arterio sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Tanter

(Address) 119 2 millery

M. D.

8 1934

Washington

F 00854

00854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1027 Vine St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) **Sept 28, 1930**

7. AGE Years **3** Months **6** Days **27** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore Md** (State or country)

13. NAME **Thos Washington**
14. BIRTHPLACE (city or town) **Baltimore Md** (State or country)

15. MAIDEN NAME **Helen Brice**
16. BIRTHPLACE (city or town) **Baltimore Md** (State or country)

17. INFORMANT **Mother** (Address) **1027 Vine St**

18. BURIAL, CREMATION, OR REMOVAL Place **Mt. Auburn** Date **Apr 28, 1934**

19. UNDERTAKER **Mrs Katie R Williams** (Address) **322 N. Schroeder St**

28 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) **April 26, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 25, 1934** to **April 26, 1934**

I last saw him alive on **April 26, 1934**. Death is said to have occurred on the date stated above, at **5:55 AM**.

The principal cause of death and related causes of importance were as follows:

Laryngeal and Tracheal Diphtheria

Date of onset **4/24/34**

Other contributory causes of importance:

Name of operation **Laryngeal intubation** Date of **April 25**

What test confirmed diagnosis **Culture** Was there an autopsy? **Yes**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? **None** Date of injury **19**

Where did injury occur? **(None)** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

00855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00855

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME Julia Ann Gray

(a) Residence: No. 307 N. Stricker st.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stirling Gray

6. DATE OF BIRTH (month, day, year) Sept. 7, 1903

7. AGE Years 30 Months 7 Days 18 If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Harlan Marcus

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 30, 1934

19. UNDERTAKER

(Address) 322 N. Sherman St. Huntington Williams, R.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to April 25, 1934.

I last saw her alive on April 25, 1934. Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Jan. 21, 1934

Other contributory causes of importance:

Name of operation _____ Date of _____ What test confirmed diagnosis Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) Meyer W. Jacobson M. D. (Address) Baltimore City Hospitals

B 1934

F 00856 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00856

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Aisquith St. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

CATHERINE L. RIORDAN

(a) Residence: No. 1312 Aisquith St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
------------------	---------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 9th, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	18	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Timothy Riordan

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Elizabeth Riley

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Miss O'Malley
(Address) 2913 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 30th, 1934

19. UNDERTAKER Chas. T. Yague & Son
(Address) 118 W. Mt. Royal Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to Apr 27, 1934.

I last saw her alive on Apr 27, 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

PR 28 1934

Registrar

00857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 F 00857

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1054 W. Fayette St. 18-01 Ward)

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 50 11 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1054 W. Fayette St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of John Gardner
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1883

7. AGE Years 50 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME John Brooks

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT

(Address) 1054 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/29 1934

19. UNDERTAKER

(Address) 121 W. Montgomery St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-34

22. I HEREBY CERTIFY That I attended deceased from Feb 20, 1934 to April 26, 1934

I last saw her alive on April 25, 1934 death is said to have occurred on the date stated above, at 1:30 pm

The principal cause of death and related causes of importance were as follows:

Acute uremia with coma

Date of onset

Apr 22 1934

Other contributory causes of importance:

Acute nephritis

Feb 1934

Name of operation None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

John W. Staines M. D.
615 S. Paca St

PR 26 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00858

CERTIFICATE OF DEATH

Registered No. 131 F 00858
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Harlem St., 16-01 Ward)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1003 Harlem St., 16-01 Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed,
 or Divorced (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Hugh Grigby
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years 44 Months ? Days ? If LESS than
 1 day, hrs. or min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. 037
 10. Date deceased last worked at
 this occupation (month and
 year) 11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

13. NAME James Langston

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME Bill Williams

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Bill Benson
 (Address) Centerville Md

18. BURIAL, CREMATION, OR REMOVAL Grav 28
 Place Millersburg Date 1934

19. UNDERTAKER Dr. J. A. Ladd
 (Address) 211 N. E. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1934
 22. I HEREBY CERTIFY, That I attended deceased from
Apr 10, 1934 to Apr 26, 1934

I last saw her alive on Apr 25, 1934 death is said
 to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of
 importance were as follows:

interstitial nephritis 7-1-34

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis? urinary Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the
 following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public
 place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
 deceased no If so, specify no

(Signed) J. M. Ladd M. D.

(Address) 126 Druid Hill

R 28 1934

00859

HEALTH DEPARTMENT—CITY OF BALTIMORE

00859

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Bennett Pl St. 18-01 Ward)Registered No. 34
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Era Gibson(a) Residence: No. 1020 Bennett Pl St., 18-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of John Gibson
(or) WIFE of unknown6. DATE OF BIRTH (month, day, year) unknown7. AGE Years 75 Months 0 Days 0 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month at year) unknown 11. Total time (years) spent in this occupation unknown12. BIRTHPLACE (city or town) Alb
(State or country)13. NAME unknown14. BIRTHPLACE (city or town) Alb
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Alb
(State or country)17. INFORMANT William H. Gibson
(Address) 1020 Bennett Pl18. BURIAL, CREMATION, OR REMOVAL
Place St. James Date 4-28-34 1919. UNDERTAKER James H. Gibson
(Address) 1020 Bennett Pl

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 193422. I HEREBY CERTIFY, That I attended deceased from 4/15/34 to 4/26/34I last saw him alive on 4/26/34 death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 1 day

Other contributory causes of importance:

Atherosclerosis 1933
Coronary 7 mosName of operation none Date of noneWhat test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no If so, specify no(Signed) J. J. Bartley M. D.
(Address) 519 N Carroll

APR 28 1934

M. 00860

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00860

284068

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH *Surge* *JOHNS HOPKINS HOSPITAL*St. *7-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carmela Colaianni(a) Residence: No. *2541 E Monument St.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female *White* *Widowed*5a. If married, widowed, or divorced *Widowed* of (or) WIFE of *Unknown*6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE 64 *years* *0* months *0* days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*10. Date deceased last worked at this occupation (month and year) *Unknown*11. Total time (years) spent in this occupation *Unknown*12. BIRTHPLACE (city or town) (State or country) *Italy*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Records*18. BURIAL, CREMATION, OR REMOVAL *JOHNS HOPKINS HOSPITAL*19. UNDERTAKER *Frank V. Pickett*Place *Baltimore* Date *April 30, 1934*20. (Address) *2541 E. Monument St.*21. (Address) *2541 E. Monument St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-26, 1934*22. I HEREBY CERTIFY That I attended deceased from *4-26, 1934* to *4-26, 1934*I last saw her alive on *4-26, 1934* Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary Embolus*Date of onset *4-26-34*

Other contributory causes of importance:

*Carcinoma of sigmoid with metastases - Post-operative pneumonia left lower lobe*Name of operation *Excision, drainage, etc.* Date of *4-13-34*What test confirmed diagnosis? *Yes* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *John J. Pickett* M. D.(Address) *2541 E. Monument St.*

APR 28 1934

0861

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00861

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

232 S. Conklin St.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emil Saintcross Jr.

232 S. Conklin

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 24 1933

7. AGE

Years

Months

Days

If LESS than
1 day... hrs.
or min.

9

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

13. NAME

Emil Saintcross

14. BIRTHPLACE (city or town)
(State or country)

Italy

15. MAIDEN NAME

Anna Gentile

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

17. INFORMANT
(Address)Emil Saintcross
232 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Saved Heart of Jesus Date April 30 193419. UNDERTAKER
(Address)Frank Della Croce
52 N. Morley St.

20. FILED

APR 28 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 26, 193422. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 26, 1934I last saw him alive on April 26, 1934. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis

Date of onset

2/18/34

Other contributory causes of importance:

Bronch. Pneumonia4/24/34

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Address) Philbert Artigiani M. D.
2942 Baystate

00862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00862

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Claremont St. St. 25 Ward 25)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3802 Claremont St. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, name of HUSBAND or WIFE Nicola Cotaio

6. DATE OF BIRTH (month, day, year) March 25 1847

7. AGE Years 87 Months 1 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Castelvechio Italy
(State or country)

13. NAME Zaccarino Scocca

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Maria P. Nero

16. BIRTHPLACE (city or town) Italy
(State or country)17. INFORMANT Angela Maria Beccio
(Address) 3802 Claremont St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary-Apr. 30 1934

19. UNDERTAKER Frank Della Rosa
(Address) 52 N. Morley St.

APR 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 27, 1934

I last saw her alive on April 26, 1934 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia April 24

Other contributory causes of importance

Senility

Name of operation none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Richard C. Belinger M. D.

(Address) 1514 E. Baltimore St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00863

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 N. Charles St. St. 14-01 Ward)

Length of residence in city or town where death occurred 38 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 568 Wilson St. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

73

Do not know.

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

4/26/34

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) (State or country)

Essex Co. Va.

13. NAME

William Gardner. (C)

14. BIRTHPLACE (city or town) (State or country)

Virginia.

15. MAIDEN NAME

Susie Moore. (C)

16. BIRTHPLACE (city or town) (State or country)

Virginia.

17. INFORMANT Ulysses Callis. (C) uncle. 2215 Madison Ave. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

2101 M. E. St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:
Hemorrhage of blood vessel of right lower leg. Shock. Struck leg against rocker Occidental

Date of onset

2 weeks

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) O. H. Reinhardt M. D. (Address) 1017 E. Charles St.

APR 28 1934

00864

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00864

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Kavon Ave St. 26-01 Ward)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4413 Kavon Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Ruth Turner (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 29/1897

7. AGE Years 36 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John F. Turner 14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Emma Stiffler 16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Ruth Turner (Address) 4413 Kavon Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Apr 28, 1934

19. UNDERTAKER John Bellicock (Address) 208 E. Main

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows: Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. S. Hester M. D. (Address) 508 E. Main

28 1934

Huntington Williams, Jr.

00865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00865

131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *1316 E. 33rd* ST., *9-61* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Amelia A. List

(a) RESIDENCE NO.

1316 E. 33rd ST.,

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* 3 Single, Married, Widowed, or Divorced. (write the word) *married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *John List*DATE OF BIRTH (month, day, and year) *Oct 14-18-76*AGE Years *57* Months *6* Days *12* If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *house wife*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) *Baltimore, Md*
(State or country)10 NAME OF FATHER *Henry Westphal*11 BIRTHPLACE OF FATHER (city or town) *Germany*
(State or country)12 MAIDEN NAME OF MOTHER *Annie E. Schmidt*13 BIRTHPLACE OF MOTHER (city or town) *Germany*
(State or country)Informant *John List*
(Address) *1316 E. 33rd St*

3 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *April 26 1934*17 I HEREBY CERTIFY, That I attended deceased from *Feb 8*, 1934, to *April 26*, 1934.that I last saw her alive on *April 26*, 1934and that death occurred, on the date stated above, at *4⁴⁵ P. m.*

The CAUSE OF DEATH* was as follows:

*apoplexy*CONTRIBUTORY (duration) yrs. mos. ds. *Chronic Interstitial Nephritis*
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Luigi S. Di Stefano* M. D.
Apr 27, 1934 (Address) *407 W. Euter St*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Apr 30 1934
2008 Orleans

00866 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals

CITY OF BALTIMORE: (No.

Balt. Md

St. 23-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Douglas Graves

(a) Residence: No. 1321 S. Charles St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

3-24-09

7. AGE

Years 25

Months 1

Days 3

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newspaper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Route 08th
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Peter Graves

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Daisy Arrey

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Records
Balt. City Hoptl.

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross A.A.G. Date Apr. 30 1934

19. UNDERTAKER

(Address)

Margaret S. Flynn
742 N. Hill St.

Huntington Hillman, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-21-1934 to 4-27-1934

I last saw him alive on 4-27-1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Encephalitis Lethargica

Date of onset

Other contributory causes of importance:

Parkinsonian Syndrome

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Baltimore City Hospitals

M. D.

8 1934

E' 00867

00867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Wallbrook Ave. St. 1 Ward)Length of residence in city or town where death occurred 54 yrs. 6 mos. 21 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3401 Wallbrook Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Selen R. Jackson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct. 6, 18797. AGE Years 54 Months 6 Days 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commissioner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent10. Date deceased last worked at this occupation (month and year) 11/1/193612. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Arthur H. Jackson14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Mary Jane Rayner16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT (Address) Mr. Arthur H. Jackson, 644 S. Enoch Ave.18. BURIAL, CREMATION, OR REMOVAL Place St. John's Church Date Apr. 28, 193419. UNDERTAKER (Address) Wm. V. Dickerson, 1011 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 193422. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1934 to Apr. 27, 1934I last saw him alive on Apr. 26, 1934 Death is said to have occurred on the date stated above, at 1005th

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage and paralysis

Other contributory causes of importance:

arterio-sclerosis, Hypertensive pneumoniaName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? X23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? X If so, specify(Signed) Walter S. Herbert M. D.(Address) 2220 Garrison Blvd.

PR 29 1934

00868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*
 CITY OF BALTIMORE: (No. *E. Thirty-third* St., *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Irvin M. Anderson

(a) Residence: No.

3925 Belview Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, name of HUSBAND or WIFE of *Irvin M. Anderson*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *56* Months *10* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sup. Amer. Can Co*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ohio*

13. NAME *Irvin M. Anderson*

14. BIRTHPLACE (city or town) (State or country) *North Carolina*

15. MAIDEN NAME *Emma Smith*

16. BIRTHPLACE (city or town) (State or country) *Ohio*

17. INFORMANT *Mrs. I. M. Anderson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Druid Ridge Cem. Apr. 30, 1934*

19. UNDERTAKER

(Address) *1007 Rockwell Road North & Pikes*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 10, 1934, to April 28, 1934*

I last saw him alive on *April 28, 1934* Death is said to have occurred on the date stated above, at *7:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerotic Cardiovascular Disease
Myocardial failure*

Date of onset

Feb. 29

Other contributory causes of importance:

*Hypertension
Chronic interstitial nephritis*

?

?

Name of operation *None*

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Richard 'Franco*

M. D.

(Address) *Union Memorial Hosp*

PR 29 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JONES HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. _____ Ward) 9-01

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME

Arthur ~~Hooker~~ Bachr

(a) Residence: No. 1809 East 28th St.

St. Balt. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~Wife of~~ Maeta Bachr

6. DATE OF BIRTH (month, day, year) 11-30-1873

7. AGE Years 60 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Meat Cutting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 61 1/2

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Bachr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill

Date May 1, 1934

19. UNDERTAKER A. Howard Evans (Address) 38 E. 2nd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-26-1934 to 4-27-34, 1934.

I last saw him alive on 4-21-1934. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Carindina diffusa in pulvis
probably paralytic in origin

Date of report 4/27/34

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Jones

(Address) Jones Hospital

M. D.

R 29 1934

F 00870

F 00870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1343 Poplar Grove St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

John T. Price,

(a) Residence: No. 1343 Poplar Grove

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
 HUSBAND of Clara E. Price,
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

13. NAME John Price,

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Countess,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clara E. Price
(Address) 1343 Poplar Grove St.18. BURIAL, CREMATION, OR REMOVAL APR 30 1934
Place Mt Carmel Date19. UNDERTAKER Robert S. Sittle
(Address) 2700 Edmondson Ave.

20. FILED 29 1934

MEDICAL CERTIFICATE OF DEATH

APR 27 1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to April 27, 1934.

I last saw him alive on April 26, 1934. Death is said to have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

myocarditis, acute
x dilatation of heart

Date of onset

(Other contributory causes of importance;

General atelectasis
Pneumonia

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify John T. Price

(Signed) M. D.

(Address) 1219 Poplar Grove

F 00871

F 00871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 N. Pulaski St., 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mon. _____ ds.

2. FULL NAME

(a) Residence: No. 1720 N. Pulaski St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19117. AGE Years 23 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)13. NAME Isidore Cantor14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Sarah Jarick16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT J. Cantor(Address) 1720 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Burial Date 4/29/3419. UNDERTAKER Vol. Winsor & Bro.(Address) 1127 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 193422. I HEREBY CERTIFY, That I attended deceased from 4/18, 1934, to 4/28, 1934I last saw him alive on 4/28, 1934 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Uræmia
Subacute nephritis
Malignant Hypertension

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Consultation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so specify _____

(Signed) David J. Anderson M. D.(Address) 1224 Lee St.

APR 29 1934

Registrar

F 00872

F 00872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital 12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

317 W. 29th St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Anna**1890*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *44* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Hyman Solomon

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Esther Goldstein

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Wm. Buehman

(Address)

2111 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place *Hebrew Burial Place* Date *April 24, 1934*

19. UNDERTAKER

(Address)

*Perenson Bros**1027 E. Baltimore St.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 12, 1934* to *April 28, 1934*I last saw him alive on *April 28, 1934* Death is said to have occurred on the date stated above, at *8:45 P.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Cholecystitis**Pulmonary embolism**4-28-34*

Other contributory causes of importance:

Name of operation *Cholecystectomy* Date of *4-18-34*What test confirmed diagnosis? *operation* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. Davis Moore M. D.(Address) *Franklin Square Hospital*

R 29 1934

F 00873

E 00873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 N. Bentalon St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1730 N. Bentalon St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced. (write the word) Widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Lera
1866

6. DATE OF BIRTH (month, day, year)

7. AGE 68 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4510. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (city or town) (State or country) Prussia13. NAME Jacob Jacob14. BIRTHPLACE (city or town) (State or country) Prussia15. MAIDEN NAME Ida16. BIRTHPLACE (city or town) (State or country) Prussia17. INFORMANT Morris Jacobs
(Address) 2814 Rockrose Ave18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave
Place Date 4/29/3419. UNDERTAKER Edwin + Co
(Address) 1127 N. Bentalon St

PR 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/3422. I HEREBY CERTIFY, That I attended deceased from 4/22/34 to 4/29/34, 1934I last saw him alive on 4/28/34, 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
chronic myocarditis
coronary atherosclerosisDate of onset 192419274/29/34

Other contributory causes of importance:

cardiac dilatation4/2/34

Name of operation _____ Date of _____

What test confirmed diagnosis: Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. L. Silver(Address) 3704 Liberty St.

M. D.

F 00874

F 00874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sini Hospital

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mauda Magaroff

(a) Residence: No. _____

1628 Moreland St.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Abe

6. DATE OF BIRTH (month, day, year)

1868

7. AGE

Years 66

Months -

Days -

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME

Joseph Jachowicz

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME

Leah Nauman

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Abe Magaroff

18. BURIAL, CREMATION, OR REMOVAL

Date

4/29/1934

19. UNDERTAKER

(Address)

J. Ferguson Bros

1127 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/18/34, 19, to 4/27/34, 19.

I last saw him alive on 4/27/34, 19. Death is said to have occurred on the date stated above, at 2:55 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia
Type undetermined
Arteriosclerosis
Cardiac Hypertrophy & Scl.

Other contributory causes of importance:

Cardiac insufficiency
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) _____

Katzenstein

M. D.

(Address) _____

Sini Hoop

PR 29 1934

F 00875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth..... yrs..... mos..... ds.

2. FULL NAME

Cecelia Drukman(a) Residence: No. 1816 Linden Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIsaac6. DATE OF BIRTH 1886 month, day, year)7. AGE 48 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country)

Austria

13. NAME

Hyman Bieger

14. BIRTHPLACE (city or town) (State or country)

Austria

15. MAIDEN NAME

Sophia

16. BIRTHPLACE (city or town) (State or country)

Austria

17. INFORMANT

Isaac Drukman

(Address)

1816 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

buriedDate 4/29 1934

19. UNDERTAKER

(Address)

sol Lwinson & Son
1127 E. Bait St.

20. FLUED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28/34 19

22. I HEREBY CERTIFY, That I attended deceased from..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... 5.55 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)

Date of onset

4/27/34

Other contributory causes of importance:

ArteriosclerosisCardiac Hypertrophy & Dilatation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

M. D. 1934

F 00876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JONES HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Anne Brock

(a) Residence: No.

156 S. Crest Rd

St., ... Ward.

Challanooga Tenn

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Matthew

6. DATE OF BIRTH (month, day, year)

10-28-1883

7. AGE

50 51

Months

Days

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

N W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Tenn

FATHER

13. NAME

James Bobo

14. BIRTHPLACE (city or town) (State or country)

Tenn

MOTHER

15. MAIDEN NAME

Lea King

16. BIRTHPLACE (city or town) (State or country)

Tenn

17. INFORMANT

(Address)

Records JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 1934

19. UNDERTAKER

(Address)

APR 29 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 25, 1934, to April 29, 1934.

I last saw her alive on April 29, 1934. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Brain Tumor Malignant

Date of onset

1933

Other contributory causes of importance:

Name of operation Craniotomy Date of 4-27-34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Paul A. Kunkel

M. D.

(Address)

The Johns Hopkins Hosp.

F 00877

F 00877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Volunteers Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edith K. O'Neill

(a) Residence: No.

3119 Belvidere St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced, name of husband (or) WIFE of *John A. O'Neill*

6. DATE OF BIRTH (month, day, year)

Aug 18 1877

7. AGE

56

Months

8

Days

9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Charles E. Bailey

14. BIRTHPLACE (city or town) (State or country)

Fredrick Co. Md.

MOTHER

15. MAIDEN NAME

Elizabeth M. Cloughlin

16. BIRTHPLACE (city or town) (State or country)

W. Va.

17. INFORMANT

(Address)

Wm. Bailey 3119 Belvidere Ave

18. BURIAL, CREMATION, OR REMOVAL

Date

Mar 30 1934

19. UNDERTAKER

(Address)

A. S. Marshall 2339 East Road

20. FILED

*231334**Frederick J. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) *4-29*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

4-18-34 to *4-27*, 19*34*I last saw him alive on *4-27*, 19*34* Death is said to have occurred on the date stated above, at *6.40 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

Other contributory causes of importance:

Chemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *A. J. Conner*, M. D.(Address) *Vol. Hospital*

F 00878 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice Popowitch.(a) Residence: No. 320 Albemarle St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White. 5. Single, Married, Widowed, or Divorced (write the word) Do not know.6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years Months Days If LESS than 1 day, hrs. or min.
About 558. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.13. NAME Do not know.14. BIRTHPLACE (city or town) (State or country) Do not know.15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) (State or country) Do not know.17. INFORMANT Hospital Report.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4/29 34

19. UNDERTAKER

(Address)

J. J. Maher
1318 Light St.

FILED

R 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 193422. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Hexiplegia.
Cerebral hemorrhage.
Cerebral pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None. Date ofWhat test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Reinhardt M. D.

4/26/34 1017 29 Charles St. Coroner

(Address)

F 00879 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (To.)

CITY OF BALTIMORE: (No.

St. 3-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James McGowan

(a) Residence: No. 1123 E. Lombard st.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Elizabeth McGowan (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1865

7. AGE Years 68 Months 10 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Bernard McGowan

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Elizabeth Hanlon

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial or Cremation Date 4/29/34

19. UNDERTAKER J. J. Mahoney (Address) 11318 Light St.

20. FIDELITY 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY That I attended deceased from May 31, 1933 to April 25, 1934

I last saw him alive on April 25, 1934 Death is said to have occurred on the date stated above, 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Apr. 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw, M. D. Baltimore City Hospitals (Address)

F 00880

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00880

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 11-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Upenn

(a) Residence: No.

928 Morris

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 50? Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILMO

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 193422. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to April 23, 1934I last saw him alive on April 23, 1934. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, Apr 4 day
tuberculosis
Hypertension

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Phonol M. D.(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934

F 00881

F 00881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town where death occurred) *Baltimore City Hosp* Ward *46-01*Length of residence in city or town where death occurred *25* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *Home*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No. *93-004*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (last) WIFE of

6. DATE OF BIRTH (month, day, year) *? 1884*7. AGE *50* Years *4* Months *9* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labour* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland* (State or country)13. NAME *Joseph*14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) *Poland* (State or country)17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL *Records* Place *Christ Chhch* Date *4/29 34*19. UNDERTAKER *J. J. Fisher* (Address) *1318 Light St*20. FILED *1318 Light St*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 26 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 2 1934* to *April 26 1934*I last saw him alive on *April 26 1934* Death is said to have occurred on the date stated above, at *Home*

The principal cause of death and related causes of importance were as follows:

Cerebral embolus
Arteriosclerosis
Myocardial Transmural
or congestive failure

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Phosyll* M. D.(Address) *Balt City Hosp.*

F 00882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-01 Ward)Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 928 Harlem Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
-----------------------	------------------------------------	---

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClara Cole

6. DATE OF BIRTH (month, day, year)

May 12 / 1901

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.32321115

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Troy, S. C.

FATHER

13. NAME

David Cole14. BIRTHPLACE (city or town)
(State or country)S. C.

MOTHER

15. MAIDEN NAME

Clara Traylor16. BIRTHPLACE (city or town)
(State or country)S. C.

17. INFORMANT

(Address)

Clara Cole
928 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Abbeville, S. C. Date Apr 29, 1934

19. UNDERTAKER

(Address)

Mrs. Kate R. Williams
322 S. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. P. Williams M.D.

M. D.

(Address)

1305 N. Patterson Pl.

R 29 1934

F 00883 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00883

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital*) St. *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1609 Lexington* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *40* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Wilmington Maryland*

FATHER

13. NAME *David Jones*14. BIRTHPLACE (city or town) (State or country) *No Record*

MOTHER

15. MAIDEN NAME *Swain Keller*16. BIRTHPLACE (city or town) (State or country) *Wilmington Maryland*17. INFORMANT *Eric Keller, Jr.*(Address) *1009 W. Lexington St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Williams port Md* Date *4/30*, 19*34*19. UNDERTAKER *Walter B. Spriggs*(Address) *139 W. Hamlet St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-27-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *4-24-34*, 19 to *4-27-34*, 19I last saw her alive on *4-22-34*, 19. Death is said to have occurred on the date stated above, at *12:30 P.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Hemorrhagic Nephritis

Other contributory causes of importance:

Not Determined

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. H. H.*

M. D.

(Address) *President Hospital*

F 00884

F 00884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hosp.

CITY OF BALTIMORE: (No.)

St. 12-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pearl Staylor

(a) Residence: No.

2809 Huntington Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of

Anthony G. Staylor

6. DATE OF BIRTH (month, day, year)

Sept. 18/1900

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

33

7

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto. Md.

FATHER

13. NAME

Mr. H. Snouffer

14. BIRTHPLACE (city or town) (State or country)

Md.

MOTHER

15. MAIDEN NAME

Ella Master

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Anthony G. Staylor, Husband, 2809 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL

Date

19. UNDERTAKER

(Address)

H. L. Davis, 341 E. Chestnut Ave

20. FILED

Huntington Ave, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1934

22. I HEREBY CERTIFY. That I attended deceased from 3-29-34, 19, to 4-27-34, 19.

I last saw her alive on 4-27-34. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Sepsis

Date of onset

3-29-34

Other contributory causes of importance:

Intestinal obstruction

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Rubin M. D.

(Address) Franklin G. Hoops

F 00885 HEALTH DEPARTMENT—CITY OF BALTIMORE F 00885

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3305 E. Baltimore* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 23-1897*7. AGE Years *36* Months *5* Days *4* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Iron Work* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Balto Dry Dock* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Balto - Md*FATHER 13. NAME *Ludwig H. Lettow* 14. BIRTHPLACE (city or town) (State or country) *Germany*MOTHER 15. MAIDEN NAME *Katherine Wile*16. BIRTHPLACE (city or town) (State or country) *Balto - Md.*17. INFORMANT *Katherine Lettow* (Address) *3305 E. Balto. St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Mary's* Date *April 30 1934*19. UNDERTAKER *John C. Miller* (Address) *2435 E. Baltimore St.*

PR 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-27-1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

*Infected Teeth
Cervical cellulitis
Cervical abscess*

Date of onset

4/15/34

Other contributory causes of importance:

Name of operation *Incision & drainage* of *4-27-34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Agnes Zeller* M. D.(Address) *12739 Eastern Ave*

E 00886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4 N Morley* St., *70-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. *Life* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *4 N Morley* St., *70-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John J Bryan*6. DATE OF BIRTH (month, day, year) *Dec 16 1877*7. AGE Years *56* Months *4* Days *10* If LESS than 1 day, hrs. *0* or min. *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Mayland*13. NAME *John Stinner*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Catherine Yadel*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mr Jm C Plank*
(Address) *3814 Turnbull Ave*18. BURIAL, CREMATION, OR REMOVAL *Funeral Home 4/30/34*19. UNDERTAKER *John A. Taylor*
(Address) *Section Ave 1 Fayette*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 26, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1932* to *April 26, 1934*I last saw her alive on *April 26, 1934* Death is said to have occurred on the date stated above, at *4 p.m.*

The principal cause of death and related causes of importance were as follows:

*Angina Pectoris**Arterio Sclerosis*

Other contributory causes of importance:

Arterio Sclerosis

Date of onset

*4/26/34**1932**1932*Name of operation *None*

Date of

What test confirmed diagnosis *Clin*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*

(Signed)

(Address)

Madoneill
108 N Fulton Ave

M. D.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CARD.

APR 28 1934

F 00887

F 00887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *18-01* Ward)Registered No. *72-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of *18* years in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Jesse Favorite*

(Usual place of abode)

Shesley Ave. Towson St., *18-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*male**White**single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *single*6. DATE OF BIRTH (month, day, year) *Nov 20, 1913*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*20**5**9*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Odd jobs, 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore City*
(State or country) *Md.*

FATHER

13. NAME *John J. Favorite*14. BIRTHPLACE (city or town) *Pennsylvania*
(State or country)

MOTHER

15. MAIDEN NAME *Florence Kelso*16. BIRTHPLACE (city or town) *Baltimore Co.*
(State or country)17. INFORMANT *John J. Favorite*
(Address) *11 Schellay and Towson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Prospect Hill* Date *May 1, 1934*19. UNDERTAKER *John Burns & Sons*
(Address) *Towson Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-29-1934*22. I HEREBY CERTIFY, That I attended deceased from *4-10-1934* to *4-28-1934*I last saw him alive on *4-28-1934* Death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute Septicemic Peritonitis

Date of onset

3-28-1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Clayton*(Address) *Univ. Hospital*

M. D.

FILED

R 29 1934

F 008888

F 008888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SEILING HOME 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

EMMA V CARR(a) Residence: No. 600 CHAPEL GATE ROAD St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

~~DECEASED~~
WIFE ofHarry Carr6. DATE OF BIRTH (month, day, year) Dec 27 18857. AGE Years 78 Months 4 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Joshua B. Shaw14. BIRTHPLACE (city or town) MD (State or country)15. MAIDEN NAME Susan Elder16. BIRTHPLACE (city or town) MD (State or country)17. INFORMANT Joshua B. Carr
(Address) 713 Deepdale Rd - Tuxedo Park18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Apr 30 193419. UNDERTAKER Wm Cook
(Address) 127 St Paul St20. FILED 301324

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 27, 193422. I HEREBY CERTIFY. That I attended deceased from NOV 27 1933 to APRIL 27 1934I last saw her alive on APRIL 27, 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Mitral Regurgitation 1924
Chronic Myocarditis 1933

Other contributory causes of importance:

Arteriosclerosis 1933Name of operation none Date of ✓What test confirmed diagnosis Chronic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Chas F. Blount M. D.(Address) 3013 St Paul St

M. D. F 00889

✓ F 00889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *650 Baltimore Funeral Home* Registered No. *131*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 CITY OF BALTIMORE: (No. *12* St. *20* Ward)
 Length of residence in city or town where death occurred *1* yrs. *1* mos. *1* da. How long in U. S. if of foreign birth? *1* yrs. *1* mos. *1* da.
 2. FULL NAME *Lewis Place*
 (a) Residence: No. *103 E. 20th St.* Ward. *12*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 5a. If married, widowed, or divorced HUSBAND of *Louise Place*

6. DATE OF BIRTH (month, day, year) *June 24th 1854*

7. AGE Years *79* Months *10* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Salesman*
 10. Date deceased last worked at this occupation (month and year) *June 1917* 11. Total time (years) spent in this occupation *32*

12. BIRTHPLACE (city or town) *Balto* (State or country) *MD*

13. NAME *Louis Place Sr*

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME *Katherine Riddle*

16. BIRTHPLACE (city or town) *Balto* (State or country) *MD*

17. INFORMANT *Self (Louis Place)* (Address) *703 E. 20th St.*

18. BURIAL, CREMATION, OR REMOVAL Place *Landon Park* Date *May 1st 1934*

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

20. *Dr. J. H. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 19, 1934* to *April 28, 1934*
 I last saw him alive on *April 28, 1934* Death is said to have occurred on the date stated above, at *7:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic myocardial disease
Chronic nephritis

Other contributory causes of importance:

Prostatic hypertrophy
Acute urinary retention

Name of operation *Bilateral Vasectomy* Day of *4/24/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Leon Ashman* M. D.
 (Address) *West Baltimore*

OCCUPATION is very important. See instructions on back of certificate.

APR 30 1934

M. D. 1934-00890

F 00890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Dillon St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah Jane Chisholm

(a) Residence: No. 3034 Dillon St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18-1848

7. AGE Years 85 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford Co Maryland (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Helen Simpson (Address) 3034 Dillon Street

18. BURIAL, CREMATION, OR REMOVAL Place Abington Rd. Date 4/30 1934

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1934

22. I HEREBY CERTIFY That deceased died from

I last saw him alive on April 27 1934 Death is said

to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Exhaustion

Date of onset

None

Other contributory causes of importance:

Chronic Myocarditis

Sp.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 79

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) Louis V. G. M. D.

(Address) 1217 St Paul Street

Registrar.

APR 30 1934

F 00891

F 00891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. *East Thirty-third* St., *11-61* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Thomas Whitridge

(a) Residence: No. *14 W. Madison* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
--------------------	------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of *Mrs. Mary B. Whitridge*
(or) WIFE of *Mr. Mary B. Whitridge*

6. DATE OF BIRTH (month, day, year) *June 6th 1887*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>76</i>	<i>10</i>	<i>22</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	11. Total time (years) spent in this occupation <i>Mass.</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country)

FATHER	13. NAME <i>Joshua B. Whitridge</i>
	14. BIRTHPLACE (city or town) (State or country) <i>Rhode Island</i>

MOTHER	15. MAIDEN NAME <i>Mrs. Caroline B. Hammond</i>
	16. BIRTHPLACE (city or town) (State or country) <i>Mass.</i>

17. INFORMANT *Mrs. Mary B. Whitridge*
(Address) *14 W. Madison St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Green Mount* Date *April 30, 1934*

19. UNDERTAKER *Henry M. Jenkins Sons Co*
(Address) *77th E. 11th St. Baltimore, Md.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 28, 1934*22. I HEREBY CERTIFY. That I attended deceased from *April 21st*, 1934, to *April 28th*, 1934.I last saw him alive on *April 28*, 1934. Death is said to have occurred on the date stated above, at *4:30* a.m.

The principal cause of death and related causes of importance were as follows:

chronic degenerative heart disease - angina pectoris
arteriosclerotic heart disease
myocardial failure

Other contributory causes of importance:

auricular fibrillation

Date of onset

*3-34**4-34*Name of operation *None* Date of *None*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard Francis

M. D.

(Address) *Union Memorial Hosp.*

PR 30 1934

F 00892

F 00892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. _____

Ward) _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Gordon Harper

(a) Residence: No. _____

9 West Hamilton St., Balto.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) 10-14-1904

7. AGE Years 29 Months 6 Days 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Instructor 15
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. University 06
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Ohio (State or country)

13. NAME John Harper 14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Jessie Kent 16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT _____ (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date April 30, 1934

19. UNDERTAKER _____ (Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13-1934 to 4-28-1934

I last saw him alive on 4-28-1934 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Streptococcus pyogenes
Streptococcus pneumoniae
Staphylococcus aureus
infection.

Other contributory causes of importance:

Cardiac collapse.
Pneumonia.

Date of onset 4-24-34

Name of operation Nephropexy, left Date of 10-14-34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Paul R. Kuebel, M. D.

(Address) The Johns Hopkins Hop

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

APR 30 1934

Registrar.

M. D. B. 1200893

F 00893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Watson St. St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Walter E. Callender

(a) Residence: No. 924 Watson St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Callender

6. DATE OF BIRTH (month, day, year) Jan. 13, 1879

7. AGE 54 Years 3 Months 13 Days 11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Luther W. Callender 14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Laura E. ----- 16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Mrs. Laura Callender (Address) 422 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. 5/1/34

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 27/34 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1900 m.

The principal cause of death and related causes of importance were as follows:

Data of onset

(Other contributory causes of importance)

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

PR 30 1934

M. D. F 00894

F 00894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Baltimore City Hospital - 01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Life

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

William Hesselbacher

(a) Residence: No.

432

7. Caroline St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb 14, 1866

7. AGE

78

Years

Months

14

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Christian

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Catherine Ridgely

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Resident of Baltimore City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Lawn

Date

May 11/34

19. UNDERTAKER

(Address)

Philip Herwig Son
2016 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 28, 1934

22.

I HEREBY CERTIFY, That I attended deceased from

April 25, 1934, to

April 28, 1934

I last saw him live on

April 28, 1934

Death is said

to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
to Congestive Failure
Hypertension

Date of onset

2 Mo

Other contributory causes of importance:

Smoking

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Phagell
Baltimore City Hosp.

M. D.

(Address)

R 30 1934

Reg'd. Exp.

F 00895

F 00895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospital - 61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

738 W Redwood St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) widowed
----------------	-----------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lydia (dead)
--	--------------

6. DATE OF BIRTH (month, day, year)

7. AGE 48	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
--------------	-------	--------	------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Stationary Engineer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Abraham Miller

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

I HEREBY CERTIFY, That I attended deceased from November 1, 1933, to April 27, 1934

I last saw him alive on April 27, 1934. Death is said to have occurred on the date stated above, at 7:25 AM.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
 Auricular fibrillation
 Cerebral embolus
 motor aphasia

Date of onset
2 days
8 hrs.

5 hrs

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

R 30 1934

M. D. R. F 00896

F 00896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 Mulberry St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 675 Mulberry St., 4-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jones

6. DATE OF BIRTH (month, day, year)

7. AGE 53 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward J. Jones

14. BIRTHPLACE (city or town) (State or country) Calver Co

15. MAIDEN NAME Amanda H. Jones

16. BIRTHPLACE (city or town) (State or country) Calver Co

17. INFORMANT Irene Cummings

(Address) 675 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place 774 Mulberry St. Date April 30, 1934

19. UNDERTAKER

(Address) 916 B & Ave

20. FILED

R 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1934 to Apr. 27, 1934

I last saw him alive on Apr. 27, 1934 Death is said to have occurred on the date stated above, at 12-30 P.M.

The principal cause of death and related causes of importance were as follows:

Feverish
Dysentery

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 675 Mulberry St.

M. D. B. 10-00897

F 00897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 27-01 St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME John Siems (John A.G. Siems)(a) Residence: No. 3015 Harmon Ave St., 3015 Ward Harmon Ave
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced
HUSBAND of Anna Kohlhepp Siems
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 2 18597. AGE Years 74 Months 8 Days 25 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation 18 yrs12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Bernhardt Siems14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Julia Krause16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery April 30, 1934

HENRY SANDER & SONS, INC.

19. UNDERTAKER
(Address) Baltimore & Broadway20. FILED 107-001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 193422. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to April 27, 1934I last saw him alive on April 17, 1934 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

Senile atherosclerosis
Myocardial infarction
Hypertension
Auricular fibrillation

Date of onset

March 274/17/34years?7

Other contributory causes of importance:

Pneumonia4/26/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Bernhard Siems M. D.(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

00898

F 00898

CERTIFICATE OF DEATH

1. PLACE OF DEATH *4317 Harcourt Road*
 CITY OF BALTIMORE: (No. *27-01* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Kindervatter

(a) Residence: No.

4317 Harcourt Road

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Maudie V Kindervatter*

6. DATE OF BIRTH (month, day, year)

Dec 27 1892

7. AGE

41

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto

FATHER

13. NAME

Mr Kindervatter

14. BIRTHPLACE (city or town) (State or country)

Balto

MOTHER

15. MAIDEN NAME

Elizabeth Haupt

16. BIRTHPLACE (city or town) (State or country)

Balto

17. INFORMANT

Maudie V. Kindervatter

(Address)

4317 Harcourt Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem

Date

May 1 - 1934

19. UNDERTAKER

(Address)

John Allrich 2005 Belair &

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

1931

19

to

April 28, 1934

19

I last saw him alive on *April 28, 1934* Death is said to have occurred on the date stated above, at *8:15 P.M.*

The principal cause of death and related causes of importance were as follows:

myocardial failure.

Date of onset

March

Other contributory causes of importance:

*Chronic bronchitis, mitral disease, myocarditis.**2 yrs**indif.**indif.*

Name of operation

none

Date of

What test confirmed diagnosis? *chest* Was there an autopsy? *✓*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *✓* Date of injury *✓*, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

none

(Signed)

Harmon G. Voss M.D.

(Address)

5106 Harford Rd

M. D.

Registrar

OCCUPATION is very important. See instructions on back of certificate.

APR 30 1934

F 00899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00899

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3700 W. Belvedere Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Wm. Winternitz*6. DATE OF BIRTH (month, day, year) *Dec 12-18 74*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>59</i>	<i>4</i>	<i>15</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *031*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md*13. NAME *John Gravers*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Lee Winternitz*
(Address) *3700 W. Belvedere Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Walden* Date *May 1- 1934*19. UNDERTAKER *John Welch*
(Address) *2005 Belview*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-27-1934*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Agave Jellrs* M. D.(Signed) *739 Eastern Ave* Corner

PR 30 1934

Grabau

HEALTH DEPARTMENT—CITY OF BALTIMORE 00900

00990

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4105 Hamilton Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Carl Christian Grabau

(a) Residence: No. 4105 Hamilton Ave 27-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced
HUSBAND of Marie Grabau
(or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan 4-1850

7. AGE Years 84 Months 3 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Diesdorf
(State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) Diesdorf
(State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Diesdorf
(State or country) Germany17. INFORMANT Charles Grabau
(Address) 2654 W. North Ave

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date May 1, 1934

19. UNDERTAKER John Ullrich
(Address) 2008 Pileau

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1934, to April 29, 1934.

I last saw him alive on April 27, 1934. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart.

Date of onset

4-16-34

Other contributory causes of importance:

Infected left foot.

4-24-34

Name of operation none. Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland

(Address) 2532 Edmondson Ave

M.D.

APR 30 1934

Registrar

F 00901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 50901

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 N. Baltimore St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 47 yrs. mos. da. How long in U. S. If of foreign birth: 47 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1415 N. Baltimore St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M 4. Color or Race: W 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 1892

7. AGE: 81 Years 81 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 045

12. BIRTHPLACE (city or town) (State or country): Poland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Poland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Frank Storch (Address): 3315 Elgin Ave

18. BURIAL, CREMATION, OR REMOVAL: 4-30-94 Place: Rosedale Date: 19

19. UNDERTAKER: (Address): 1437 E. Pratt St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932 to April 29, 1934

I last saw him alive on April 29, 1934. Death is said to have occurred on the date stated above, at 3:35 P. M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Renal disease

Date of onset

1932

Other contributory causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury: —

Nature of Injury: —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benj. Barabine M. D.

(Address) 2148 W. North Ave

R 30 1934

F 00902

F 00902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1516 N. Bradford St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If married, widowed, or divorced HUSBAND of Mellie M. Hamman (or) WIFE of6. DATE OF BIRTH (month, day, year) May 25 18747. AGE 60 Years 60 Months 11 Days 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) MD13. NAME Jacob Hamman14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Catherine ?16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Elizabeth Hamman(Address) 1516 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvary Date May 23 193419. UNDERTAKER W. J. Zutter(Address) 4003 N. Howard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1934

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Infarction

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) W. J. Zutter M. D.(Address) 1305 N. Patterson

R 30 1934

M. D. B. 1934
F 00903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00903

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. South Baltimore General Hospital) (Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME Annie E. Potts.

(a) Residence: No. 1515-D. St. S. E. Washington D. C., (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow.

5a. If ~~widowed~~, ~~xxxxxx~~ Harvey F. Potts.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 22, 1869

7. AGE Years 65 Months 2 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

13. NAME Harry M. Eyler.

14. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

15. MAIDEN NAME Mary A. Fogle.

16. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)17. INFORMANT Harry C. Spielman. (son)
(Address) 1517-D. St. S. E. Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place *Naughts*Date *May 1934*19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 Death is said
to have occurred on the date stated above, at 3:30 P.M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquirer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Otto H. Reinhardt*

(Address) 1017 E. Charles St. Coroner

M. D.

R 20 1934

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE:

Maryland Gen Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ⁶³ yrs. mo. da.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Miss Minnie Reuting

(a) Residence: No.

3718 Gwynn Oak Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *About 1870*

7. AGE Years Months Days If LESS than 1 day, hrs. or min. *About 64*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mont. Forestry*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Trans. & Bus.*

10. Date deceased last worked at (this occurs in month and year) *Oct 1934* 11. Total time (years) spent in this occupation *40*

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*

13. NAME *Anton Reuting*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Catherine Schmidt*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. INFORMANT *Mr. Rose B. Hamilton* (Address) *3718 Gwynn Oak Ave*

18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *May 8, 1934*

19. UNDERTAKER *J. J. Fisher* (Address) *2400*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 29, 1934*

22. HEREBY CERTIFY. That I attended deceased from *April 24, 1934* to *April 29, 1934*

I last saw her alive on *April 29, 1934* Death is said to have occurred on the date stated above, at *10:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus

Date of onset

4-29-34

Other contributory causes of importance:

Chronic cholecystitis with cholelithiasis

1927

Name of operation *Cholecystectomy* Date of *4-25-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *L. J. Hughes* M. D.

(Address) *Gen Hospital*

OCCUPATION is very important. See instructions on back of certificate.

3071934

M. D. B. 100905
F 00905

F 00905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Gen. Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — moa. *3* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby P. Y. Boswell(a) Residence: No. *1925 Clayton Ave.* - Parent's Address Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, year) <i>April 26 1934</i>				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<i>3</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md</i>				
FATHER	13. NAME <i>James H. Boswell</i>			
	14. BIRTHPLACE (city or town) (State or country) <i>Virginia</i>			
MOTHER	15. MAIDEN NAME <i>Ettie Watson</i>			
	16. BIRTHPLACE (city or town) (State or country) <i>Virginia</i>			
17. INFORMANT <i>Mr J. H. Boswell</i> (Address) <i>1925 Clayton Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL Place <i>Woodlawn</i> Date <i>Apr 30 1934</i>				
19. UNDERTAKER <i>Mr J. J. Tucker, Sons</i> (Address) <i>100 E. Pratt St</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 29 1934*
22. I HEREBY CERTIFY That I attended deceased from *April 26 1934* to *April 29 1934*
I last saw him alive on *April 29 1934* Death is said to have occurred on the date stated above, at *3:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 5 hrs.

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Autopsy

Was there an autopsy?

yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Leah Robinson

M. D.

(Address)

West Baltimore Gen Hosp

R301934

Huntington Williams, Jr

00906

HEALTH DEPARTMENT—CITY OF BALTIMORE

00906

CERTIFICATE OF DEATH 67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Booth St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1101 Booth St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Apr. 20, 1934

7. AGE Years Months Days If LESS than 1 day, ...hra. or ...min. 9 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Helen Dumas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Helen Cornish

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Helen Dumas (Address) 1101 Booth St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date May 1, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

APR 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21-34

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1934, to Apr. 22, 1934

I last saw him alive on Apr. 20, 1934. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Status Hemoclymphaticus

Other contributory causes of importance:

Name of operation None Date of 7-10

What test confirmed diagnosis? Blue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. (Address) New York

M. D. R. 1255
F 00907

F 00907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital 7-01* Ward)Length of residence in city or town where death occurred *Life*

mo. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1817 Fleet St*

(Usual place of abode)

St.,

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 20, 1932*7. AGE Years *1* Months *6* Days *9* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Child* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country)FATHER 13. NAME *John Stemmer*14. BIRTHPLACE (city or town) *Balt'o.*
(State or country)MOTHER 15. MAIDEN NAME *France Strogowski*16. BIRTHPLACE (city or town) *Balt'o.*
(State or country)17. INFORMANT *John Stemmer*
(Address) *1817 Fleet St*18. BURIAL, CREMATION, OR REMOVAL
Place *St Stanislaus* Date *4/30* 193419. UNDERTAKER *Wm Falkowski*
(Address) *2007 Eastern ave*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 29, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 28, 1934 to April 29, 1934*I last saw him alive on *April 29, 1934* Death is said to have occurred on the date stated above, at *5³⁰ a. m.*

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

4/26

Other contributory causes of importance:

*Broncho pneumonia**4/26*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify(Signed) *Myron G. Zell*(Address) *Sydenham Hosp*

M. D.

R 30 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00908

CERTIFICATE OF DEATH

93-483 00908

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Birchwood ave Hamilton Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 5600 Birchwood ave Hamilton St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sam G. Ziegler6. DATE OF BIRTH (month, day, year) Aug 12 18617. AGE Years 72 Months 8 Days 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME George Hahn14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Hunt Snow16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT John G. Ziegler (Address) 5600 Birchwood ave Hamilton

18. BURIAL, CREMATION, OR REMOVAL

Place Western Bur. Date May 2, 193419. UNDERTAKER Mr. Mrs. John R. Puffer, Son & Co (Address) 801 W. Fayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Jan 7, 1933 to 4/29, 1934I last saw him alive on 4/25, 1934 Death is saidto have occurred on the date stated above, at 7/15 A.M.

The principal cause of death and related causes of importance were as follows:

Chor. Myocarditis (Infect)
Atherosclerosis (Coronary)
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? clinical Where an autopsy? 21

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hyman Zelig M. D.(Address) 3703 Warford Rd.

APR 30 1934

00909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00909

1. PLACE OF DEATH

CITY OF BALTIMORE:

University Hospital St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Elizabeth Brimmer

7308 W. Hamburg St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Howard Brimmer

6. DATE OF BIRTH (month, day, year)

Oct. 10-1873

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

60

6

18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country)

Balto. Md

FATHER

13. NAME

John Rottman

14. BIRTHPLACE (city or town) (State or country)

Balto. Md

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Howard Brimmer 7308 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place

Oaklawn

Date May 1, 1934

19. UNDERTAKER

(Address)

Mrs. Mrs. John W. Giffel, Son 801 W. Fayette St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 28-1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Acute Pulmonary Edema

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Eugene Zeller

Coroner

M. D.

PR 30 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00910

CERTIFICATE OF DEATH.

93-001

F 00910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 David Hill St. WARD 11-01)

2. FULL NAME

Nannie Carpenter

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

1229 David Hill St.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Widowed

5a If married, widowed, or divorced

HUSBAND of (or) WIFE of

William H. Carpenter

6 DATE OF BIRTH (month, day, and year)

May 4 - 1874

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

59 601126

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Balto. Md.

10 NAME OF FATHER

Samuel White

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Balto.

12 MAIDEN NAME OF MOTHER

Virginia Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Balto.

14

Informant (Address)

Raymond Carpenter 1229 David Hill St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

4-27-1934

17

I HEREBY CERTIFY, That I attended deceased from

Jan 28, 1934, to April 27, 1934,that I last saw him alive on April 27, 1934,and that death occurred, on the date stated above, at 12⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration)

7

yrs.

mos.

da.

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

da.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Edward J. McHeath, M. D.4-29-1934 (Address) 1230 David Hill St.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Garret Cemetery4-30-1934

UNDERTAKER

ADDRESS

Mrs. Geo. H. Holland 1230 David Hill St.

TION is very important See instructions on back of certificates.

APR 30 1934

Huntington Williams, Jr.
Registrar

F 00911

✓ F 00911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1173 Cleveland St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1173 Cleveland St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Geiser

6. DATE OF BIRTH (month, day, year) June 14th 1868

7. AGE Years 65 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 070

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Geiser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Geiser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 1173 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 1301 Easton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/1934

22. I HEREBY CERTIFY, That I attended deceased from 7th Feb 5 1934 to April 27 1934

I last saw him alive on April 27, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure

Date of onset

4/24/34

Other contributory causes of importance:

Chronic Cardio-Vascular Renal Disease

34

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Laukaitis M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

3

R 30 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00912

00912

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Sq. Hospital* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2029 Frederick Ave.* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Harry Hansen*6. DATE OF BIRTH (month, day, year) *Sept 13 - 1893*7. AGE Years *40* Months *7* Days *15* If LESS than 1 day... hrs. or min. *16*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William Schach*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Emma Blunt*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Harry Hansen*(Address) *2029 Frederick Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Cemetery* Date *May - 1* 193419. UNDERTAKER *Charles J. Schuch*(Address) *305 N. Monroe St.*

APR 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

to, 19, to, 19, Death is said

I last saw h. alive on *Inquiry* 19, m.to have occurred on the date stated above, at *5 a.* m.

The principal cause of death and related causes of importance were as follows:

Pelvic cellulitis with septicemia

Other contributory causes of importance:

*None*Name of operation *Lab. Test + Inquiry* Date ofWhat test confirmed diagnosis *Lab. Test* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify *Yes*(Address) *16 South Broadway*Coroner *Dr. D.*

00913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00913

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 5-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mary Rice

(a) Residence: No.

128 East

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If married, widowed, or divorced? HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Feb. 18, 1869		
7. AGE 65	Years 2	Months 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Maryland

13. NAME James Rice

14. BIRTHPLACE (city or town) Ind.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) Ind.

17. INFORMANT Records

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Huntington Williams, 128 East

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to April 27, 1934

I last saw him alive on April 27, 1934 Death is said

to have occurred on the date stated above, at 10³⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
 Bronchitis
 Hypertension

Date of onset

3 wks

?

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Phagel
Baltimore City Hosp

M. D.

OCCUPATION is very important. See instructions on back of certificate.

07934

0346

00914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3300 Elmley St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) infant6. If married, widowed, or divorced HUSBAND of (or) WIFE of infant6. DATE OF BIRTH (month, day, year) 4-21-347. AGE Years Months Days If LESS than 1 day, hrs. or min. 8

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD.13. NAME Raymond Heath14. BIRTHPLACE (city or town) Mass (State or country)15. MAIDEN NAME Elsie Dansereau16. BIRTHPLACE (city or town) Mass (State or country)17. INFORMANT Elsie Dansereau (Address) 3300 Elmley

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date April 30, 193419. UNDERTAKER W. F. Williams (Address)

20. FILED

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 193422. I HEREBY CERTIFY. That I attended deceased from 4-21, 1934 to 4-29, 1934I last saw him alive on 4-29, 1934 Death in said to have occurred on the date stated above, at 69 on.

The principal cause of death and related causes of importance were as follows:

Heamorrhagic Disease of the newborn

Date of onset

Other contributory causes of importance:

Name of operation no Date ofWhat test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

A. J. Comer
Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

00915 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 00915
23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No.)

St. 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Amelia Parsons (Virginia Scott)

(a) Residence: No. 657 W. Mulberry st. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of Charles ?? (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 28, 1907

7. AGE Years 27 Months 1 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Jefferson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bertie Thompson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Med College Date April 30, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 16, 1934, to April 24, 1934

I last saw her alive on April 24, 1934 Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Feb. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. W. Jacobsen M. D. Baltimore City Hospitals (Address)

OCCUPATION is very important. See instructions on back of certificate.

30 1934

0345

00916
28th Feb

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00916

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Colory(a) Residence: No. 1715 N Bruce St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) ooo

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-347. AGE Years Months Days If LESS than 1 day, hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME ?14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Katharine16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place 24th Mt CollegeDate April 30

1934

19. UNDERTAKER

(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-193422. I HEREBY CERTIFY. That I attended deceased from 4-18-1934 to 4-23-1934I last saw him alive on 4-23-1934 Death is said to have occurred on the date stated above, at 2:20 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

4/18/34
(Arch)

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Arthur H. Hurd

M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

00917

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4315 Berger St. 926-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

4315 Berger St. 926-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Child5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 17 Years 7 Months 21 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country)

13. NAME

14. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 193422. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Apr 27, 1934.I last saw him alive on Apr 26, 1934. Death is said to have occurred on the date stated above, at 110 m.

The principal cause of death and related causes of importance were as follows:

EpilepsyChronic Cerebral atrophy

Other contributory causes of importance:

Status Epilepticus

Date of onset

Long
undistName of operation neurological exam, Date ofWhat test confirmed diagnosis? neurological exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. E. Seegar
2 W. Read St.

M. D.

30 1934

Wm. E. Seegar
2 W. Read St.

OCCUPATION is very important. See instructions on back of certificate.

00918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *109 S. Carey* St., *18-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *44* yrs. *5* mos. *25* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *109-S. Carey*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. ~~Single~~, Married, Widowed, or Divorced (write the word) *married*

6a. If married, widowed, or divorced

HUSBAND of
(or) *Widow of**Clara M. Himpling*6. DATE OF BIRTH (month, day, year) *Oct 30 - 1889*7. AGE Years *44* Months *5* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cable Splicer for United Railway & Elec. Co.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *5-16-1931*11. Total time (years) spent in this occupation *15 yrs.*12. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Andrew Himpling*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Catherine Casey*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Clara M. Himpling*
(Address) *109 S. Carey St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Redeemer* Date *April 28, 1934*19. UNDERTAKER *Frederick A. Cole*
(Address) *1200 W. Lombard St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 26, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 16 - 1931* to *April 26, 1934*I last saw him alive on *April 26, 1934* Death is said to have occurred on the date stated above, at *9:30 P. M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Pulmonary Tuberculosis**1924*

Other contributory causes of importance:

Exhaustion & Laxative several months

Name of operation ✓

Date of ✓

What test confirmed diagnosis *Typical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓ 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *W. M. Peyton*

M. D.

(Address) *301 E. Cross St.*

OCCUPATION is very important. See instructions on back of certificate.

30 1934

F 00919

00919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St Agnes Hospital

CITY OF BALTIMORE: (No. _____)

St. 90-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Master Charles Jones

(a) Residence: No. 2697

St. Benedict St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

April 13, 1931

7. AGE

3

Years

Months

Days

15

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Joseph E Jones

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Gertrude Schneider

16. BIRTHPLACE (city or town) (State or country)

Balto. Md

17. INFORMANT

Joseph E Jones

(Address)

2697 St. Benedict St

18. BURIAL, CREATION, OR REMOVAL

Place Holy Redymna, April 30, 1934

19. UNDERTAKER

Frederick A Cole

(Address)

1400 W. Lombard St

Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

2-10-34, 19, to 4-28-34, 19

I last saw him alive on 4-28-34, 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Pneumonia

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Daniel L. Shamber M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

V-3

3-0-1934

00920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Baby

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Oct. 16, 19337. AGE Years _____ Months 6 Days 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) _____ spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME William Wilkins14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Mary Stalling16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT Mr. W. Wilkins (Address) 1212 Glyndon St.

18. BURIAL, CREMATION, OR REMOVAL

Place West Mount Cemetery Date 5/1 193419. UNDERTAKER Frederick A. Holz(Address) 1212 W. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____

April 24, 1934 to April 28, 1934I last saw him alive on April 24, 1934 Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Cholera
Acute Bacteremia

Date of onset

Feb. 12
April 22

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Harry Leamon(Address) 1212 W. Lombard St.

M. D.

Frederick A. Holz

STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

30 1934

F 00921

00921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 N. Broadway St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CAROLINE M. CULLEN

(a) Residence: No. 1724 N. Broadway St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Simon V. Cullen (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 12th, 1855

7. AGE Years 78 Months 4 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md, (State or country)

13. NAME Charles Knowles

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Elizabeth Gordon

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. D. Cullen (Address) 1724 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery Date May 2nd, 1934

19. UNDERTAKER Chas. B. Francis & Son (Address) 118 W. Mt. Royal Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th, 1934

22. I HEREBY CERTIFY. That I attended deceased from Jan 1, 1933, to April 30, 1934. I last saw her alive on April 27th, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

2 yrs.

Other contributory causes of importance:

Chronic Nephritis

2 yrs.

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

30 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00922

CERTIFICATE OF DEATH

F 00922

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins & Carlton Ave 3-01

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Lifetime

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Elizabeth Donovan

(a) Residence No.

223 President

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced, (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E. Donovan		
6. DATE OF BIRTH (month, day, year) Feb 5 - 1885		
7. AGE 49	Years 2	Months 24
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Baltimore md
---	-----------------

FATHER	13. NAME John Welch
	14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER	15. MAIDEN NAME Anna Stapleton
	16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address)	Anna T. Donovan 223 President St
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18. BURIAL, CREMATION, OR REMOVAL Place	Cathedral Cmn	Date	May 2, 1934
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19. UNDERTAKER (Address)	Wm. H. Royce 115 N. E. Royce Ave
-----------------------------	-------------------------------------

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

4/28/34, 19 to 4/29/34, 1934

I last saw him alive on 4/29/34, 1934 Death is said

to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial
infarction

Date of report

4/30/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 2

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Daniel P. Shavhan M. D.

(Address) St. Agnes Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly entered. See instructions on back of certificate.

301934

00923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland Gen Hospital*
 CITY OF BALTIMORE: (No. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Salomon Guman - Herman*

(a) Residence: No. *Rochdale, Md.* St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced
 HUSBAND of *Mary Harrington*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct-12 1849*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
84 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Quincy, Md.*
 (State or country)

13. NAME *Joseph Guman*

14. BIRTHPLACE (city or town) *Md.*
 (State or country)

15. MAIDEN NAME *Mary Laidler*

16. BIRTHPLACE (city or town) *Md.*
 (State or country)

17. INFORMANT *My Sister - Harriette Guman*
 (Address) *Rockwood, Md.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Rockwood Cem* Date *May 1* 19*34*

19. UNDERTAKER *John Q. Mitchell & Sons*
 (Address) *1915 Baltimore Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 29* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

4/25/34 19 to *4/29/34* 19

I last saw him alive on *4/29/34* 19 Death is said

to have occurred on the date stated above, at *12:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration
Arteriosclerosis
Ac Pulmonary edema

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. E. Keyes* M. D.

(Address) *Md. Gen. Hospital*

301934

00924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 W. University Parkway (Ward) 13-01)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Parker D. Dix

(a) Residence: No. 841 W. University Parkway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nellie Hope

6. DATE OF BIRTH (month, day, year) Nov. 12, 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surrey Lumber Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 096

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Edgar H. Dix

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Laura Lusby

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Mrs. Nellie H. Dix
(Address) 841 W. University Parkway18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul, Minn. Date May 1, 193419. UNDERTAKER John A. C. [illegible]
(Address) 1000 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Feb 20, 1934 to April 27, 1934I last saw him alive on April 29, 1934, Death is said
to have occurred on the date stated above, at 7 9 m.The principal cause of death and related causes of
importance were as follows:Pharyngeal Tubercular Heart
Failure

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

W. H. [illegible]
827 N. Charles St.

M. D.

OCCUPATION is very important. See instructions on back of certificate.

301984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Anne Rush(a) Residence: No. Clarkbury W Va St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		

6. DATE OF BIRTH (month, day, year) 5/13/98

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>11</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (city or town) _____ (State or country) W Va13. NAME Michael Rush14. BIRTHPLACE (city or town) _____ (State or country) W Va15. MAIDEN NAME Elizabeth Farrell16. BIRTHPLACE (city or town) _____ (State or country) W Va17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Clarkbury W Va Date 4/30/3419. UNDERTAKER Joseph A. [illegible]

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 193422. I HEREBY CERTIFY, That I attended deceased from April 28, 1934 to April 30, 1934I last saw him alive on April 30, 1934 Death is said to have occurred on the date stated above, at _____ p. m.

The principal cause of death and related causes of importance were as follows:

Schiller's Disease (multiple sclerosis)

Date of onset

1933

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 4-29-34What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Paul A. Kunkel M. D.(Address) The Johns Hopkins Hosp.

301934

00926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto City (Baltimore)* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1024 Madison ave.* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Alfred Wright*6. DATE OF BIRTH (month, day, year) *Nov 11 1899*
7. AGE Years *34* Months *5* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Gov.*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *029*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Bolto Md.*13. NAME *Grace Buckner*
14. BIRTHPLACE (city or town) (State or country) *Canada*15. MAIDEN NAME *Lucy Hayes*
16. BIRTHPLACE (city or town) (State or country) *Bolto Md.*17. INFORMANT *Wm. M. ...* (Address)18. BURIAL, CREMATION, OR REMOVAL
Place *W. ...* Date *April 30 1934*19. UNDERTAKER *Archibald A. Gaddis* (Address) *2101 Mc ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/27* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4/24* 19*34* to *4/27* 19*34*I last saw him alive on *4/27* 19*34* Death is said to have occurred on the date stated above, at *5/11 PM*

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix Date of onset *3 mo*

Other contributory causes of importance:

Emphysema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *G. P. ...* M. D.(Address) *Bolto City, Md.*

R 30 1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30-M & T-100 B-50L

00927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00927

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *Blackstone Apartments* ST. *12-21* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Virginia W. Brown

(a) RESIDENCE NO.

Blackstone Apartments ST. *12-21* WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *40* yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

John W. Brown

6 DATE OF BIRTH (month, day, and year)

July 24, 1865

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

9

5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Virginia

10 NAME OF FATHER

Not obtainable

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country)

II

12 MAIDEN NAME OF MOTHER

II

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

II

14 Informant

J. Edward Brown

(Address) *3028 St. Paul St.*

15

Filed

192

Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

4/29 19*34*

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an *Inquest* (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said *Inquest* find that said deceased came to *death* *on the day stated above.*

CAUSE OF DEATH was as follows:

Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

50 (Address) *1632 Poland*

M. D.
Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Druid Ridge Cemetery

DATE OF BURIAL

5/1 19*34*

20 UNDERTAKER

Henry W. Meeks and Son 805 N. Calver

ADDRESS

R 30 1934

F 00928

F 00928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 N. Charles St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth M. Cronin

(a) Residence: No. 2719 N. Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius C. Cronin

6. DATE OF BIRTH (month, day, year) Feb. 11, 1858

7. AGE Years 76 Months 2 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John McDonald

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Ellen McKittricks

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT John Cronin (Address) 2719 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cemetery 5/1 1934

19. UNDERTAKER Henry H. Mearns & Son (Address) 205 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28th, 193422. I HEREBY CERTIFY, That I attended deceased from April 19th, 1934 to April 28th, 1934I last saw her alive on April 28th, 1934. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchio. Pneumonia 4.19.34

Other contributory causes of importance:

Cardio-Vascular Renal Disease 1916

Name of operation Craniotomy Date of Physical diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) B. F. L. R. H. R. M. D. (Address) 1901 Rutaw place

30 1934

00929

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 00929

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1706 John St* ST. *14-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Emory Lee Stinchcomb

(a) RESIDENCE NO.

1706 John St

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, write the word

Married

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Alfred Stinchcomb

6 DATE OF BIRTH (month, day, and year)

June 18-1880

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*53**10**12*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

John Stinchcomb

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Frances Stinchcomb

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14 Informant

(Address)

Wm. C. Stinchcomb
1706 John St.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (month, day, and year)

April 30th 1934

11

HEREBY CERTIFY, That I attended deceased from

*June 6th**1932*

to

April 30th 1934

that I last saw him alive on

April 29th 1934

and that death occurred, on the date stated above, at

9:45 A

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis(duration) *2 yrs. 10 mos. 24 ds.*

CONTRIBUTORY (Secondary)

Chronic nephritis, Hypertension(duration) yrs. *6 mos. 18 ds.*

18 Where was disease contracted? If not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

J. E. Boulton

M. D.

4/30, 1934

(Address) *3909 Sanson Blvd.*

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*Woodlawn Cemetery**May 2nd 1934*

20 UNDERTAKER

ADDRESS

William H. Williams
1706 John St.

TION is very important. See instructions on back of certificates.

Y 1 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 47-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Emma Julian(a) Residence: No. 3023 Hamilton ave St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 7-18657. AGE Years 68 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada13. NAME Thomas Julian14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Sarah Z. Pinner16. BIRTHPLACE (city or town) (State or country) New York17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL
Place Whitehaven Va Date May 1st 193419. UNDERTAKER Porter & Co
(Address) 2224 Maryland St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 193422. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to April 30, 1934
I last saw him alive on April 30, 1934. Death is said to have occurred on the date stated above, at 12:59 m.

The principal cause of death and related causes of importance were as follows:

Erysipelas
Bronchopneumonia
Infection, tox, hemolytic streptococcus
Paralysis agitans

Date of onset

4-16-344-28-344-16-341925

Other contributory causes of importance:

Arteriosclerosis + senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Josef J. Bergmeyer(Address) Johns Hopkins Hospital

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 1934

Registrar.

F 00931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 Colvin St. St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bessie Thomas.(C)

(a) Residence: No. 144 Colvin St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, (or) WIFE of John Thomas.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 35 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Note. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina. (State or country)

13. NAME PPrince McCarthy.(C)

14. BIRTHPLACE (city or town) North Carolina. (State or country)

15. MAIDEN NAME Mary McNeil.(C)

16. BIRTHPLACE (city or town) North Carolina. (State or country)

17. INFORMANT John Thomas.(C) husband. (Address) 144 Colvin St.

18. BURIAL, CREMATION, OR REMOVAL Place Int. Burial Date 5-1-34

19. UNDERTAKER (Address) Jas. M. Spangley 1643 E. Broad St.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased (from 19 to 19)

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage.
Pulmonary Tuberculosis.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D. 4/28/34 (Address) 1017 E. Charles St. Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospitals* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *49 yrs* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: *1407 N. Chester* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Single*6. DATE OF BIRTH (month, day, year) *1885*7. AGE *68* Years Months Days If LESS than 1 day—hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) *1720 E. 30th St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Bald* Date *May 2nd 1934*

19. UNDERTAKER

(Address) *1217 St Paul St*

MAY 1 1934 Filing

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-29-1934*22. I HEREBY CERTIFY. That I attended deceased from *4-26-1934* to *4-29-1934*I last saw him alive on *4-29-1934* Death is said to have occurred on the date stated above, at *10:15 a.m.*

The principal cause of death and related causes of importance were as follows:

Rupture of urethra

Date of onset

Other contributory causes of importance:

*Urethral extravasation & uremia*Name of operation *Incision & drainage of scrotum* Date of *4-26-34*What was confirmed diagnosis? *Suprapubic cystostomy* Is there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *E. P. Brown* M. D.
(Address) *Baltimore City*

F 00933

1000 Itka.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00933

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1208 N Fulton Ave. 16-01 WARD)

2-FULL NAME Anna Maria Brooks.

(a) RESIDENCE. NO. 1208 N Fulton Ave ST. 16th WARD.

(Usual place of abode)
Length of residence in city or town where death occurred 80 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

6a If married, widowed, or divorced (or) WIFE of Robert Pitcheast Brooks

6 DATE OF BIRTH (month, day, and year) Jan 29 1854

7 AGE Years 80 Months 3 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED None.

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md. (State or country)

10 NAME OF FATHER Rufus Perkins Littlefield

11 BIRTHPLACE OF FATHER (city or town) Augusta, Maine (State or country)

12 MAIDEN NAME OF MOTHER Eugenia MacDonald

13 BIRTHPLACE OF MOTHER (city or town) Washington D.C. (State or country)

14 Informant Sadie B. Hobson (Address) 1208 N. Fulton Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1934

17 I HEREBY CERTIFY, That I attended deceased from 1922 to April 30 1934.

that I last saw her alive on April 30 1934.

and that death occurred, on the date stated above, at 11:05 A. M.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis - Chronic
Atherosclerosis.

CONTRIBUTORY (duration) ? yrs. mos. ds. Mitral Insufficiency (Secondary) (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Tests (Signed) Charles F. Warner, M. D. (Address) 3312 Equestrian Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Green Mount 5/2/1934

20 UNDERTAKER Wm Cook 1217 St Paul St

MAY 1 1934

F 00934

F 00934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Ashland Ave. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1526 Ashland Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917

7. AGE Years 17 16 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Raleigh N. C. (State or country)

13. NAME Henry Miller 14. BIRTHPLACE (city or town) N. C. (State or country)

15. MAIDEN NAME Irene Jefferson 16. BIRTHPLACE (city or town) N. C. (State or country)

17. INFORMANT Parthenia Strickland (Address) 1526 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery 5-2, 1934

19. UNDERTAKER Byron H. Manie N. H. Knight (Address) 218 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1934 to 4-29, 1934

I last saw him alive on 4-29, 1934 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis Date of onset Jan 34

Other contributory causes of importance:

Rheumatism

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob L. Williams M. D.

(Address) 308 S. B'way

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 1 - 1934

Register

F 00935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00935

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 E Madison St. 7-01 Ward)Length of residence in city or town where death occurred 64 yrs. 64 mos. 64 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2618 E Madison St., 7-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of John H. Homberg6. DATE OF BIRTH (month, day, year) Aug 6-18757. AGE Years 87 Months 8 Days 22 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Henry Marks14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Don't know16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs Dora Homberg
(Address) 2618 E Madison18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 2, 193419. UNDERTAKER John Ullrich
(Address) 201 N. Parkway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28, 193422. I, HEREBY CERTIFY, That attended deceased from April 27, 1934 to April 28, 1934I last saw him alive on April 28, 1934. Death is said to have occurred on the date stated above, at 5:25 PM.

The principal cause of death and related causes of importance were as follows:

Several AtherosclerosisOther contributory causes of importance: Acute heart failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Wm J. Schmidt M. D.(Address) 701 N. Parkway Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly examined. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 - 1934

Huntington Williams, M.D.
Registrar.

M. D. B. 1234
F 00936

F 00936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 E Oliver St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1216 E Oliver

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *John Grimmel* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 25, 1875*7. AGE Years *58* Months *11* Days *3* 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Louis Treff*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Wilhelmina Seun*16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *John Grimmel* (Address) *1216 E Oliver*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *May 28, 1934*19. UNDERTAKER *John Grimmel* (Address) *1216 E Oliver*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 26, 1934* to *April 28, 1934*I last saw her alive on *April 28, 1934* Death is said to have occurred on the date stated above, at *10:00 AM*

The principal cause of death and related causes of importance were as follows:

acute cardiac failure

Date of onset

Other contributory causes of importance:

*Myocarditis + cardiac compensation*Name of operation *—* Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *—*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19*—*Where did injury occur? *—* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Clara Grimmel* M. D.(Address) *4222 Kempner*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

MAY 1 - 1934

M. D. B. 1268-2
00937Schupp
F 00937
HEALTH DEPARTMENT—CITY OF BALTIMORE131
CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital
CITY OF BALTIMORE: (No. Royer & Oakland Sts. Ward 27-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Christian Schupp
(a) Residence: No. 6305 Harford Road St., 0 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMargaretta Schupp

6. DATE OF BIRTH (month, day, year)

Apr 7 1849

7. AGE

85 YearsMonths 0Days 23If LESS than
1 day, 0 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cigar Maker 017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired 18900

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

FATHER

13. NAME

Don't know

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Frank Schupp

(Address)

3142 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

May 4 1934

19. UNDERTAKER

(Address)

John Kellrich2008 E. Elean

20. FILED

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 26 1934 to April 30 1934I last saw him alive on April 30 1934. Death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Benign Hypertension of Portal
2. Chronic Interstitial Nephritis
3. Uremia

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Leon Ashman

M. D.

(Address)

West Baltimore Gen. Hosp

F 00938

Spec. - 7-17-26 - A Co. - 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00938

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH

City of BALTIMORE: (No. 1804 Druid Hill Ave St. 14-01 Ward)

2-FULL NAME

Ressie H. Nichols

(a) RESIDENCE NO.

1804 Druid Hill Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 Color or Race 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

James R. Nichols

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employee

9 BIRTHPLACE (city or town)

(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant (Address)

15

File

MAY 1 - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

April 29, 1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934, to April 29, 1934, that I last saw her alive on April 27, 1934, and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular - Renal Disease

CONTRIBUTORY (Secondary) Decomposition Cardiac

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam + Urine analysis

(Signed) J. P. Hughes M. D.

4.30, 1934 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Laurel Cem.

20 UNDERTAKER

Samuel T. Hemmley

Date of Burial

5/2/1934

ADDRESS 578

W. Biddle & Co.

M. D. 00939

HEALTH DEPARTMENT—CITY OF BALTIMORE

00939

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL _____

Place _____ Date _____

19. UNDERTAKER _____

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Fractured Skull

Other contributory causes of importance: _____

Automobile Accident

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) _____

(Address) _____

Coroner _____ M. D.

OCCUPATION is very important. See instructions on back of certificate.

v s o

1-1 MAY 1934

King William, MD

M. 100940

F 00940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *15-01* Ward)Length of residence in city or town where death occurred yrs. *6* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Kathleen Hall* St. *3014* Ward. *Herbert St.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Child</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Child</i>		

6. DATE OF BIRTH (month, day, year) *Oct. 27 1933*7. AGE
Years *6* Months *3* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *J. Frederick Hall*14. BIRTHPLACE (city or town) (State or country) *Boston Mass*15. MAIDEN NAME *Katharine M. Flynn*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*17. INFORMANT *J. Frederick Hall*(Address) *3014 Herbert St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Catholic Cemetery* Date *May 1934*19. UNDERTAKER *James W. Conklin*(Address) *924 E. Calver St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4/30*22. I HEREBY CERTIFY, That I *ended* deceased from *4-30* 19*34*I last saw her alive on *4-30* 19*34* Death is said to have occurred on the date stated above, at *12:30 pm.*

The principal cause of death and related causes of importance were as follows:

Meningitis
Bacterial pneumonia

Date of onset

April 4-22-34

Other contributory causes of importance:

Malnutrition

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frances Warren*(Address) *University City**University City*

F 00941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00941

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S Kenwood Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 915 S Kenwood Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Agnes Szelliga</u>		

6. DATE OF BIRTH (month, day, year) 1875

7. AGE <u>59</u>	Years <u>59</u>	Months <u>5</u>	Days <u>5</u>	If LESS than 1 day, hrs. or min.
---------------------	--------------------	--------------------	------------------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salor</u>	11. Total time (years) spent in this occupation <u>34</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER	13. NAME <u>Thomas</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Poland</u>

MOTHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Poland</u>

17. INFORMANT Agnes Szelliga
(Address) 915 S Kenwood Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 5/2 193419. UNDERTAKER John P. Hudak
(Address) 2811 Harrison St
Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/34, 1922. I HEREBY CERTIFY, That I attended deceased from 4/18/34, 19, to 4/28/34, 19.I last saw him alive on 4/25/34, 19. Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

Ca of Prostate
metastatic - lung -
kidney.

Date of onset

3 yrs.

Other contributory causes of importance:

Arteriosclerosis C & R diseaseyes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) G. Gypho M. D.(Address) 2221 Eastern Ave

information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 807 St Paul St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr William Welch(a) Residence: No. 807 St Paul St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single5a. If married, widowed, or divorced—
BUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 4-8-1850

7. AGE

Years
84

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Conn

MOTHER FATHER

13. NAME

William Welch14. BIRTHPLACE (city or town)
(State or country)Conn

15. MAIDEN NAME

Emaline Collins16. BIRTHPLACE (city or town)
(State or country)N. Y.

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL18. ~~BURIAL~~ CREMATION, OR ~~INTERMENT~~Place Londor ParkDate April 2, 1934

19. UNDERTAKER

(Address)

W. Jenkins & Co
Chesapeake & Annapolis Rd

20. FILED

Therington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1, 1933, to April 30, 1934I last saw him alive on April 30, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Date of onset

Nov 1932

Other contributory causes of importance:

Chronic Pyelonephritis, etc.Name of operation Conservative Prostatectomy of 7-19-33

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

(Address)

Chesapeake & Annapolis Rd
Johns Hopkins Hospital

M. D.

Exact statement of information should be carefully supplied. Xerox should be state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AY 1-1934

M. F. B. 90943

F 00943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 S. East Avenue St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Merryman

(a) Residence: No. 503 S. East Avenue

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Catherine Merryman (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 10. 1860

7. AGE Years 73 Months 6 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Barnett K. Merryman

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Mrs. Anna E. Merryman (Address) 503 S. East Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date May 2, 1934

19. UNDERTAKER HENRY SANDER & SON, INC (Address) Broadway & Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to April 28, 1934

I last saw him alive on April 28, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Tod. M. D.

(Address) 4616 Eastern Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 - 1934

Registrar

00944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00944

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) _____
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____ Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) _____

(Address) _____

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

00945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00945

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1204 W. Franklin St.* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept. 15, 1917*7. AGE Years *16* Months *16* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Wm. S. Mack*14. BIRTHPLACE (city or town) *md*
(State or country)15. MAIDEN NAME *Wm. S. Mack*16. BIRTHPLACE (city or town) *va*
(State or country)17. INFORMANT *Suey Mack*
(Address) *1437 N. Gayle Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *mt kilmarnock* Date *May 2, 1934*19. UNDERTAKER *Thomas G. Nelson*
(Address) *1313 Presstman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-29-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *4-20-34*, 19, to *4-29-34*, 19I last saw him alive on *4-29-34*, 19. Death is said to have occurred on the date stated above, at *04:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction

Date of onset

4-14-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If no, specify _____

(Signed) *William H. Nelson* M. D.(Address) *President Hospital*

MAY 1 - 1934

00946 HEALTH DEPARTMENT—CITY OF BALTIMORE 0946

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6012 Cedonia Ave St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Wm. F. Pennington

(a) Residence: No. 6012 Cedonia St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anna Pennington (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22/1886

7. AGE Years 48 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Charles O. Pennington

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Elizabeth M. Huber

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Charles Pennington Jessup, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bulto - Cem Date May 1 1934

19. UNDERTAKER Mrs. G. M. Miller 2334 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28/34

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date above at about 5 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

History of Angina

????

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

Coroner

M. D.

MAY 1 - 1934

OCCUPATION is very important. See instructions on back of certificate.

F 00947 HEALTH DEPARTMENT—CITY OF BALTIMORE 00947

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital Baltimore Md.* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Glenburnie Md. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Luetta Abendschein* (or) WIFE of6. DATE OF BIRTH (month, day, year) *April 13, 1863*7. AGE *71* Years Months Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Barber*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired* 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto.* (State or country)13. NAME *Abendschein*14. BIRTHPLACE (city or town) *Balto Md.* (State or country)15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) *Not known* (State or country)17. INFORMANT *Herman Kintopp* (Address) *Glenburnie Md.*18. BURIAL, CREMATION, OR REMOVAL Place *Balto. Calv.* Date *May 3/34*19. UNDERTAKER *Mrs. C. M. Jefferson* (Address) *2334 Jefferson St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 29, 1934* to *April 30, 1934*I last saw him alive on *April 30, 1934*. Death is said to have occurred on the date stated above, at *12:40* A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary oedema, acute
Cerebral collapse

Date of onset

4-29-34

Other contributory causes of importance:

*Carcinoma of Stomach*Name of operation *Posterior GASTROENTEROSTOMY* *4-7-34*
PYLORRECTOMY Date of *4-26-34*What test confirmed diagnosis *Clonidine* as there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *James I. Moore* M. D.(Address) *University Hospital Baltimore Md.*

MAY 1 - 1934

19

Huntington Hillman, M.D.

M. D. B. 1268-9

Wingfield

F 00948 HEALTH DEPARTMENT—CITY OF BALTIMORE F 00948

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W. Le St. 22-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 647 W. Le St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7c 4. Color R Race 5. Single, Married, Widowed, or Divorced Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/14, 1913 7. AGE 70 Years 9 Months 15 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME Mother FATHER Roth Wingfield

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME Alice Edwards

16. BIRTHPLACE (city or town) (State or country) D.C.

17. INFORMANT (Address) 647 W. Le St.

18. BURIAL, CREMATION, OR REMOVAL Place Roswell Va Date 5/2/34 19

19. UNDERTAKER (Address) 108 W. Montgomery St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/34

22. I HEREBY CERTIFY, That I attended deceased from 4/27/34 19 4/29/34

I last saw him alive on 4/28/34 Death is said to have occurred on the date stated above, at 1915 Le St.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Chol. P. B.

Name of operation Date of

What test confirmed Pneumonia was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. L. S. M. D.

(Address) 724 Madison St

Exact statement of information should be carefully supplied. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 - 1934

H. L. Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00949

F 00949

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *707 W. Lafayette St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Cal.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Ellis Thompson*6. DATE OF BIRTH (month, day, year) *5-15-1881*7. AGE Years *52* Months *11* Days *4* If LESS than 1 day, hrs. or min.8. Trade, occupation, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*10. Date deceased last worked at this occupation (month and year) *4/30/34*11. Total time (years) spent in this occupation *19*12. BIRTHPLACE (city or town) (State or country) *Pratt*13. NAME *Willis Thompson*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Bettie Johnson*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT (Address) *Ellis Thompson*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. Auburn* Date *May 2, 1934*19. UNDERTAKER (Address) *Mrs. Kate R. Williams**322 N. Schroeder St.**Thompson Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-29-34*22. I HEREBY CERTIFY, That I attended deceased from *4-28-1934* to *4-29-34*I last saw him alive on *4-29-1934* Death is said to have occurred on the date stated above, at *12:30 pm*

The principal cause of death and related causes of importance were as follows

*Strangulated
Hernia
Intestinal obstruction*Date of onset *4/28*

Other contributory causes of importance:

Intestinal obstruction *4/29*Name of operation *Hernia plastic* Date of *4/28*What test confirmed diagnosis? *clinical* here an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Hernia occurred at place of*Manner of injury *Employment, lifting.*Nature of injury *Rupture.*24. Was disease or injury in any way related to occupation of deceased? *yes* If so, specify *Rupture occurred at work*(Signed) *A. E. Jackson* M. D.(Address) *608 N. Arlington*

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 - 1934

F 00950 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00950

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Good Shepherd Gen. Hospital 131

CITY OF BALTIMORE: (No. 1512)

W. Gilmore

St. 4-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles H. Williams

(a) Residence: No. 773 W. Mulberry

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

A.A.

5. Single, Married, Widowed, or Divorced (write the word)

Widower

5a. If married, widowed, or divorced

HUSBAND of

Jane Williams

6. DATE OF BIRTH (month, day, year)

5/14/74

7. AGE

59

Years

59

Months

11

Days

27

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Harrisburg

(State or country)

Pennsylvania

FATHER

13. NAME

Charles Williams

14. BIRTHPLACE (city or town)

unk

(State or country)

MOTHER

15. MAIDEN NAME

Fannie?

16. BIRTHPLACE (city or town)

unk

(State or country)

17. INFORMANT

Mary Jones - Fannie Williams

(Address)

710 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn

Date May 1, 1934

19. UNDERTAKER

Mrs. Kate R. Williams

(Address)

3227 Schenck St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/27

1934

22. I HEREBY CERTIFY, That I attended deceased from

4/19

1934 to

4/27

1934

I last saw him alive on

4/27

1934

Death is said

to have occurred on the date stated above, at

4th P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Cardio-vascular renal
disease with Hypertension
Terminal Bronchopneumonia

Date of onset

4/19/34

unk

4/29/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

clinical

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify

(Signed)

Casson C. Johnson

M. D.

(Address)

632 Baker St

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00951

CERTIFICATE OF DEATH

F 00951

1. PLACE OF DEATH

Union Memorial Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Delores Jean Dougherty

(a) Residence: No.

Apparus Point St. No. 10

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W.

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

4-29-34

7. AGE

Years

Months

Days

If LESS than 1 day... hrs. or min.

2 1/2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Thomas Dougherty

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

Clara Jackson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem

Date May 1, 1934

19. UNDERTAKER

George W. Ziegler

(Address) 1757 E. Eagle St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1-1934

22. I HEREBY CERTIFY, That I attended deceased from

4-30-34, 1934, to 4-30-34, 1934.

I last saw her alive on 5-1-34, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Asphyxia Mechanica

Date of onset

4-30-34

Other contributory causes of importance:

? Cerebral hemorrhage.

Name of operation.

Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) S. Butler Spring M. D.

(Address) Union Memorial Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

MAY 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00952

CERTIFICATE OF DEATH

F 00952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Ellwood Ave. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Wentz

(a) Residence: No. 415 S. Ellwood Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of George W. Wentz
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	22	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	at home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	037
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Frederick Kinsler

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Margaret E. Herman

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Irvin Wentz.
(Address) 305 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Cemetery, May 4, 1934

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED

MAY 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to April 30, 1934.

I last saw her alive on April 30, 1934. Death is said to have occurred on the date stated above, at 2:25 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

3/10/34

Other contributory causes of importance:

Arterio Sclerosis

1 yr.

Name of operation none Date of

What test confirmed this? Phys Signs as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. P. Neer M. D.

(Address) 408 Spat Park Ave

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

M. D. R. 00953

F 00953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Poplar Grove St., 15-01 Ward)

Length of residence in city or town where death occurred... yrs. 7 mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME

(a) Residence: No. New York City St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced

HUSBAND of Marie Krise Blackiston (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27, 1871

7. AGE Years 62 Months 9 Days 2 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Albert B Blackiston

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Sue E Carter

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs. Helena Knight

(Address) 1703 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date May 2, 1934

19. UNDERTAKER Wm J. Tietzel & Son

(Address) North + Reine

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1934, to April 28, 1934

I last saw him alive on April 29, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Fred B. Jewett M. D.

(Address) 2676 Penna Ave

MAY 1 - 1934

M. D. F 00954

F 00954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Main St. 28-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred: 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4400 Main St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) Dec 7 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) New Albany Indiana

FATHER	13. NAME	14. BIRTHPLACE (city or town) (State or country)
	Erasmus Claggett	Montgomery Md.

MOTHER	15. MAIDEN NAME	16. BIRTHPLACE (city or town) (State or country)
	Lucretia Cateson	Blacksburg Md.

17. INFORMANT (Address) Frank C. Bigley 4400 Main St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Cem Date May 2, 1934

19. UNDERTAKER (Address) North & Centre

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 1934 to Apr 30 1934 I last saw him alive on April 28, 1934. Death is said to have occurred on the date stated above, at 8:40 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1930

Other contributory causes of importance:

General anasarca

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard H. M. D.

(Address) 3002 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 1 - 1934

F 00956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Pebble Court 18-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Julius Smith
817 Pebble Court Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) ?5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18967. AGE Years 38 Months Days If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 04012. BIRTHPLACE (city or town) (State or country) md

13. NAME

14. BIRTHPLACE (city or town) (State or country) kn

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) kn

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of md Date May 1 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1934

22. I HEREBY CERTIFY. That attended deceased from

19 to 19 I last saw h. alive on 19 Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

OCCUPATION is very important. See instructions on back of certificate.

MAY 1 - 1934

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00957

CERTIFICATE OF DEATH

F 00957

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Wilkens Ave., St. 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME John W. Garrett

(a) Residence: No. 2205 Wilkens Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Mary E. Garrett
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11, 1869

7. AGE Years 64 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. B. & A.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jean R. Garrett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Frederick

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Florence G. Ensor

(Address) 642 W. North Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date May 2, 1934

19. UNDERTAKER

(Address) 715 Light St.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1934, to April 29, 1934

I last saw him alive on April 29, 1934. Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic myocarditis

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Scammett M. D.

(Address) 1729 W. Lombard St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00958

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital) 82-001 ✓ F 00958

Length of residence in city or town where death occurred 20 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John W. Smoot.

(a) Residence: No.

526 Hanover St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, name of wife, or if widowed, name of widow, or if divorced, name of ex-wife, or if divorced, name of ex-husband of deceased.

Henrietta Smoot.

6. DATE OF BIRTH (month, day, year) May 24, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salesman. 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know
(State or country)17. INFORMANT William H. DeRuff. Froinlaw.
(Address) 1246 Hargest Lane.18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 1, 193419. UNDERTAKER John W. Deany
(Address) 715 Light St.

20. FILING 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemiplegia.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Penland

(Address) 1017 E. Charles St.

M. D.

F 00959 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump. St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Monroe. (C)

(a) Residence: No. Westport Dump. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Do not know.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal Date May 1, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebro sclerosis.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D.
Coroner
(Address) 1017 S. Charles St.
4/30/34

MAY 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

00960

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *584 Preston* St. *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *584 Preston* St., *Virginia* Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 20-1914*7. AGE Years *19* Months *5* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) (State or country) *Walker Parker*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *unknown*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Barth Mc Graw*

17. INFORMANT

(Address) *584 Preston*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. Burial 5-110 34*

19. UNDERTAKER

(Address) *George T. Gibson*

AY 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 29th 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19

I last saw h. alive on *Apr 29th 1934* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation *Regular*Date of *10*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Coroner

M. D.

(Address)

Marya Idzi

00961

HEALTH DEPARTMENT—CITY OF BALTIMORE

00961

CERTIFICATE OF DEATH

23✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 East Ave St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. How long in U. S. if of foreign birth? 49 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2929 East Ave St., 1-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND or (or) WIFE of Frank Idzi6. DATE OF BIRTH (month, day, year) 18967. AGE Years 38 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Idzi14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Frank Idzi(Address) 2929 East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 5/4 193419. UNDERTAKER John J. Fuda(Address) 1218 N. Hudson St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30 193422. I HEREBY CERTIFY, That I attended deceased from April 27 1934 to April 30 1934I last saw her alive on April 27 1934 Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TuberculosisDate of onset Unknown

Other contributory causes of importance:

unknownName of operation none Date of none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none(Signed) Jos. A. Rosenthal M. D.(Address) 3018 O'Donnell St.

PHYSICIANS should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00962

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5025 Reisterstown St., Rd. 27-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter Joseph Tellis

(a) Residence: No. 5025 Reisterstown Rd. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Anna Zimmer Tellis (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21, 1883

7. AGE Years 50 Months 6 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Can Factory
10. Date deceased last worked at this occupation (month and year) March 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Tellis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Clara Gibson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Anna Tellis (Address) 5025 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 5/3/34

19. UNDERTAKER William Zimmerman (Address) 4755 Park Heights Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934, to April 30, 1934.

I last saw him alive on April 24, 1934. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset May 7, 33.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred L. D. Barbrin M. D.

(Address) 4755 Park Heights Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PRECISE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 1-1934

M. D. P. 00963

F 00963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3119 Lammie Ave.

CITY OF BALTIMORE: (No.

St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Chlad

(a) Residence: No. 3119 Lammie Ave.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Marie N. (or WIFE of)

6. DATE OF BIRTH (month, day, year) April 16, 1891

7. AGE 43 Years Months Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own store

10. Date deceased last worked at this occupation (month and year)

10 yrs

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) (State or country)

Bella, Md.

13. NAME John R. Chlad

14. BIRTHPLACE (city or town) (State or country)

Bella, Slovakia

15. MAIDEN NAME Mary R. Kuteuba

16. BIRTHPLACE (city or town) (State or country)

Bella, Slovakia

17. INFORMANT Marie Chlad

(Address) 3119 Lammie Ave.

18. BURIAL, CREMATION, OR REMOVAL

Burkwood

Date

May 2, 1934

19. UNDERTAKER August Pasch

(Address) 2406 Ashland Ave.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934 to April 29, 1934

I last saw him alive on April 29, 1934 Death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

4-29-34

Other contributory causes of importance:

Peritonitis, abscess, septicemia, etc. myocarditis

4-29-34

Name of operation

Date of

What test confirmed diagnosis? physical findings

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

R. C. Bohrer

M. D.

(Address)

447 H. Remond Ave.

F 00964

F 00964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.ds.

2. FULL NAME

Mrs. Barbara Janata

(a) Residence: No.

714 W. Mountford Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

(or) WIFE of

Frank A. Janata

6. DATE OF BIRTH (month, day, year)

Feb. 12, 1884

7. AGE

Years

Months

Days

If LESS than 1 day.....hrs. or.....min.

50 yrs.

2

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Chukoslovakia

FATHER

13. NAME

James Dobikar

14. BIRTHPLACE (city or town) (State or country)

Chukoslovakia

MOTHER

15. MAIDEN NAME

Anna " ? "

16. BIRTHPLACE (city or town) (State or country)

Chukoslovakia

17. INFORMANT

Frank A. Janata

(Address)

714 W. Mountford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cemetery

Date May 3, 1934

19. UNDERTAKER

(Address)

August Papert

42406 Aspland Ave.

20. FILED

MAY 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/26/34, 19, to 5/1/34, 19.

I last saw h.c.v. alive on 5/1/34, 19. Death is said to have occurred on the date stated above, at 3:40 AM.

The principal cause of death and related causes of importance were as follows:

(Septicemia) Appendicitis Peritonitis Paralytic ileus

Date of onset

4/22/34

4/24/34

4/30/34

Other contributory causes of importance:

Chronic nephritis

Name of operation Laparotomy Date of 4/26/34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. H. Thayer M. D. Md. Gen. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00965

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Widowed

5a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Charles Stewart

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 40? unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Surgeon General

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza House

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date 5/1 1934

19. UNDERTAKER (Address) Walter B. Brown 139 W. Harrison St.

20. FILED MAY 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18 1934 to April 26 1934

I last saw her alive on April 26 1934 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of death were as follows: Fibro-sarcoma - uterus

Other contributory causes of importance: Aneurysm - Aneurysm ?

Name of operation: None Date of:

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter B. Brown M. D.

(Address) 139 W. Harrison St. Baltimore City

F 00966

F 00966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Swell, Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St.

24-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

36 yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clementine Lewandowski

(a) Residence: No.

1446 Hull St

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Stanislaus Lewandowski

6. DATE OF BIRTH (month, day, year)

Nov 14 1883

7. AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

50

5

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Poland

FATHER

13. NAME

Aleksander Jambrzycki

14. BIRTHPLACE (city or town)
(State or country)

Poland

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

Poland

17. INFORMANT

Stanislaus Lewandowski
1446 Hull St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date May 4 1934

19. UNDERTAKER

John M. Welby
401 S. Chester St

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

4/30/34

19

22.

I HEREBY CERTIFY, That I attended deceased from

4/28/34

19

to

4/30/34

19

I last saw him alive on

4/30/34

40

Death is said

to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral hemorrhage

Date of onset

4/27/34

Other contributory causes of importance:

Obesity

Name of operation

Date of

no

What test confirmed diagnosis?

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify

(Signed)

Michael J. Wicinski

M. D.

(Address) Swell Balt. Gen. Hosp.

Information should be carefully supplied. Note space for signature. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

MAY 1 - 1934

F 00967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 E Chase St. Ward 8-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. da. How long in U. S. if of foreign birth?..... yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2438 E Chase St. Ward 8-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bents6. DATE OF BIRTH (month, day, year) June 21 18687. AGE 65 Years 65 Months 10 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 137
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto13. NAME Fredrick Cooper14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT Anna Bronsing
(Address) 2438 E Chase St18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 2 193419. UNDERTAKER Martin H. Papp, Inc.
(Address) 37 E. Ashland20. FILER 1-1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 193422. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to April 28 1934I last saw him alive on April 28 1934 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
C Metastases to liver

Date of onset

July 1933

Other contributory causes of importance:

Chronic Myocarditis3 yrs.Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Samuel B. Wolf M. D.(Address) 1331 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 1-1934

F 00968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00968

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *806 N. Lakewood* ST. *7-01* WARD)

2-FULL NAME

(a) RESIDENCE NO. *806 N. Lakewood* ST.

(Usual place of abode)

WARD

Length of residence in city or town where death occurred *3* yrs. *5* mos. *13* ds.How long in U. S., if of foreign birth? *3* yrs. *5* mos. *13* ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *White*5 Single, Married, Widowed, or Divorced, (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) *11. 17. 30.*

7 AGE

Years *3*Months *5*Days *13*If LESS than 1 day, *hrs.* or *min.*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *None*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Balti. Md.*10 NAME OF FATHER *John Dimanek*11 BIRTHPLACE OF FATHER (city or town) (State or country) *Balti. Md.*12 MAIDEN NAME OF MOTHER *Antonia Bourek*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Balti. Md.*

14

Informant (Address) *John Dimanek 806 N. Lakewood Ave.*

15

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *4. 30. 34.*17 I HEREBY CERTIFY, That I attended deceased from *April 28 1934* to *April 30 1934* that I last saw him alive on *April 30 1934*and that death occurred, on the date stated above, at *4 P.* m.

The CAUSE OF DEATH* was as follows:

*Measles*CONTRIBUTORY (Secondary) *Broncho-Pneumonia* (duration) *2* yrs. *2* mos. *2* ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date of

Was there an autopsy?

What test confirmed diagnosis? *Clinical*(Signed) *Charles H. A. Meyer*, M. D.30. 1934 (Address) *1031 N. Channing*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

*Holy Redeemer**1906 6 Ave*

20 UNDERTAKER

ADDRESS

*Smith & Co.**May 1/34*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00969

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Wearer C. Griggs

(a) Residence: No. 3212 E. Fairmount Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

5a. If married, widowed, or divorced

HUSBAND of

Dora Griggs

6. DATE OF BIRTH (month, day, year)

March 15, 1870

7. AGE

62

Years

Months

Days

13

LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

George Griggs

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Florence Walker

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT (Address)

Joseph L. Griggs
2833 Brendan ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Oaklawn

May 2, 1934

19. UNDERTAKER (Address)

John A. Malen
3000 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 28, 1934

22. I HEREBY CERTIFY, That attended deceased from

April 3, 1934, to April 28, 1934

I last saw him alive on April 28, 1934 Death is said

to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Hypertrophy of prostate - benign
2. Phlebotomy
3. Chronic bronchitis
4. Infarction

Other contributory causes of importance:

Name of operation

Prostatectomy

Date of 4-13-34

What test confirmed diagnosis? spec. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. M. Wagneller

M. D.

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AY 1-1934

00970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2744 Edmondson, Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth A. Millar

(a) Residence: No. 2744 Edmondson, Ave.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Millar

6. DATE OF BIRTH (month, day, year) Aug. 31st, 1858

7. AGE Years 75 Months 07 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John C. R. Nippard

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Margaret Curtain

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Nellie H. Millar (Address) 3004 Arunah, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 1934

19. UNDERTAKER Frederick A. Cole (Address) 1200 W. Lombard St.

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1934

22. I HEREBY CERTIFY That I attended deceased from April 21, 1934 to April 30, 1934

I last saw her alive on April 29, 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

arterial hypertension
cerebral hemorrhage

Date of onset

7/1/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? renal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) George H. Nippard M. D.

(Address) 3030 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1-1934

F 00971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Washington St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 50 mos. 50 da. How long in U.S. If of foreign birth 50 yrs. 50 mos. 50 da.

2. FULL NAME

(a) Residence: No. 7 N. Washington St., 6-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced
HUSBAND of Michael Mueller
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 17, 18507. AGE Years 84 Months 1 Days 13 LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) at home
11. Total time (years) spent in this occupation at home12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Ludwig Eising14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Miss Theresa Mueller
(Address) 7 N. Washington St.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 3, 193419. UNDERTAKER Jos. J. Herr
(Address) 156 J. N. Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934 to Apr 30, 1934I last saw him alive on Apr 28, 1934 death is said to have occurred on the date stated above, at 44 in.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Dilatation

Date of onset

4/20/34

Other contributory causes of importance:

Myocarditis
Chronic Pulmonary HypertensionName of coroner Thos. J. Herr Date of no
What test confirmed diagnosis no Was this an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury noWhere did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) James P. Keating M. D.
5/1/34 (Address) 721 Medicine St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00972

00972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1132 Battery Ave* St. *24* Ward)Length of residence in city or town where death occurred *69* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1132 Battery Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of *Henry O. Foard* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov. 16 1847*7. AGE Years *86* Months *5* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *life*12. BIRTHPLACE (city or town) (State or country) *Cecil Co. Md*13. NAME *Jane Morris*14. BIRTHPLACE (city or town) (State or country) *Cecil Co. Md*15. MAIDEN NAME *Mary Jane Moore*16. BIRTHPLACE (city or town) (State or country) *Northport Md*17. INFORMANT *Susanna Foard* (Address) *1132 Battery Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Pk* Date *15/3* 1903

19. UNDERTAKER

(Address)

AY 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*April 22 1934 to April 30 1934*I last saw her alive on *April 28 1934* Death is saidto have occurred on the date stated above, at *4:55 A* m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

several years

Other contributory causes of importance:

*Acute dilatation**2 wks.*

Name of operation

Date of

What test confirmed diagnosis? *Physical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓* 19*✓*Where did injury occur? *✓*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

M. D.

W. H. Hutton
301 E. Carroll St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 00973

F 00973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3332 Chesterfield St. - 21st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3332 Chesterfield Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Carl Glaeser (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8, 1871

7. AGE Years 63 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Hoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Glaeser (son) (Address) 3332 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL

Place Linden Park Cem. Date May 2, 1934

19. UNDERTAKER

(Address) 703 N. ...

20. FILE

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29/34.. 19

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 18/33 19 to Apr. 29/34. 19

I last saw h. or alive on Apr. 29/34. 19 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis ?
Myocarditis. ?

Other contributory causes of importance:

Arterio-sclerosis. ?

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: NONE. Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) B. V. Kelly

(Address) 100 N. ...

M. D.

Registrar.

00974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00974

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Hilman Terrace 13-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth" yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3330 Hilman Terrace Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 9, 1934

7. AGE Years 2 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Harry M. Burdette

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Lorraine Lewis

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Harry M. Burdette (Address) 3330 Hilman Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 2, 1934

19. UNDERTAKER Fred A. Kramer & Son (Address) 703 Hanover St

20. FILM 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29-1934

22. I HEREBY CERTIFY That I attended deceased from April 26, 1934, to April 29, 1934.

I last saw him alive on April 29, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia Date of onset 4/26/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) E. Benson Mansfelder, M. D.

(Address) 100-E-20 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

00975

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *929 Madison Ave* St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1875*7. AGE Years *59* Months *59* Days *59* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *79*13. NAME *Richard Bank*14. BIRTHPLACE (city or town) (State or country) *79*15. MAIDEN NAME *Anna Lewis*16. BIRTHPLACE (city or town) (State or country) *79*17. INFORMANT *C Evelyn Morse*
(Address) *929 Madison Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Lukes Cemetery* Date *5-1-34* 193419. UNDERTAKER *W. E. ...*
(Address) *2101 ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 28* 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
Strangulated Hernia

Date of onset

Other contributory causes of importance:

Name of operation *Chc* Date of *7/5*What test confirmed diagnosis? *Chc* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *200* Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. E. ...* M. D.
(Address) *1305 N. Hollenback St.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

AY 1-1934

F 00976 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00976

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 11 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Catherine Anna Brooks

(a) Residence: No.

3318 Elm St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 29, 19257. AGE Years 8 Months 11 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4-34 11. Total time (years) spent in this occupation 312. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Edward Leslie Brooks14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Helma Darby16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.17. INFORMANT Helma Darby Brooks
(Address) 3318 Elm St.18. BURIAL, CREMATION, OR REMOVAL Home
Place Catholic Date May 3, 193419. UNDERTAKER Walter Davis
(Address) 3318 Elm St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 1, 193422. I HEREBY CERTIFY, That I attended deceased from 4-20, 1934, to 5-1, 1934.I last saw her alive on 4-30, 1934 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitisDate of onset
4-13-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Butler Grimes M. D.(Address) Union Mem. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 1 - 1934

Huntington Williams

F 00977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Longwood Road, Roland Park St., 7-01 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Agustis Smith

(a) Residence: No. 101 Longwood Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
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5a. If married, widowed, or divorced
HUSBAND of Howard Pinkney Smith
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	1	0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Michael Smith

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

15. MAIDEN NAME Eliza A. Richardson

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland17. INFORMANT Mr. Dorsey R. Smith
(Address) 101 Longwood Road18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 3 193419. UNDERTAKER 1003 W. Baltimore St.
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18th 1934 to May 1st 1934I last saw her alive on April 30th 1934. Death is said to have occurred on the date stated above, at 6.15 A.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Skinkberg M. D.

(Address) 3735 Park Heights Ave.

N. B.—WRITE PLAINLY, WITH EXCEEDED FOR PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AY 1-1934

00978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00978

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N.E. Cor Caroline & Mullikin Sts Ward)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Vasily Seochenko(a) Residence: No. N.E. Cor Caroline & Mullikin Sts St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Probably Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years about 40-45 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Poland (Russian)13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME "16. BIRTHPLACE (city or town) (State or country) "17. INFORMANT John Grebliauchas (Address) 423 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian Date May 2 193419. UNDERTAKER John Grebliauchas (Address) 423 S. Paca St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26 Or 27/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 2:21 m.

The principal cause of death and related causes of importance were as follows:

Pistol Shot in head
(Above rt temple)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide 4/26/27/34Where did injury occur? Baltimore, Md (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Bed room of home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John Grebliauchas M. D.(Address) 308 E. Pratt St Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 1 - 1934

00979

HEALTH DEPARTMENT—CITY OF BALTIMORE

00979

CERTIFICATE OF DEATH

1. PLACE OF DEATH dead on arrival at
CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Wright

(a) Residence: No. 31 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Samuel Wright
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26/1896

7. AGE Years 38 Months 1 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 037

11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Arundel Co., Md.
(State or country)

13. NAME Caesar Barnes

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Melinda Thomas

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Samuel Wright
(Address) 31 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place McQuinn Date 5/3 1934

19. UNDERTAKER
(Address) Samuel Easton
The Peninsula

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Probable Bronchopneumonia about one week

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. H. Easton M. D.

(Address) 508 E. North

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

00980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00980

CERTIFICATE OF DEATH

Registered No. 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: 3910 Oakford Ave. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: 3910 Oakford

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Stansbury

6. DATE OF BIRTH (month, day, year) 866 Noorik

7. AGE Years 68 5 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Norman Price

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Caroline Hines

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Wm L. Stansbury 3910 Oakford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 3 1934

19. UNDERTAKER (Address) Geo. L. Beyer Jr 1812 William St.

20. FILED MAY 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on August Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows

Angina Pectoris Sudden

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? There an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE, No. *1406 W La Fayette St* Ward *16-01*Registered No. *9*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in town where death occurred *Sanad* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1406 W La Fayette St* Ward *16-01*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed or Divorced (write the word) *Single*

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 9-1933*

7. AGE

Years

Months

Days

If LESS than

1 day, hrs. min.

*7**22**min.*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

FATHER

13. NAME *Stephen Hill*14. BIRTHPLACE (city or town) (State or country) *D.C.*

MOTHER

15. MAIDEN NAME *Gene Wright*16. BIRTHPLACE (city or town) (State or country) *D.C.*17. INFORMANT *Gene Hall*(Address) *1406 W La Fayette St*

18. BURIAL, CREMATION, OR REMOVAL

Place *not known* Date *5/2*19. UNDERTAKER *Charles A. Brinkett*(Address) *1406 W La Fayette St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1 1934*

22. I HEREBY CERTIFY, That attended deceased from

19 *34* on *May 1* 19 *34*I last saw him alive on *May 1* 19 *34*to have occurred on the date stated above, at *1* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

Other contributory causes of importance:

*Whooping cough*Name of operation *Regular*

Date of

What test confirmed diagnosis? *Microscopic*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. C. Luck*

(Address)

Coroner

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 2-1934

F D 90982

F 00982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 27-01* Ward)

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Renner, John H.*(a) Residence: No. *6009 Burgess Ave*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of *Maybelle Renner*6. DATE OF BIRTH (month, day, year) *Dec 18th 1903*7. AGE *30* Years Months *4* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Accountant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Western Electric Co*
10. Date deceased last worked *April 1934* 11. Total time (years) spent in this occupation *5*12. BIRTHPLACE (city or town) *Ashland Kansas* (State or country)13. NAME *Geo. Thomas Renner*14. BIRTHPLACE (city or town) *Ill* (State or country)15. MAIDEN NAME *Mildred Dodd*16. BIRTHPLACE (city or town) *Kansas* (State or country)17. INFORMANT *Mildred Renner* (Address) *Rockford Iowa*

18. BURIAL, CREMATION, OR REMOVAL

Place *Crematorium* Date *May 3rd 1934*

19. UNDERTAKER

(Address) *2707 St Paul St*

MAY 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5 - 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from *4 - 24, 1934* to *5 - 1, 1934*I last saw him alive on *5 - 1, 1934* Death is said to have occurred on the date stated above, at *9:20 am*

The principal cause of death and related causes of importance were as follows:

*lobar pneumonia*Date of onset *4 May*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Francis W. ...* M. D.(Address) *University Hosp*

F 00984 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

David Lester(a) Residence: No. 31 S. Arlington St., 01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 22/19147. AGE Years 19 Months 9 Days 9 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Clarksburg, W. Va
(State or country)13. NAME Morris Lester14. BIRTHPLACE (city or town) London
(State or country)15. MAIDEN NAME Rebecca Adelberg16. BIRTHPLACE (city or town) Russia
(State or country)17. INFORMANT Isaac Adelberg
(Address) 31 S. Arlington Ave18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Burial Date May 2, 193419. UNDERTAKER S. Lemon Bw
(Address) 1127 S. Belmont

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 3422. I HEREBY CERTIFY. That I attended deceased from 19 to 19I last saw him alive on 19 Death is said to have occurred on the date stated above, at 3.35 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Cerebral Embolism during operation for Chr frontal Sinusitis

Date of onset

Other contributory causes of importance:

Chr Infection of Ethmoid, Sphenoid and Maxillary1 yrName of operation Drainage

Date of

What test confirmed diagnosis? NO Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of Injury 19Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Brown M. D.(Address) 508 E. Pratt

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FILED

MAY 2 - 1934

F 00985

F 00985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Jefferson St., 6-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Proctic

(a) Residence: No. 1627 Jefferson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years 46 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 08 1/2

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Proctic 14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Eva Rudman 16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Proctic (Address) 1627 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave Date May 7, 1934

19. UNDERTAKER Sol Lewinson & Bro (Address) 1127 E. Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934, to May 2, 1934.

I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis

Date of onset 4-30-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. M. Witter M. D. (Address) 1613 E. Baltimore St

PHYSICIANS should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. See instructions on back of certificate.

MAY 2 - 1934

M. D. F 00986

F 00986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4326 Evans Chapel Road 27-81 Ward)

Length of residence in city or town where death occurred: 65 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. do.

2. FULL NAME

(a) Residence: No. 4326 Evans Chapel Road, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed or divorced, HUSBAND of *David H. Stambaugh* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 4-1868*7. AGE Years *65* Months *9* Days *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *William Phipps*14. BIRTHPLACE (city or town) *England* (State or country)15. MAIDEN NAME *Catharine Mace*16. BIRTHPLACE (city or town) *Maryland* (State or country)17. INFORMANT *David H. Stambaugh*(Address) *4326 Evans Chapel Road*

18. BURIAL, CREMATION, OR REMOVAL

Place *Grind Ridge* Date *May 2, 1934*19. UNDERTAKER *Horace F. Burgee*(Address) *3631 Galloway Road*20. FILED *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 16th, 1934* to *April 29th, 1934*I last saw her alive on *April 29th, 1934* Death is said to have occurred on the date stated above, at *1 A.* m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Myocarditis
Cerebral Hemorrhage

Date of onset

4/20/34

Other contributory causes of importance:

Diabetes Mellitus
Broncho Pneumonia

4/24/34

Name of operation

Date of

What test confirmed diagnosis *Clinical* there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Victor Golding*

M. D.

(Address) *1524 N. Paterson*

Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 00987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00987

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor* St. *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Dyer
Little Sisters of the Poor(a) Residence: No. *1200 - Valley* St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 1860*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brass Polisher*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *010*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *John J. Dyer*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Margaret Mc Dermott*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislas, Sup*
(Address) *1200 - Valley St - Balt. Md*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *May 2*, 193419. UNDERTAKER *Rev. W. H. H. H. H.*
(Address) *915 Greenmount Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *1 May*, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1931 to *May* 1934I last saw him alive on *Apr 27*, 1934. Death is saidto have occurred on the date stated above, at *2:45* p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. Endocarditis

Other contributory causes of importance:

Arterio Sclerosis
*Hypertension*Name of operation *Phys* Date of *no*What test confirmed diagnosis? *Phys* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *L. M. C. Barker*, M. D.(Address) *111 E. 1st St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

F 00988
M. D. E. 1265-9

✓ F 00988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Little Sisters of the Poor 10-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1200-Valley* St., *?* Ward. *?*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *11 April 1880*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
54 *21*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Phila. Pa*13. NAME *Daniel Downey*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mary Logue*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Sister Stanislaus, Inf.*(Address) *Little Sisters of the Poor 1200-Valley St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *May 3, 1934*19. UNDERTAKER *Rita W. Wadfield*(Address) *914 Wisconsin Ave*20. FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *2 May*, 193422. I HEREBY CERTIFY, That I attended deceased from *Jan 14*, 1934, to *May 2*, 1934I last saw him alive on *Apr 27*, 1934. Death is said to have occurred on the date stated above, at *1:00 a* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation *None* Date of *2 May*What test confirmed diagnosis? *Phys* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *W. W. Williams* M. D.(Address) *1111 N. E. St.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1934
F 00989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00989

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Antoni Roman(a) Residence: No. 205 S. Chapel St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of Stefania
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 44 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)13. NAME Joseph Roman14. BIRTHPLACE (city or town) Poland
(State or country)15. MAIDEN NAME Chrostowski16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Stefania Roman
(Address) 205 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Placed Holy Cross Date May 5 193419. UNDERTAKER W. J. Ozbrycki
(Address) 1930 Eastern Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac FailureChr Pulmonary Tuberculosis
(Inactive)

Date of onset

??

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Ooster M. D.(Address) 508 E. 11th St

Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

F 00990

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 00990

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1047 Hollins* St. *18-01* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. *1047 Hollins* St., Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept. 19, 1932*7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
1 *7* *11*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).....*Baltimore*
(State or country) *Maryland*13. NAME *Chris Collins*14. BIRTHPLACE (city or town).....*Virginia*
(State or country)15. MAIDEN NAME *Birtie*16. BIRTHPLACE (city or town).....*Penna*
(State or country)17. INFORMANT *Chris Collins*
(Address) *1047 Hollins St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet* Date *May 2, 1934*19. UNDERTAKER *E. Leroy Stiffler, Inc.*
(Address) *1258 North Ave.*

20. FILED

MAY 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/1/34* 1922. I HEREBY CERTIFY, That I attended deceased from *4/24/34* to *5/1/34* 19I last saw h. *CV* alive on *4/30/34* 19. Death is said to have occurred on the date stated above, at *1204* m.

The principal cause of death and related causes of importance were as follows:

measles *diph.*

Date of onset

10 days

Other contributory causes of importance:

*Bronchopneumonia**4 days*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Bernard F. Levy* M. D.(Address) *710 W. Lombard*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 00991

F 00991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1915 Etting* ST. *14-01* WARD)

2-FULL NAME

(a) RESIDENCE NO. *1915 Etting* ST. _____ WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred *30* yrs. _____ mos. _____

ds. _____ How long in U. S., if at foreign birth? yrs. _____ mos. _____ ds. _____

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number:)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Fe* 4 COLOR OR RACE *Bl* 5 Single, Married, Widowed, or Divorced, (write the word) *Widowed*5a If married, widowed, or divorced HUSBAND of *Osace Worden* (or) WIFE of _____6 DATE OF BIRTH (month, day, and year) *Oct. 2, 1889*7 AGE Years *46* Months *6* Days *28* If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Domestic* *70*

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer *Mr. Adams & Paul St*9 BIRTHPLACE (city or town) *Cumberland Co. Pa* (State or country) _____10 NAME OF FATHER *Henry Ball*11 BIRTHPLACE OF FATHER (city or town) *Virginia* (State or country) _____12 MAIDEN NAME OF MOTHER *Edith Thompson*13 BIRTHPLACE OF MOTHER (city or town) *Virginia* (State or country) _____

PARENTS

14 Informant *Jessie Ball* (Address) *1915 Etting St*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Apr. 30, 1934*17 I HEREBY CERTIFY, That I attended deceased from *Mar. 28, 1934* to *Apr. 30, 1934*.that I last saw him alive on *Apr. 30, 1934*and that death occurred, on the date stated above, at *7:40 P. m.*

The CAUSE OF DEATH* was as follows:

Organic Heart Disease.(duration) *Indefinite* yrs. _____ mos. _____ ds. _____

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds. _____

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of _____Was there an autopsy? *No*What test confirmed diagnosis? *Phys. inf. Ex.*(Signed) *P. Garland & Churchill* M. D.(Address) *1534 - Grand St*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*Mt. Auburn Cemetery**May 3, 1934*

20 UNDERTAKER

ADDRESS

*Thomas E. Nelson**1303 Harrison*

Physicians should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

MAY 2 1934

F 00992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00992

117-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Joseph's Hospital 26-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

James R. Taylor

(a) RESIDENCE NO

4214 Arizona Ave.

ST.

WARD

(Usual place of abode)

43

yrs.

mos.

ds.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed,
or Divorced (write the word)
Divorced5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lillian Taylor

6 DATE OF BIRTH (month, day, and year) July 9/1886

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

47

9

21

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Tavern Keeper

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Himself

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Va.

10 NAME OF FATHER Geo. H. Taylor

Va.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Taylor

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Va.

14 Informant Mrs. Robert M. Decker
4214 Arizona Ave.
(Address)

UNDERTAKER

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL
Oak Lawn Cem.

DATE OF BURIAL

May 3/34

ADDRESS 2016
Orleans

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30/34

17 I HEREBY CERTIFY, That I took charge of the
remains described above, held an autopsy
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said
(Inquest, au-
topsy or inquiry.)find that said deceased came to his death
on the day stated above.
The CAUSE OF DEATH* was as follows:
General PeritonitisCONTRIBUTORY Perforated Duodenal Ulcer
(Secondary) (duration) yrs. mos. 2 ds.
(duration) yrs. mos. 4 ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Autopsy at St. Joseph

What test confirmed diagnosis?

(Signed)

Coroner, M. D.

5/1/34 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00993

CERTIFICATE OF DEATH

53

00993

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 James St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Ida Malvine Dorn(a) Residence: No. 1219 James St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced?

HUSBAND of
(or) WIFE ofHerman J Dorn

6. DATE OF BIRTH (month, day, year)

Sept 23 / 56

7. AGE

Years

Months

Days

If LESS than
1 day, — hrs.
or — min.7778

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

23

12. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER FATHER

13. NAME

Carl Haupt

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Max H Dorn

(Address)

59 Prospect Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London - Pleasant Date 5/4 1934

19. UNDERTAKER

(Address)

Jorvell + Byers2924 Edmondson Ave,Huntington Village, MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY. That I attended deceased from

April 1, 1934 to May 1, 1934I last saw him alive on May 1, 1934. Death is saidto have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder.

Date of onset

5/1/34

Other contributory causes of importance:

None

Name of operation

None

Date of

What test confirmed diagnosis?

Biopsy

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles Carter, M. D.(Address) 888 Lombard St

M. D.

PHYSICIANS should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 2 - 1934

M. F. B. 00994

F 00994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Npc Retnas* Ward *78-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *9 yrs. 2 mos. 6 da.* How long in U. S. If of foreign birth? yrs mos da.2. FULL NAME *Sister Cassius McGonigle*(a) Residence: No. *Mount Npc Retnas* St., Ward *78*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced HUSBAND of *Style* 1862 (or) WIFE of *May-17-1862*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *71* Months *11* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Religious* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *065* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Jeanne McGonigle*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Lusan Kelly*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. H. P. Burns*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Sparkhill, N.Y.* Date *May 27*, 19 *34*19. UNDERTAKER *Levinson & Co.*

(Address)

20. FILED *1934**Thurston, Williams, N.Y.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-1-1934*22. HEREBY CERTIFY, That I attended deceased from *Apr 9 28*, 19 *34* to *May 1*, 19 *34* I last saw her alive on *May 1*, 19 *34* Death is said to have occurred on the date stated above, at *5.30 P.M.*

The principal cause of death and related causes of importance were as follows:

Paranoid Personality
Mitral Stenosis
Myocarditis

Date of onset

6 yrs
7 yrs
6 yrs

Other contributory causes of importance:

*Coronary Thrombosis**1 day*Name of operation *None* Date ofWhat test confirmed diagnosis? *Smear* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Danman P. Claggett*(Address) *3326 Frederick St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00995

CERTIFICATE OF DEATH

82-001 F 00995

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *New Canaan Hotel*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *10* How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: *West Springfield, Mass.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 7-1874*7. AGE Years *60* Months *24* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Griffith & Botton Co*
10. Date deceased last worked at this occupation (month and year) *April 7-1874* 11. Total time (years) spent in this occupation *60*12. BIRTHPLACE (city or town) (State or country) *Mass*13. NAME *Joseph C. Derby*
14. BIRTHPLACE (city or town) (State or country) *Mass*15. MAIDEN NAME *Eleanor Tounley*
16. BIRTHPLACE (city or town) (State or country) *Conn.*17. INFORMANT *Frank Derby*
(Address) *West Springfield, Mass*18. BURIAL, CREMATION, OR REMOVAL
Place *Springfield, Mass* Date *May 5, 1934*19. UNDERTAKER *Harry H. H. H. H.*
(Address) *4204 Ridgwood Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1-1934*22. I HEREBY CERTIFY, That I attended deceased from *May 1-1934* to *May 1-1934*I last saw him alive on *May 1-1934* Death is said to have occurred on the date stated above, at *May 1-1934* m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *May 1-1934*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specifySigned *Eugene Zell* M. D.
(Address) *5789 Eastern Ave*

MAY 2 - 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

00996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 00996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Cox St. St. 12-21 Ward)Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1211 Cox St. St. 12-21 Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none6. DATE OF BIRTH (month, day, year) Nov 25, 18617. AGE Years 72 Months 5 Days 6 If LESS than I day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Godwin Anderson14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Eliza Redmiller16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Henry Collins (Address) 1211 Cox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Denton, md Date May 3, 193419. UNDERTAKER Chunoweth & Son(Address) 345-17 Chestnut Ave.Huntington Village, Md.20. REGISTRAR APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 193422. I HEREBY CERTIFY, That I attended deceased from April 30 to May 1 1934I last saw him alive on May 1, 1934 Death is saidto have occurred on the date stated above, at 12:34 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

48h

Other contributory causes of importance:

ArteriosclerosisChronic. but no plantsName of operation noneDate of 4What test confirmed diagnosis Clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place noManner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify none(Signed) Devin F. Kelly

M. D.

(Address) 608 Somerset Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY-2-1934

00997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 00997

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Woodlea Ave Ward 7)Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 da. How long in U. S. If of foreign birth? 4 yrs. 4 mos. 4 da.

2. FULL NAME

(a) Residence: No. 4202 Woodlea Ave Ward. 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Gora D. Gumpman
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 5 18907. AGE 43 Years 3 Months 3 Days 27 If LESS than 1 day, 37 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ind.
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Unknown
(State or country)15. MAIDEN NAME Susan Felter16. BIRTHPLACE (city or town) Ind.
(State or country)17. INFORMANT Mrs Helen W. Montath
(Address) 4202 Woodlea Ave18. BURIAL, CREMATION, OR REMOVAL
Place St. Elmer Date May 5, 193419. UNDERTAKER Chenoweth Son
(Address) 3417 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY, That I attended deceased from May 1934, to May 2 1934I last saw him alive on May 1 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Diabetes MellitusName of operation None Date of 5/7

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Handberg M. D.(Address) 4810 Belair Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 1934

F 00998

00998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 807 N. Bond ST. 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clarence Garnett

(a) RESIDENCE NO. 807 N. Bond

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr.

How long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE col 5 Single, Married, Widowed, or Divorced, (write the word) single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/7/1905

7 AGE Years 29 Months 1 Days 23 If LESS than 1 day, hrs. 22 or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer - 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER John Garnett

11 BIRTHPLACE OF FATHER (city or town) Port Royal Va (State or country)

12 MAIDEN NAME OF MOTHER Lily Coombs

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14

Informant (Address)

Estella Barnes

807 N. Bond St

15

AY 2 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30/34

17

I HEREBY CERTIFY, That I attended deceased from

4/17 19 34 to 4/30 19 34

that I last saw him alive on 4/26 19 34

and that death occurred, on the date stated above, at 6:40 A.M.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Sputum examination

(Signed) J. H. Brown M. D.

19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Belmont

DATE OF BURIAL

5-1 19 34

20 UNDERTAKER

Edward Bayne 1631 Chelton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

00999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 183 grave 4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of President St. 3-01* St. *3-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. *Unknown* St. *Unknown* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *50* Months *50* Days *040* If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Public Cemetery* Date *May 2, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Apr 27*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probable Accidental
Drowned

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Nist* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Yes* Date of injury *27*, 19...Where did injury occur? *Foot of President St.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fell overboard*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Hargis M.D.* M. D.(Address) *3052 Patterson Ave*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

116

MAY 2 - 1934 *Huntington Williams*

F 01000

01000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S Bond St., 3-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 329 S Bond St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 54 Months 54 Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Unknown (State or country) _____13. NAME Unknown14. BIRTHPLACE (city or town) Unknown (State or country) _____15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown (State or country) _____

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 2, 1934

19. UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 100 m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. H. Berg M. D.(Address) 1305 N. Patterson Park

MAY 2 - 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01001

F 01001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

729 N. Carey St

CITY OF BALTIMORE: (No.

Baltimore

ST. 16-01 WARD)

2—FULL NAME

Leander Clover Streett

(a) RESIDENCE NO.

729 N. Carey

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. 3 mos.

ds.

How long in U. S., if foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

M

4 COLOR OR RACE

Col.

5 Single, Married, Widowed,
or Divorced, (write the word)

Infant

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Infant

6 DATE OF BIRTH (month, day, and year)

1-28-34

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

2

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work.

Infant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

10 NAME OF FATHER

Leander J. Streett

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

North Carolina

12 MAIDEN NAME OF MOTHER

Elizabeth Strickland

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

North Carolina

14

Informant

Elizabeth Streett

(Address)

729 N. Carey St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

4/30/34

17

I HEREBY CERTIFY, That I attended deceased from

1/28/34, 19, to 4/30, 1934.

that I last saw him live on 4/30, 1934.

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Hydrocephalus
Complicated with
Septic Bacteria.

(duration) yrs. 3 mos. 3 ds.

CONTRIBUTORY

(Secondary)

Ment of Brain (duration) yrs. 3 mos. 2 ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Clinical

(Signed)

J. T. Harrison

M. D.

, 19

(Address)

522 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Mt. Auburn Cem

DATE OF BURIAL

5/2 1934

FUNERAL

Chas G. Cooper

ADDRESS

514 N. Calhoun St.

AY 2-1934

19

Registrar

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on

F 01002

01002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Stern

(a) Residence: No. 5105 Eugene Ave.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Marie A. Stern (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1874

7. AGE Years 59 Months 4 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Heaters. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

13. NAME Joel Stern

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Fannie Rau

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. J. Kahn (Address) 447 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Cem. Date May 3, 1934

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place.

20. FILED MAY 2 - 1934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Mousley M. D. (Address) 3632 Roland Ave

F 01003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1223 N Central ave* St. *10-01* Ward)Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1223 N Central ave* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Widow of Wm R Krebs*6. DATE OF BIRTH (month, day, year) *Dec 13th 1880*7. AGE *53* Years Months *4* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *House Wife* 10. Date deceased last worked at this occupation (month and year) *Dec 13th 1880* 11. Total time (years) spent in this occupation *53*12. BIRTHPLACE (city or town) (State or country) *Fredericks Md*13. NAME *Wm Oscar Nocher* 14. BIRTHPLACE (city or town) (State or country) *Fredericks Md*15. MAIDEN NAME *Mollie Schroyer* 16. BIRTHPLACE (city or town) (State or country) *Masachusetts*17. INFORMANT *Gra M Krebs* (Address) *1223 N Central ave*18. BURIAL, CREMATION, OR REMOVAL Place *Fredericks Md* Date *May 3* 193419. UNDERTAKER *George Schillig & Sons* (Address) *1226 E Monument St Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 30* 193422. I HEREBY CERTIFY, That I attended deceased from *Aug 1* 1933, to *April 30* 1934I last saw him alive on *April 29* 1934. Death is said to have occurred on the date stated above, at *10⁰⁰ P. M.*

The principal cause of death and related causes of importance were as follows:

*Hypertensive Pneumonia*Date of onset *Apr 23*

Other contributory causes of importance:

*Chronic Bronchitis & Emphysema*Name of operation *by lumbar?* Date of *1932*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Alvin B. Lennard*

M. D.

(Address) *718 N Patterson Pl*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

01004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., ... Ward)

Length of residence in city or town where death occurred 40 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No spouse

6. DATE OF BIRTH (month, day, year)

7. AGE Years 73 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

Lobster 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date May 2, 1934

19. UNDERTAKER (Address)

Edw. Bryson 1631 Orleans St. Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1934

I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1933 to April 29, 1934

I last saw him alive on April 28, 1934 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

E. coli sepsis 1933 E. coli sepsis

Other contributory causes of importance:

Enterosepsis generalized

Name of operation Biopsy Date of 3/30

What test confirmed diagnosis Biopsy Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Bryson M. D.

(Address) Baltimore City, Md.

B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

01005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. New Hospital St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 807 N. Howard St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
--------	------------------	--

5a. If married, widowed, or divorced
HUSBAND of
 (or) **WIFE of**

6. DATE OF BIRTH (month, day, year) March 8, 1872

7. AGE	Years 62	Months 1	Days 12	if LESS than 1 day, hrs. or min.
--------	-------------	-------------	------------	--

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Butcher & Baker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Over Seas 045*

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town) -
(State or country) San Francisco, California

13. NAME *Samuel Gerald*

11. BIRTHPLACE (city or town)
(State or country) London, England

15. MAIDEN NAME *Marjane Lovitt*

16. BIRTHPLACE (city or town)
(State or country) *London, England*

17. INFORMANT *Hospital, Chicago*
(Address)

18. BURLIAL, CREMATION, OR REMOVAL
Place *St. Mary's Church, Md.* Date *May 3* 19*33*

19. UNDERTAKING *Charles D. Trautwein*
(Address) *16 N. W. 1st, Bayshore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from
April 30 19*34* to *May 1* 19*34*

I last saw ~~him~~ alive on May 1, 1934. Death is said
to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas &
metastatic to liver

Other contributory causes of importance:

Name of operation	Date of
-------------------	---------

What test confirmed diagnosis?	Was there an autopsy?
--------------------------------	-----------------------

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____ 19____

Where did Injury occur? _____

Specify whether injury occurred in industry, in home, or in public _____

place _____

Manner of Injury _____

4 Nature of injury

24. Was disease or injury in any way related to occupation of decedent?

If no ☒ specify ☐ ☐

(Signed) Edward J. Fuchs M. D.

(Address) Henry Holbert

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

F 01006

F 01006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lake Ave* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Lake Ave* St. *27-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 25, 1896*7. AGE Years *37* Months *9* Days *0* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Canada*

FATHER

13. NAME *Henry L. Rutledge*14. BIRTHPLACE (city or town) (State or country) *Pa.*

MOTHER

15. MAIDEN NAME *Harriet Fulton*16. BIRTHPLACE (city or town) (State or country) *Pa.*17. INFORMANT *Henry L. Rutledge*(Address) *Lake Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Greenwood Cemetery* Date *May 3, 1934*19. UNDERTAKER *H. J. Fulton*(Address) *1000 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Dec. 21, 1933* to *May 1, 1934*I last saw him alive on *May 1, 1934* Death is said to have occurred on the date stated above, at *8:30* Am.

The principal cause of death and related causes of importance were as follows:

Progressive central muscular atrophy 4 yrs duration

Date of onset

Other contributory causes of importance:

Aplastic anemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *John W. Treacher*

M. D.

(Address) *1035 N. Calvert St.*

FILED

MAY 2 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Brookfield Ave. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Malloy

(a) Residence: No. 2212 Brookfield Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, year) Sept. 29, 1857		
7. AGE	Years 76	Months 7
	Days 3	If LESS than 1 day, hrs. or min. 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired accountant		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Baltimore, Md.**
(State or country)

FATHER	13. NAME John F. Malloy
	14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER	15. MAIDEN NAME Fanny A. Sollers
	16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT **Miss Louise Malloy**
(Address) **2212 Brookfield Ave.**18. BURIAL, CREMATION, OR REMOVAL
Place **Cathedral Cemetery** Date **5/3/34**19. UNDERTAKER
(Address) **805 N. Calvert St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May 1, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 6, 1934** to **May 1, 1934**
I last saw him alive on **5/1** 1934 Death is said to have occurred on the date stated above, at **6:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration.
Arteriosclerosis.
Cerebral embolus

Date of onset

?

Sudden

Other contributory causes of importance:

Arteriosclerosis
Diabetes Mellitus

(over)

Name of operation

Date of

What test confirmed diagnosis? **none** Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? **no** Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jack R. Morgan, M.D.
6-E-Blad St. Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY-2-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01008

CERTIFICATE OF DEATH

F 01008

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital) St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs. 2 mos.ds. How long in U. S. If of foreign birth?.....yrs.mos.da.

2. FULL NAME

Samuel Newman

(a) Residence: No. Lake Drive Apartments St.,Ward. (Chicago Ill.)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) divorced

5a. If married, widowed, or divorced
HUSBAND of Reta
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 47 Months Days If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago, Ills.
(State or country)

13. NAME Nastaly Newman

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Bettie Kleiman

16. BIRTHPLACE (city or town) Austria
(State or country)17. INFORMANT Mrs Betinsky
(Address) 5136 Ingleside Ave Chicago

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill Date 5/2/34 19

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/34 19

22. I HEREBY CERTIFY, That I attended deceased from
in hospital 20 mins 19I last saw him alive on....., 19..... Death is said
to have occurred on the date stated above, at 8.20 A.M.The principal cause of death and related causes of
importance were as follows:

Cardiac Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis clinical there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Miller M. D.
(Address) 508 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01009

01009

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James B. Bishop

(a) Residence: No.

1628 E. Preston

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) widower
----------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma K.

6. DATE OF BIRTH (month, day, year) May 13/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst., Mgr 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moving Picture Parlor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT C. B. Volke
(Address) 1628 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cem Date May 7 1934

19. UNDERTAKER Hughes & Jones Inc
(Address) 121 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Fracture Of left Hip

Date of onset
Apr 9/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: accident

Accident, suicide, or homicide Date of injury 19

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Picture parlor-113 N. Howard St

Manner of injury Slipped on stairs from

Nature of injury Operating room to main floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. B. Volke M. D.

(Address) 508 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

F 01010

HEALTH DEPARTMENT—CITY OF BALTIMORE

01010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Hamburg St. - 21-26 Ward)Length of residence in city or town where death occurred 38 yrs. 6 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Clarence Bland(a) Residence: No. 729 W. Hamburg St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr 17 18897. AGE Years 45 Months 6 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutting
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cutter
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois13. NAME John Bland14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Laura Seabrook16. BIRTHPLACE (city or town) (State or country) Maryland17. INFORMANT Mrs. Laura Bland
(Address) 729 W. Hamburg

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date May 3 193419. UNDERTAKER Fosberg & Son
(Address) 217 S. Page St.

Registrar

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 1933 to April May 2 1934I last saw him alive on May 1934 death is saidto have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular
renal disease
Hemiplegia

Date of onset

19291931

Other contributory causes of importance:

Cerebral hemorrhageApril 3, 1934

Name of operation

Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph S. Blum M. D.(Address) 1331 E. North Ave.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 2 - 1934

F 91011

HEALTH DEPARTMENT—CITY OF BALTIMORE 1011

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Hospital St. - 12 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 20 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 924 Mth N. 1st St. Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
--------	------------------	--

21. DATE OF DEATH (month, day, year) 5-1-34 . 19

5a. If married, widowed, or divorced
HUSBAND of _____
☒ **or** **WIFE** of _____

22. I HEREBY CERTIFY, That I attended deceased from
3-23-34, 19 to 5-1-34, 19

I last saw him alive on 5-1-34, 19 Death is said to have occurred on the date stated above, at 5²⁵ p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

6. DATE OF BIRTH (month, day, year) 18 68				
7. AGE 66	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as a spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town).....Virginia
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT H. M. G. G. G. G.
(Address) 924 W. C. G. G. G. G.

15. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER *Edwards, James H. Wright*
(Address) *1101 E. Elderr St*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. ... M. D.
(Address) Private ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No.

Monument St.

St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lillian Gorfine

(a) Residence: No. 2803 Ulman ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emanuel Gorfine

6. DATE OF BIRTH (month, day, year)

1898

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Louis Miller

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Sarah Mankowicz

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

Isidore Miller

(Address) 2803 Ulman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Society Date May 3, 1934

19. UNDERTAKER

J. Lerinson Br

(Address) 1127 E. Baltimore St.

20. FILED

A. E. Taylor Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-34, 19

22. I HEREBY CERTIFY, That I attended deceased from

4-26, 1934, to 5-2, 1934

I last saw h. alive on 5-2, 1934. Death is said

to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Coroner's Dist.

Acute Intestinal Dist.

Date of onset

5-2-34

4-30-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. E. Gann

M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01013

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1511 Calhoun* St., *15-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1511 Calhoun* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *C* 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced *Widowed*
HUSBAND of *Maude Matthews*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 17-1898*7. AGE Years *36* Months *0* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*10. Date deceased last worked at this occupation (month and year) *Fall 1933*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Halethorpe*
(State or country) *Baltimore Co.*13. NAME *Albert Matthews*14. BIRTHPLACE (city or town) *Md*
(State or country)15. MAIDEN NAME *Lothe Matthews*16. BIRTHPLACE (city or town) *Md*
(State or country)17. INFORMANT *Lothe Matthews*
(Address) *1511 Calhoun St*18. BURIAL, CREMATION, OR REMOVAL *Western Star cemetery* Date *May 3, 1934*19. UNDERTAKER *Thomas E. Heaton*
(Address) *1303 Reservoir St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 17, 1934* to *May 1, 1934*I last saw him alive on *April 28, 1934* death is said to have occurred on the date stated above, at, _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset *Fall 1933*

Other contributory causes of importance:

*None*Name of operation *Thoracic Spontaneous* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *Wm. H. Wright* M. D.(Address) *1209 Reservoir St*

MAY 3 - 1934

WHILE FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01014

F 01014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 10-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 1/2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Hugh R. Gwynn

(a) Residence: No.

1210 Guilford Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. ~~Single~~ Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Ann M. Gwynn*6. DATE OF BIRTH (month, day, year) *June 2 1869*7. AGE Years *64* Months *11* Days *2* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Photographer \$6*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bates Home Magazine*
10. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Balto* (State or country) *md*13. NAME *Henry Gwynn* 14. BIRTHPLACE (city or town) *Balto* (State or country) *md*15. MAIDEN NAME *Virginia T. Riddick* 16. BIRTHPLACE (city or town) *Va* (State or country)17. INFORMANT *Norman B. Gwynn (Brother)* (Address) *1210 Guilford Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Smith Ridge* Date *May 3rd 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1st 1934*22. I HEREBY CERTIFY, That I attended deceased from *January 19* to *May 1* 19*34*I last saw him alive on *May 1* 19*34* Death is saidto have occurred on the date stated above, at *about 2 PM*

The principal cause of death and related causes of importance were as follows:

Asphyxiation by illuminating Gas

Other contributory causes of importance:

*melancholy out of worse gas about 8 hrs*Name of operation *none* Date of *none*What test confirmed diagnosis *clinical* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *suicide of injury May 1, 1934*Where did injury occur? *none* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *—*Nature of injury *—*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *James M. Denton* Coroner M. D.(Address) *700 E Chase*

MAY 3 - 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

E 01015

E 01015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 N Calvert St., St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ralph L Witherow

(a) Residence: No. 2625 N Calvert St., St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Aug 15 1892

7. AGE Years 41 Months 8 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gamsey Brothers

10. Date deceased last worked at this occupation (month and year) Apr 1934 11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) Glen Hazel Renna (State or country)

13. NAME Samuel G Witherow

14. BIRTHPLACE (city or town) Brookville Renna (State or country)

15. MAIDEN NAME Sara B Slagle

16. BIRTHPLACE (city or town) Renna (State or country)

17. INFORMANT Sara B Jacobs (Address) 2625 N Calvert St., Arlington

18. BURIAL, CREMATION, OR REMOVAL Place Arlington National Cemetery Va Date 5/4/34

19. UNDERTAKER William Cook (Address) 1217 St. Paul St., Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1934 9:40 PM

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Witherow M. D. (Address) 3632 Roland

AY 3-1934

M. D. 1268-01016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4825 Palmer Ave 27-01 Ward)Length of residence in city or town where death occurred 30 yrs. 30 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Caroline B. Gilman
4825 Palmer Ave, 27 Ward.
(a) Residence: No. _____ (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Fredrick Gilman</u> (or) WIFE of _____		

6. DATE OF BIRTH (month, day, year) Nov. 4, 1882

7. AGE	Years <u>51</u>	Months <u>5</u>	Days <u>28</u>	If LESS than 1 day, ____hra. or ____min.
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8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 03712. BIRTHPLACE (city or town)
(State or country) Howard Co. Md.13. NAME James McDonald14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Frances Jane Poole16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT Fredrick Gilman(Address) 4825 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Brook Md. May 4, 193419. UNDERTAKER Wm. H. Fisher Sons(Address) North & Eads

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY, That I attended deceased from
Jan 6th 1934 to May 2nd 1934
I last saw her alive on April 27th 1934 Death is said
to have occurred on the date stated above, at 9:50 a.m.The principal cause of death and related causes of
importance were as follows:Carcinoma of Cervix
with Metastasis

Other contributory causes of importance:

MetastasisName of operation RadiationDate of noWhat test confirmed diagnosis Biopsy Was there an autopsy? no23. If death was due to external cause (violence) fill in also the fol-
lowing: _____ Date of injury _____, 19____
Accident, suicide, or homicide? ✓Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased?
No If so, specify _____(Signed) Thomas S. Boyer, M.D.
(Address) 3632 Fred Ave

MAY 3 - 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT
statement of
Exact statement of
information should
state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

01017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balt. City Hospitals 6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *730* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3100 E Fayette St.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Clara*6. DATE OF BIRTH (month, day, year) *June 8, 1874*7. AGE Years *60* Months *3* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ship Carpenter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *alib*
10. Date deceased last worked at this occupation (month and year) *St. Michaels, Md.* 11. Total time (years) spent in this occupation.12. BIRTHPLACE (city or town) (State or country) *St. Michaels, Md.*13. NAME *George Lambdin*
14. BIRTHPLACE (city or town) (State or country) *St. Michaels, Md.*15. MAIDEN NAME *Sarah Hineshimer*
16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Mrs. Clara Lambdin*
(Address) *3100 E Fayette St.*18. BURIAL, CREMATION, OR REMOVAL Place *New Cathedral* Date *May 3, 1934*19. UNDERTAKER *John A. Thomas*
(Address) *2000 E. Baltimore St.*
Huntington Williams

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 29, 1934*22. I HEREBY CERTIFY, That I attended deceased from *night* 19, to *night* 19.I last saw him alive on *night* 19. Death is said to have occurred on the date stated above, at *7:27* m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

*automobile accident*Name of operation *none* Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *accident*Accident, suicide, or homicide Date of injury *4/28, 1934*Where did injury occur? *Fayette + Gilman Ave.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place *Street Accident*Manner of injury *Truck hits while walking across the street*Nature of Injury *walking across the street*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *John A. Thomas* M. D.(Address) *2200 E. Baltimore St.* Coroner

Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

AY 3-1934

M.D. 04018

F 01018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME

James Wood

(a) Residence: No.

1247 East Eager

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced. (write the word)

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan. 16 1860

7. AGE

Years

Months

Days

If LESS than

74

3

16

1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

England

FATHER

13. NAME

Abel Wood

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Mary Ellis

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

Ada McCabe

(Address)

1247 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodland Memorial Park

Date

May 5

1934

19. UNDERTAKER

(Address)

Henry Street Drug Store

1247 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 26, 1934 to May 2, 1934

I last saw him alive on May 2, 1934. Death is said

to have occurred on the date stated above, at 5:11 A.M.

The principal cause of death and related causes of importance were as follows:

1. Anterior extension
2. Chronic myocarditis & decompensation and fibrillation
3. Chronic nephritis
4. Uræmia terminal

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis: clinical as there an autopsy? 40

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

ST. JOSEPH'S HOSPITAL

M. D.

(Address)

BALTIMORE, MD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01019 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01019

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5624 Greenhill Ave St. 26-21 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME

Ann Elizabeth Hughes

(a) Residence: No. 5624 Greenhill Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincen N.

6. DATE OF BIRTH (month, day, year) Aug 20/1863

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 70 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Mary's Co., Md (State or country)

13. NAME Joshua Hewitt

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Annie Chiveral

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Vincen J. Hughes (Address) 4402 Raspe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland removed Date May 3 1934

19. UNDERTAKER E Leroy Steffler, Inc. (Address) 126 E North Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia 2 days Angina Pectoris 2 yrs

Other contributory causes of importance:

Fracture of left tibia Mar 28/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: accident 3/28/34 Balto., Md.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place in home.

Manner of injury Fell from radiator in living room- while washing window

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. P. Coroner M. D.

(Address) 508 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

MAY 3 - 1934

F 01020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01020

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 311 N. Carey street ST 19-01 WARD)

2 FULL NAME William Malcolm

(a) RESIDENCE No. 311 N. Carey street

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Abt. 15 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 8th. 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Unemployed

9 BIRTHPLACE (city or town)
(State or country)Cockbourn
Harbor Turks Isl. B.W.I

10 NAME OF FATHER Wm Malcolm

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

B.W.I

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

B.W.I.

14 Informant Rebecca Wall

(Address) 311 N. Carey st.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

19-01

ST. WARD

ST. WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30th 1934

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1934, to April 30th, 1934

that I last saw him alive on April 30th, 1934, and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

MITRAL INS.

About (duration) 1 yrs. 6 mos. ? ds.

CONTRIBUTORY CH. Int. Neph.
(Secondary) Abt. (duration) 1 yrs. 6 mos. ds.18 Where was disease contracted? At place of D.
If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.
Urinalysis, Phy. Exam.What test confirmed diagnosis?
(Signed) Walter J. Jackson

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Int. Auburn

DATE OF BURIAL

May 4, 1934

20 UNDERTAKER

Mrs. Katie P. Williams, Schreder St.

Every item (or) information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PARENTS

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01021

HEALTH DEPARTMENT—CITY OF BALTIMORE

01021

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Bradford St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME William F. Gransee

(a) Residence: No. 1611 N. Bradford St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of
 Ernestine

6. DATE OF BIRTH (month, day, year) Sept 14/1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Frederick Gransee

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Johanna Parke

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Ernestine Gransee

(Address)

1611 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Jerusalem Church Cem 5/4/34

Place

Date

19

19. UNDERTAKER

(Address)

Leo G. Cook
1723 N. Patterson St. Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

508 E. North Ave

M. D.

Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 3 - 1934

F 01022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Morella Rd. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 5508 Morella Rd. St. 27-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Farrell

6. DATE OF BIRTH (month, day, year) 3-15-1863

7. AGE Years 71 Months 1 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Michael Farrell

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Catherine Koply

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. John J. Koply

(Address) 5508 Morella Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Burial Date 5/4/34

19. UNDERTAKER Leonard J. Koply

(Address) 5508 Morella Rd.

20. FILLED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-22-1934 to 5-2-1934

I last saw him alive on 5-2-1934 Death is said

to have occurred on the date stated above, at 230 P. M.

The principal cause of death and related causes of importance, in my judgment, are as follows:

Acute Bronchitis, capillary pneumonia, chronic bronchitis, bronchiectasis, myocarditis, general arteriosclerosis

Other contributory causes of importance:

old age, fracture neck of femur, healed

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

5-2-34 If so, specify no

(Signed) S. J. Koply

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01023 HEALTH DEPARTMENT—CITY OF BALTIMORE 1023

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4604 Mammouth St., 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 2 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4604 Mammouth St., 1st Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. Color or Race *w* 5. Single, Married, Widowed or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Anna Masilonis*6. DATE OF BIRTH (month, day, year) *Jan 23 - 1883*7. AGE Years *51* Months *3* Days *9* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Cutter (Cotton)*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *50*12. BIRTHPLACE (city or town) (State or country) *Lithuania*13. NAME *Theodore Masilonis*14. BIRTHPLACE (city or town) (State or country) *Lithuania*15. MAIDEN NAME *Wink*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Anna Masilonis* (Address) *4604 Mammouth St.*18. BURIAL, CREMATION, OR REMOVAL *Buried* Date *5-5-34*19. UNDERTAKER (Address) *305 7th St.*20. FILED *Huntington Williams, Jr.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 29, 1934* to *May 2, 1934*Last saw him alive on *May 2, 1934* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation and myocardial failure

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *19*Where did injury occur? *✓* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Clara J. J. J.* M. D.(Address) *4706 Harper Road*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01024

CERTIFICATE OF DEATH

F 01024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 Grindall St. St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Chester T. Barnes.

(a) Residence: No. 217 Grindall St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) September 10, 1888

7. AGE Years 45 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Marys Co. Md. (State or country)

13. NAME Neil Barnes.

14. BIRTHPLACE (city or town) St. Marys Co. Md. (State or country)

15. MAIDEN NAME Sally Gooding.

16. BIRTHPLACE (city or town) St. Marys Co. Md. (State or country)

17. INFORMANT Daniel Barnes. (brother.) (Address) 217 Grindall St.

18. BURIAL, CREMATION, OR REMOVAL

St Marys Hampdon Date 4/5/34

19. UNDERTAKER (Address) 115 E. West St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

Name of operation. None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signatures) Otto M. Heinrich M. D. 5/2/34 Address 1017 E. Charles St. Coroner

Registrar

MAY 3 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V/31

F 01025

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1212 Hanover* St. *23-41* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *1212 Hanover* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Dec 19, 1877*7. AGE Years *56* Months *4* Days *14* If LESS than 1 day, ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *6*12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Lutwick O'Byrne*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Bridget A. Burke*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Miss Margaret O'Byrne*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *5/5/1934*19. UNDERTAKER *John J. Colvins*(Address) *901 Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/2/1934*22. I HEREBY CERTIFY that I attended deceased from *February 16* to *May 2*I last saw him alive on *May 2* 1934 Death is said to have occurred on the date stated above, at *5:50* A.M.

The principal cause of death and related causes of importance were as follows:

*Uræmia (Chronic nephritis)*Other contributory causes of importance:
Atherosclerosis, Hypertension & Chronic nephritis

Name of operation _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *John A. Sheynich* M. D.(Address) *1337 S. Charles St.*

MAY 3 - 1934

F 01026

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 01026

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence No.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mark the word)

6a. If married, name of husband (or) wife of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

May

2

1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 2, 1934, to May 2, 1934

I last saw him alive on Apr. 28, 1934; death is said

to have occurred on the date stated above, at 10 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Senile arteriosclerosis
 cerebral with gradual
 failure of vital functions.
 myocardial deficiency
 with gradual heart failure

Other Contributory Causes of importance

Come for 3 or 4 days
 cerebral case, and
 but no conclusive evidence

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

MAY 3 - 1934

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9
F 01027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01027

CERTIFICATE OF DEATH 59✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Main Hospital 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2100 Baker St. St., Ward. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank6. DATE OF BIRTH (month, day, year) 18657. AGE Years 69 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) (State or country) Russia13. NAME Not Known14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wesleyan Cemetery Date 5/3/34 1919. UNDERTAKER Jack Lewis(Address) 1439 E. Baltimore St.20. FILED Wesleyan Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY, That I attended deceased from April 5, 1934 to May 2, 1934I last saw her alive on May 2, 1934 Death is said to have occurred on the date stated above, at 6:00 m.

The principal cause of death and related causes of importance were as follows:

Supreme pt. fail. - seg
secondary infection
toxic myocarditis

Date of onset

Dec 1933
Apr. 1934

Other contributory causes of importance:

Usages Mellitus
Arteriosclerosis?
?

Name of operation Date of

What test confirmed diagnosis? blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Van Meter M. D.(Address) Main Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 3 - 1934

F 01028

F 01028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 E. Fort Ave St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1106 E. Fort Ave St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Ray

6. DATE OF BIRTH (month, day, year) Oct 16 1857

7. AGE Years 76 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Marcellus Ray

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

15. MAIDEN NAME Henrietta Carol

16. BIRTHPLACE (city or town) Balto. Md. (State or country)

17. INFORMANT Milton Ray (Address) 1537 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 4, 1934

19. UNDERTAKER

(Address) 38 E. Fort Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24th, 1934, to May 1st, 1934.

I last saw him alive on May 1st, 1934. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Acute cardio-dilatation
Myocarditis

Other contributory causes of importance:

Name of operation Clinical Date of 40

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney H. Shultz M. D.

(Address) 420 E. Fort Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01029

F 01029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6721 Youngstown Ave. St. 46-111rd)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Maryanna Begier

(a) Residence: No. 6721 Youngstown Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 8 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Retard Midwife
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Onufry Mal

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Schultz

16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mrs. Mary Debinski (Daughter)
(Address) 6721 Youngstown Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Church Date May 4 1934

19. UNDERTAKER John M. Weber
(Address) 451 E. Chester St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/34 19

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934 to May 1, 1934

I last saw her alive on May 1, 1934 Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

Chronic Stomach
Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Andrew Sawczuk M. D.

5/2/34 (Address) 7079 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01030 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME John Heavelow(a) Residence: No. 1009 Peach Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced
HUSBAND of Rosa
(or) WIFE of6. DATE OF BIRTH (month, day, year) March 11/19057. AGE Years Months Days If LESS than
29 2 1 17 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME John Heavelow14. BIRTHPLACE (city or town) Md
(State or country)15. MAIDEN NAME Mary E. Hackett16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Essie Bias
(Address) 130 W. Winter St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Em. Date Apr 28/3419. UNDERTAKER Walter S. Pugh
(Address) 139 W. Hamlet St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28/34 1922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at P.M. m.The principal cause of death and related causes of
importance were as follows:Probably Myocardial Insufficiency
" Valvular InsufficiencyHistory of Rheumatism

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury....., 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. S. Pugh M. D.
(Address) 508 E. North Ave Coroner

APR 30 1934

F 01031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Joone St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME

Anna Ketch Palaka(a) Residence: No. 3522 Joone St., 26-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

6. DATE OF BIRTH (month, day, year)

March 22 1876

7. AGE

58

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)At Home11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Aust.

13. NAME

John Gieska14. BIRTHPLACE (city or town)
(State or country)Aust.

15. MAIDEN NAME

Anna16. BIRTHPLACE (city or town)
(State or country)Aust.

17. INFORMANT

Elizabeth Wise

(Address)

35-22 Joone St.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. IgnaceDate May 5 1934

19. UNDERTAKER

(Address)

Stephen J. Fralick, INC.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1934

22. I HEREBY CERTIFY. That I attended deceased from

1932 to May 1934I last saw her alive on May 1 1934 Death is said
to have occurred on the date stated above, at 6 40 a.m.The principal cause of death and related causes of
importance were as follows:Arteriosclerotic
cardiovascular disease

Date of onset

1 1/2 yrs.

Other contributory causes of importance:

Thrombotic venous return1 yr.Name of operation None

Date of

What test confirmed diagnosis Clinical Was there an autopsy No23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) John J. Fralick

M. D.

(Address) 2224 Eastern Ave

Information should be carefully supplied. Cause should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

AY 3-1934

01032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Goodale Road St. 27-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Margaret Evans

(a) Residence: No. 208 Goodale Road

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) widowed
5a. If married, widowed, or divorced HUSBAND of John G. Evans (or) WIFE of		

6. DATE OF BIRTH (month, day, year) June 22, 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	10	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	none
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reading, Pa.
(State or country)

13. NAME Amos B. Knabb

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Dr. John Evans
(Address) 208 Goodale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lock Haven, Pa. Date 5/5/34

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/34

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934, to May 1, 1934. I last saw him or alive on May 1, 1934. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Acute intestinal obstruction

Date of onset

April 30

Other contributory causes of importance:

Myocardial infarction

Name of operation Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Smith, M. D.

(Address) 3429 Chestnut Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y3-1934

F 01033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Provident Hospital 14-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *1936 Brent* St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *negro* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of *no record*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1882*7. AGE Years *52* Months *52* Days *52* If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Dr. C. C. S. Trapp*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *no record*16. BIRTHPLACE (city or town) *md* (State or country)17. INFORMANT *Melva Lawrence*18. BURIAL, CREMATION, OR REMOVAL *at home*19. UNDERTAKEN *Bernard A. Hensley*20. ADDRESS *88 Dring High St.*21. DATE OF DEATH *5/5/34*22. SIGNATURE *William H. S. S. M. D.*23. ADDRESS *Provident Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-2-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *4-23-34*, 19, to *5-2-34*, 19.I last saw him alive on *5-2-34*, 19. Death is said to have occurred on the date stated above, at *9⁵⁵ P. m.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Chronic Nephritis*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. S. S. M. D.*(Address) *Provident Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 3-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01034

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *771 W. Saratoga* St., *4-a* Ward)Length of residence in city or town where death occurred *35* yrs. *mon* da. How long in U. S. if of foreign birth? *35* yrs. *mon* da.

2. FULL NAME

(a) Residence: No. *771 W. Saratoga* St., *4-a* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Sarah Rower*
(or) WIFE of7. DATE OF BIRTH (month, day, year) *Nov. 1869*

8. AGE

*64**5*

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) *Orisfield Md*
(State or country)

FATHER

14. NAME *Samuel Rower*15. BIRTHPLACE (city or town) *Md*
(State or country)

MOTHER

16. MAIDEN NAME *Sarah J. Nelson*17. BIRTHPLACE (city or town) *Md*
(State or country)18. INFORMANT *Sarah Rower Wife*

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place

20. UNDERTAKER *Bernard Hensley*

(Address)

818 E. 1st St. Bm.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *April 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *December 1933* to *April 30, 1934*I last saw him alive on *April 30, 1934* Death is said to have occurred on the date stated above, at *6 P. M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum with metastases
*Myocarditis chronic*Date of onset
Oct. 1933
Feb. 1934

Other contributory causes of importance:

Name of operation *None*

Date of

What test confirmed diagnosis? *Exam* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If yes, specify

(Signed) *Samuel Mc Lennan* M. D.(Address) *108 East 33rd St. Baltimore*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate.

MAY 3 - 1934

F 01035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *13* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1604* *Gough Street* St., *2nd* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Oct 25 - 1914*7. AGE *14* Years *13* Months *6* Days *7* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School - Girl*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *John D. Lasser*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*15. MAIDEN NAME *Debra M. Croghan*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*17. INFORMANT *John D. Lasser*
(Address) *1604 Gough St*18. BURIAL, CREMATION, OR REMOVAL
Place *St Vincent's Cemetery* Date *May 9* 19*34*19. UNDERTAKER *Charles B. Grace & Son*
(Address) *118 N. W. 1st. Royal Ave.*20. REGISTRAR *John D. Lasser*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5 - 2* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4 - 3* 19*34* to *5 - 2* 19*34*I last saw her alive on *5 - 2* 19*34* Death is said to have occurred on the date stated above, at *5:15 P* m.

The principal cause of death and related causes of importance were as follows:

Pleurisy with effusion
Nov 9 13

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) *W. J. Moore*(Address) *Franklin Square, Md.*

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y3 - 1934

F 01036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward. MD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 2-17-107. AGE Years 21 Months 19 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Anty Burial Pl Date May 5, 193419. UNDERTAKER (Address) St. Howard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-193422. I HEREBY CERTIFY, That I attended deceased from 4-24-34 to 5-3-34I last saw him alive on 5-3-1934 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure, with pleural and peritoneal effusion

Date of onset

Other contributory causes of importance:

Pulmonary lobectomy 5 days ago for bronchiectasis.Name of operation Pulmonary lobectomy Date of 4-28-34What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3 - 1934

01037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2232 Penrose Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 5 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2232 Penrose Ave St., 20-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 30 - 18767. AGE Years 58 Months 3 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist helper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R10. Date deceased last worked at this occupation (month and year) 7 11. Total time (years) spent in this occupation 712. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME John F. Lehrer, Jr.14. BIRTHPLACE (city or town) Pa (State or country)15. MAIDEN NAME Ellen Ahern16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Mrs Laurence L. Lehrer (Address) 2232 Penrose Ave.18. BURIAL, CREMATION, OR REMOVAL London Park Date 5/5/34 1919. UNDERTAKER John Cowan & Son (Address) 901 Hollins St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on Inquiry, 19 19. Death is said to have occurred on the date stated above, at 29 m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Other contributory causes of importance:

ArteriosclerosisName of operation Inquiry Date of noWhat test confirmed diagnosis? Inquiry Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Joseph L. Vahlsing M. D. Coroner(Address) 16 South Broadway

MAY 3 - 1934

F

01038

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 01038

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital*

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *23* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *23* yrs. *0* mos. *0* ds.

2. FULL NAME

Thomas Connors(a) Residence: No. *1419 Eastern*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *? 1875-*7. AGE *? 5-8* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Thomas Connors*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Records*(Address) *Balt City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Secret Vault* Date *5/3*19. UNDERTAKER *J. J. Frady*(Address) *1318 East St.*20. FILER *Wm. Williams*(Address) *1318 East St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 1*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 8*, 19*34*, to *May 1*, 19*34*I last saw *him* alive on *May 1*, 19*34* Death is said to have occurred on the date stated above, at *350 A* m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, left hemisphere, right hypotension

Date of onset

3 hrs

Other contributory causes of importance:

own

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Phragell*

M. D.

(Address) *Balt City Hosp*

Y 3 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

01039

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospitals*)Length of residence in city or town where death occurred *30 yrs* -da. How long in U. S. If of foreign birth *30* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Balt. City Hospitals*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. *122-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1875*7. AGE Years *59* Months *-* Days *-* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *?*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *?*

17. INFORMANT

(Address) *Records 1 Hospital*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. James* Date *5/3*

19. UNDERTAKER

(Address) *J. J. Hahney & Son 1318 Leggett St*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *4-29* 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

4-29 34, 19*34*, to *4-29*, 19*34*I last saw him alive on *4-29* 19*34* Death is saidto have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Data at onset

3 days

Other contributory causes of importance:

Name of operation *Laparotomy & intestinal resection* Date of *4-29-34*What test confirmed diagnosis? *operation* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A10-1034

F 01040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

St. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Wilkins & Caton St. 11-01 Ward)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Richard Clark Mason Jr.

(a) Residence: No.

3020 Edmondson Ave. St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of

Alice Mason

6. DATE OF BIRTH (month, day, year)

Jan. 12/1894

7. AGE

Years

40

Months

4

Days

0

If LESS than

1 day... hrs.

or... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Unemployed (2 yrs)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Richard C. Mason Jr.

14. BIRTHPLACE (city or town) (State or country)

City

MOTHER

15. MAIDEN NAME

Alice Spicer

16. BIRTHPLACE (city or town) (State or country)

City

17. INFORMANT

Mrs. Alice Mason

(Address)

3020 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral

Date

5/5/1934

19. UNDERTAKER

(Address)

Fanning & Son

1938 E. Lexington Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1934, to May 1, 1934

I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 6⁴⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Hemorrhage

Cause unknown

Date of onset

4/1/34

Other contributory causes of importance:

Secondary anemia

Pulmonary edema (acute)

4/1/34

5/1/34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) John C. Dumbler M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y-3 1934

Frank Johnson HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01041

CERTIFICATE OF DEATH

F 01041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 0 mo. 0 ds. How long in U. S. If of foreign birth? 13 yrs. 0 mo. 0 ds.

2. FULL NAME

(a) Residence: No. #711 of St. Sparrows Rd. Ward. Regency 4a
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Josephine Johnson
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 38 Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)13. NAME Orwell Bell14. BIRTHPLACE (city or town) Day
(State or country)15. MAIDEN NAME Olta Johnson16. BIRTHPLACE (city or town) va
(State or country)17. INFORMANT Orwell Bell(Address) 711 J. S. Sparrows Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenbay May 4, 193419. UNDERTAKER Sam. W. Chase & Son(Address) 63 P. N. Gilman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-34, 1922. I HEREBY CERTIFY, That I attended deceased from 4-21-34, 19, to 5-3-34, 19.I last saw him alive on 5-3-34, 19. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Cardiac
Deauration
Arteriosclerosis

Other contributory causes of importance:

not determinedName of operation not determined Date ofWhat test confirmed diagnosis? not determined Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? not determined Date of injury not determined, 19.Where did injury occur? not determined (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury not determinedNature of injury not determined

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Paul Green

M. D.

(Address) President Hospital

3-1934

M. D. F 01042

F 01042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *West Baltimore General Hospital*Registered No. *46*CITY OF BALTIMORE: (No. *12-01*)St. *12-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 1/2* yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.2. FULL NAME *Mrs. Taylor George*(a) Residence: No. *301 E. Larrale*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of (or) WIFE *Horlen George*6. DATE OF BIRTH (month, day, year) *July 4-1858*7. AGE *75* Years *9* Months *28* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Patrolman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *State Highway Dept Indiana*10. Date deceased last worked at this occupation (month and year) *Sept 1930* 11. Total time (years) spent in this occupation *20 1/2*12. BIRTHPLACE (city or town) *Indiana* (State or country)13. NAME *Henry George*14. BIRTHPLACE (city or town) *Indiana* (State or country)15. MAIDEN NAME *Elizabeth Sherry*16. BIRTHPLACE (city or town) *Pennsylvania* (State or country)17. INFORMANT *Russell George* (Address) *301 E. Larrale St*18. BURIAL, CREMATION, OR REMOVAL Place *Liberty Indiana* Date *May 4 1934*19. UNDERTAKER *William Cook* (Address) *1217 St Paul*

MEDICAL CERTIFICATE OF DEATH

A. DATE OF DEATH (month, day, year) *May 3 1934*I HEREBY CERTIFY, That I attended deceased from *April 9 1934* to *May 3 1934*I last saw him alive on *May 3 1934* Death is said to have occurred on the date stated above, at *8:25 A* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Intestinal obstruction
Carcinoma of Sigmoid-
Rectal Junction
Chronic myocardial disease*

Other contributory causes of importance:

Name of operation *Colostomy* Date of *4/10/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify(Signed) *John H. Cozart M.D.* M. D.(Address) *W B 12*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934

Thurston Williams, M.D.
Registrar

M. F. 01043

F 01043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1946 Walbrook Ave. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1946 Walbrook Ave. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine L. Bauer

6. DATE OF BIRTH (month, day, year) April 26th 1869

7. AGE Years 65 Months 0 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 05
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 05
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Mauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas H. Bauer (Address) 3306 Kenrick Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 5th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 2nd 1934 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows: Coronary thrombosis Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Luck M. D. Coroner (Address)

MAY 4 - 1934

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

F 01044

F 01044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4503 Frederick Ave ST 25-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Harry Ekar

(a) RESIDENCE NO.

(Usual place of abode)

4503 Frederick Ave ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

white

married

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarah Ekar

6 DATE OF BIRTH (month, day, and year)

Feb 5 / 1868

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

66

2

28

29

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

glossiest

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Baltimore

PARENTS

10 NAME OF FATHER

Frederick A. Ekar

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Dout Knorr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

England

14

Informant

(Address)

Harry Ekar
4503 Frederick Ave

15

Filed

AY 4 - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 4 1934

17

I HEREBY CERTIFY, That I attended deceased from

Feb - 1933, to May - 3, 1934.

that I last saw him alive on May - 1, 1934.

and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
Regenerative.

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed)

J. Lloyd Johnson M. D.

, 19

(Address)

610 Frederick Road
Catonville

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Gordon Park

5/5 1934

20 UNDERTAKER

William Cook

ADDRESS

1217 1st Ave

M. D. B. F 01045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 E 35th St., 9-01 Ward)

Length of residence in city or town where death occurred life yrs. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 522 E 35th St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced Richard (or) WIFE of Edw. L. Treulieb6. DATE OF BIRTH (month, day, year) Nov 14 - 18857. AGE Years 48 Months 5 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Louis C Marshall14. BIRTHPLACE (city or town) Balto Md. (State or country)15. MAIDEN NAME Wiley Pairo16. BIRTHPLACE (city or town) Richmond Va. (State or country)17. INFORMANT Edw. L. Treulieb (Address) 522 E 35th St.18. BURIAL, CREMATION, OR REMOVAL Parkwood Place Date 5/5/34 1919. UNDERTAKER William Cook (Address) 1217 St. Paul St.20. FILER Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 193422. I HEREBY CERTIFY That I attended deceased from Jan 12 1933 to May 18 1934Last saw her alive on May 7 1934 Death is said to have occurred on the date stated above, at 1450 am

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 73 6

Other contributory causes of importance:

Epilepsy 18 yearName of operation None Date of 18When last confirmed diagnosis Calcular Excess as there no autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Wm. J. Gorman (Address) 1400 E 20th St

4 - 1934

M. D. B. **E 01046****F 01046**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Southern Home & Hospital 2-01* Ward)Length of residence in city or town where death occurred *5* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Greenmount 25th* St., *25th* Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If ~~widowed~~ widowed, or divorced *Widowed* (or) WIFE of *Mr. Frank Wilson*6. DATE OF BIRTH (month, day, year) *Oct 2nd 1853*7. AGE Years *80* Months *7* Days *0* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Invalid 45th*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) (State or country) *MD*13. NAME *Mr. Known*14. BIRTHPLACE (city or town) (State or country) *MD*15. MAIDEN NAME *Mr. Known*16. BIRTHPLACE (city or town) (State or country) *MD*17. INFORMANT *John W. Wilson* (Address) *522 N. Linwood Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *May 5th 1934*19. UNDERTAKER *Wm. Cook* (Address) *1217 St Paul St*20. FILER *4-1334*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 3, 1934* to *May 2, 1934*I last saw him alive on *May 2, 1934* Death is said to have occurred on the date stated above, at *10³⁰ P. M.*

The principal cause of death and related causes of importance were as follows:

Lead
Myocardial Insufficiency *after 20*Other contributory causes of importance:
Chronic articular, articular
degenerations, Chronic Dis. Kidneys
Respiratory *15 yr*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Alvin B. Leeman* M. D.(Address) *718 N. Patterson St*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-1334

01047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Wilkens Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Maria Gover

(a) Residence: No. 1922 Wilkens Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Late Augustus C. Gover (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1, 1861.

7. AGE 72 Years 8 Months 1 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Moses C. Gosnell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Roxanna Cavey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Leroy E. Applegarth (Address) 1922 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cmty. May 4, 1934

19. UNDERTAKER Harry H. Witzke (Address) 1101 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 12, to May 3, 1934

I last saw her alive on May 2, 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus
Diabetic gangrene

Date of onset

2 yrs

Other contributory causes of importance:

Acute anemia

2 days

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934

01048

HEALTH DEPARTMENT—CITY OF BALTIMORE

01048

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Warwick Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Jane Holland

(a) Residence: No. 1801 Warwick Ave. St. Ward. (If non-resident give city and town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Franklin Holland

6. DATE OF BIRTH (month, day, year) April 1, 1856.

7. AGE 78 Years 1 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Andrew Starke

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Horace B. Essex (Address) 1801 Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemty. Date May 4, 1934

19. UNDERTAKER (Address) 4101 Almondton Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 12, 1934 to May 1, 1934

I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Intermittent & chronic myocarditis

Date of onset

6 yrs.

Other contributory causes of importance:

Cerebral Apoplexy

7 days

Name of operation not any Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Isaac C. Dickerson M. D.

(Address) 3055 M. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 4 - 1934

F 01049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01049

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: *1626 N. Monroe ST.*

WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Single*

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) *5/2/34*

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) *Baltimore*10 NAME OF FATHER *Jos. J. Bracken*11 BIRTHPLACE OF FATHER (city or town) (State or country) *Ireland*12 MAIDEN NAME OF MOTHER *Katherine Sammons*13 BIRTHPLACE OF MOTHER (city or town) (State or country) *Ireland*

14

Informant

(Address) *1626 N. Monroe St.*

15

Filed

4-1934

0352

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *5/2/34*

17

I HEREBY CERTIFY, That I attended deceased from

that I last saw him alive on *5/2/34* to *5/2/34*and that death occurred, on the date stated above, at *1.00 PM* m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *C. H. Whelton*

M. D.

(Address) *1279 Millman St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01050

04050

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw her alive on

to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

FILED

MAY 4 - 1934

Howard N. Blight Jr.
1418 N. Gay St.
Baltimore, Md.

F 01052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01052

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ Hospital* St. *H-01* Ward)Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Lindbrook Balto. Co. Md.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Louise C. Baile* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 12 1875*7. AGE Years *58* Months *5* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Heating*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Engineer*10. Date deceased last worked at this occupation (month and year) *1932* 11. Total time (years) spent in this occupation *20*12. BIRTHPLACE (city or town) *Patapsco* (State or country) *Garroll Co. Md.*13. NAME *James Taylor*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Annie Halls*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Edmund B. Boyd* (Address) *Sudbrook Park*18. BURIAL, CREMATION, OR REMOVAL Place *Green Ridge* Date *May 4th 1934*19. UNDERTAKER *Kenneth H. Perkins (Mrs. C.)* (Address) *McCracken Orchard St.*20. FILED *4-183*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 2 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 28 1934* to *May 2 1934*I last saw him alive on *May 2 1934* Death is said to have occurred on the date stated above at *1:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Pneumonia Broncho pneumonia
Melanotic brain abscess

Date of onset

*5-1-34**2-15-34?*

Other contributory causes of importance:

Diabetic mellitus
Pyo nephrosis

?

Name of operation Date of

What test confirmed diagnosis *renal* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not, specify

(Signed) *John L. Sautter* M. D.(Address) *Univ. Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

01053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Church Home & Infirmary 121

Registered No.

CITY OF BALTIMORE: (No. 2940 E Fayette St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? 8 yrs. — mos. — ds.

2. FULL NAME

Mrs. Klemme, Angeste Auguste

(a) Residence: No.

2940 E. Fayette St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

George Klemme

6. DATE OF BIRTH (month, day, year)

May 12 1877

7. AGE

56

Years

11

Months

19

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Johanna Grote

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Christian Grote

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

William Klemme

(Address)

324 Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Lourdes Home 5/4/34

19. UNDERTAKER

(Address)

Louis Hammann & Co. 325 Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 25 1934, to May 2 1934

I last saw her alive on May 2 1934 Death is said to have occurred on the date stated above, at 2:55 A.M.

The principal cause of death and related causes of importance were as follows:

1. Appendiceal abscess
 2. Partial intestinal obstruction
 3. Pulmonary Embolus

Date of onset

4/24/34

4/20/34

5/2/34

Other contributory causes of importance:

Chronic Myocarditis

Name of operation

Drainage of abscess of 4/24/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Richard V. Hauser M. D.

(Address)

Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934

M. P. R. 01054

F 01054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N Castle St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 906 N Castle St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 21 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mares

6. DATE OF BIRTH (month, day, year) 1863

7. AGE 70 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Jacob Mares

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Frank Mares

(Address) 906 N Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Burial Date May 7, 1934

19. UNDERTAKER Martin W. E. Dippel

(Address) 320 N. ...

20. FILED

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934 to May 3, 1934

I last saw him alive on May 2, 1934 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Tubal Regulator Feb

Other contributory causes of importance:

Lung embolism 1 day

Name of operation Funderg Date of 10

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 20

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 706 N Castle St. M. D.

(Address) 4 31

HEALTH DEPARTMENT—CITY OF BALTIMORE 01055

01055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W. Hamburg St. Ward 23-01)Length of residence in city or town where death occurred 8 yrs. 8 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 212 W. Hamburg St., 23-01 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4 Color or Race <u>col</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Child</u>
--------------------	-------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan. 18, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>1</u>	<u>3</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Jennies White14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Annie Walker16. BIRTHPLACE (city or town) Balto. Md.
(State or country)17. INFORMANT Rachael Lines
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date May 4, 193419. UNDERTAKER Walter Spriggs
(Address) 1314 W. Sanborn St.Registered No. 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY That I attended deceased from Apr 30, 1934 to May 2, 1934I last saw her alive on May 2, 1934 death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

1. Bronchopneumonia
measlesDate of onset
Apr 30
Apr. 29

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) John W. James M. D.(Address) 615 S. Calver St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934
Registrar Walter Spriggs

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01056

CERTIFICATE OF DEATH

F 01056

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Sullivan (Thomas Sullivan Collins)(a) Residence: No. 1415 Eastern Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18847. AGE Years 50 Months 50 Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT (Address) City Hospital
Records

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date 5-4 193419. UNDERTAKER (Address) Trinity Haulon
641 H St. N.E.

MAY 4 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Infarction

Other contributory causes of importance:

Acute Alcoholism

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. H. Hergert M.D.

Coroner

M. D.

(Address) 1305 N. Patterson Park

01057 HEALTH DEPARTMENT—CITY OF BALTIMORE 01057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 McElderry St., 7-01 Ward)Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2207 McElderry St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) widower5a. If married, widowed, or divorced
HUSBAND of Julia
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18717. AGE Years 63 ? Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) _____
(State or country) Maryland13. NAME James S. Davis14. BIRTHPLACE (city or town) _____
(State or country) Unknown15. MAIDEN NAME Jane Ann Collins16. BIRTHPLACE (city or town) _____
(State or country) Va17. INFORMANT Harriett Barnes
(Address) 500 N. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date May 6, 193419. UNDERTAKER Edward Bryan
(Address) 6681 Orleans St20. FILED 4-1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
Anaemia etc

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis Reprints Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) John H. Barnes M. D.
(Address) 508 E. N. Mil Coroner

OCCUPATION is very important. See instructions on back of certificate.

01058 HEALTH DEPARTMENT—CITY OF BALTIMORE 01058

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (Not)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 24 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1402 W. Baltimore St. Ward. 19-01
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 122-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31-1910

7. AGE Years 23 Months 24 Days 9 If LESS than 1 day, 21 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Taster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Tel. Co.

10. Date deceased last worked at this occupation (month and year) 6 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Charles Campbell

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Gertrude Dakin

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Joseph H. Campbell (Address) 1402 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL 575 134 Place Oak Lawn Date 5/5

19. UNDERTAKER Robert D. Dicks (Address) Calhoun & Hollis St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Inquiry to 19 1934

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis Date of onset unknown

Other contributory causes of importance:

Intestinal Obstruction 2 days

Name of operation Laparotomy Date of May 2-1934

What test confirmed diagnosis Inquiry as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John H. Calverton M. D.

(Address) 16 South Broadway Coroner

AY 4 - 1934

M. B. 04059

F 01059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Kentucky Ave. St. 8-01 Ward) 14

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Bruning

(a) Residence: No. 2208 Kentucky Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Ida Bruning (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10 1869

7. AGE Years 64 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Va (State or country)

13. NAME Henry Bruning

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Sophia Sievers

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Ida Bruning (Address) 2208 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 5 1934

19. UNDERTAKER John Leerich (Address) 2008 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1926 to May 2 1934

I last saw him alive on May 1 1934 7.45 a m Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Adms Carcinoma of Stomach

Date of onset

1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-ray Autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm M. D.

(Address) 202. 2nd Ave

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 4 - 1934

F 01060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01060

CERTIFICATE OF DEATH

54-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Miss Millie Holmes(a) Residence: No. *1309 Park Ave.*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Single*6. DATE OF BIRTH (month, day, year) *3, 1882*7. AGE Years *52* Months *01* Days *00* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Art Weaver*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Clothing factory*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *England*13. NAME *Lake Holmes*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Susanna Hartley*16. BIRTHPLACE (city or town) (State or country) *England*17. INFORMANT *Thomas Wickman* (Address) *1408, 68th Ave Phil*18. BURIAL, CREMATION, OR REMOVAL Place *Philadelphia* Date *May 4, 1934*19. UNDERTAKER *John Wehrich* (Address) *8000 Balgon*20. FILED *AY 4-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3-20-34*, 19, to *5-3-34*, 19I last saw her alive on 19 Death is said to have occurred on the date stated above, at *1:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*Benign tumor of stomach
Oper. Resection and
post gastric enterostomy*

Date of onset

3-4-34

Other contributory cause of importance:

*Acute Card. Failure**5-3-34*Name of operation *Resection*Date *5-4-34*What test confirmed diagnosis? *Micro* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. C. Hanger* M. D.(Address) *St. Gen. Hospital*

OCCUPATION is very important. See instructions on back of certificate.

P 01063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01063

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 Carroll St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emma V. Duwall

(a) Residence: No.

1241 Carroll

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Duwall		
6. DATE OF BIRTH (month, day, year) Aug 11 - 1859		
7. AGE	Years 74	Months 8
	Days 22	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (city or town) (State or country)	Maryland
	13. NAME	Thomas E. Bolster
MOTHER	14. BIRTHPLACE (city or town) (State or country)	Maryland
	15. MAIDEN NAME	Elizabeth League
	16. BIRTHPLACE (city or town) (State or country)	Germany
	17. INFORMANT (Address)	C. M. Tickner North + Calve
	18. BURIAL, CREMATION, OR REMOVAL Place	Baltimore
	Date	May 4, 1934
	19. UNDERTAKER (Address)	Wm J. Tickner & Sons North + Calve

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	5/3 / 34
22. 4/30 - 34 to 5/3 / 34	HEREBY CERTIFY, That I attended deceased from
I last saw him alive on 5/2 / 34	19
to have occurred on the date stated above, at 9A m.	Death is said
The principal cause of death and related causes of importance were as follows:	
Cerebral Hem 4/30/34	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide?	Date of injury
Where did injury occur?	
(Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place	
Manner of injury	
Nature of injury	

24. Was disease or injury in any way related to occupation of deceased?
If no, specify
(Signed) Alfred D. M. D.
(Address) 107 North Calve

OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934

Registrar

F 01065

F 01065 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Bentalou St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. August Kries

(a) Residence: No. 1502 Bentalou St., 15-01 St., Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kries

6. DATE OF BIRTH (month, day, year) Aug 7-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
78	8	25	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Butcher 013
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME August Kries

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Albert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Kries (Address) 1302 Bentalou St

18. BURIAL, CREMATION, OR REMOVAL Place Landen Park Date May 5 1934

19. UNDERTAKER Josiah Syfer (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1933 to May, 1934

I last saw him alive on May 2, 1934 death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, Arterio-sclerosis

Date of onset

6 mos.

Other contributory causes of importance:

Uremia

2 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Bry McElroy, M. D.

(Address) 400 N. Payson St.

OCCUPATION is very important. See instructions on back of certificate.

AY 4 • 1934

01066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins & Caton St.

70-61 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John A. Grant

(a) Residence: No.

2363

Monastery Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Julia Grant

6. DATE OF BIRTH (month, day, year)

Nov. 5, 1870

7. AGE

63

Years

Months

5

Days

21

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Furniture Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Oid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Canada

FATHER

13. NAME

Peter Grant

14. BIRTHPLACE (city or town) (State or country)

Scotland

MOTHER

15. MAIDEN NAME

Margaret Bean

16. BIRTHPLACE (city or town) (State or country)

Scotland

17. INFORMANT

Julia P. Grant

(Address)

2363 Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Cathedral

Date

1934

19. UNDERTAKER

Friedrich A. Lohr

(Address)

1400 W. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1934 to May 3, 1934

I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia

Date of onset

5/1/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Charles S. Harahan

M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 4 - 1934

✓ F 01068

01068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 23, 1934, to May 4, 1934

I last saw him alive on May 4, 1934 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

mesenteric thrombosis

Date of onset

5/3/34

Other contributory causes of importance:

Carcinoma Stomach

3 mo.

Name of operation

Gastro-enterostomy

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel S. Hershman, M. D.

(Address)

4-1934

01069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *8-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Lifetime* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Mrs. Carrie Simpson Lloyd*(a) Residence: No. *2314 Kentucky Ave.* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of *Robert E. Lloyd*6. DATE OF BIRTH (month, day, year) *March 30 '1890*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
44 *1* *5* *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Folding box binding*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at 5*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Leonard Chaney*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Amelia Wico*16. BIRTHPLACE (city or town) *Baltimore* (State or country)17. INFORMANT *Robert E. Lloyd* (Address) *2314 Kentucky Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cem* Date *May 7, 1934*19. UNDERTAKER *Chas. P. Hanes & Son* (Address) *118 W. N. Royal Ave*

20. FILED

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/4* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

May 2 19*34*, to *May 4* 19*34*I last saw her alive on *May 4* 19*34*. Death is said to have occurred on the date stated above, at *1* A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Changemane Appendicitis

Date of onset

*5/1/34**5/1/34*

Other contributory causes of importance:

Name of operation *Appendectomy* Date of *5/4/34*What test confirmed diagnosis? Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. M. Hannon* M. D.(Address) *Mary Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: *University Hospital St. 18-01* Ward

Registered No. *7*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas J. Bellamy (Jr.)
(a) Residence: No *857 W. Fayette* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 26-1933*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*

FATHER

13. NAME *Thomas J. Bellamy*

14. BIRTHPLACE (city or town) (State or country) *S. C.*

MOTHER

15. MAIDEN NAME *Bessie Brown*

16. BIRTHPLACE (city or town) (State or country) *Ga.*

17. INFORMANT *Thomas J. Bellamy*

(Address) *857 W. Fayette St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Olivet* Date *May 5, 1934*

19. UNDERTAKER *Mrs. John W. Duffel, Son*

(Address) *857 W. Fayette St.*

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 3-1934*

22. I HEREBY CERTIFY. That I attended deceased from

, 19, to, 19

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-pneumonia

Other contributory causes of importance:

Measles

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Eugene J. Kelly* M. D.

(Address) *2739 Eastern Ave*

F 01071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 4th St., 25th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3625 4th St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Laura V Bennett (or) WIFE of		
6. DATE OF BIRTH (month, day, year) May 18 1850		
7. AGE 83	Years 11	Months 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation 050

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Jane Bennett

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Ann E. Lires

16. BIRTHPLACE (city or town) Md
(State or country)17. INFORMANT Mrs Laura V Bennett
(Address) 3625 4th Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 5 1934

19. UNDERTAKER John J. Denny
(Address) 245 Light St

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1934

22. I HEREBY CERTIFY, That, attended deceased from May 18 1934 to May 2 1934

I last saw him alive on 5/1/34 8:30 a.m. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1932

Other contributory causes of importance:

Sudden Death of Heart

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? A Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. F. M. D.

(Address) 1240 S. Charles

4-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01072

* 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2697 Euclid ave St. Cleveland Ohio Ward. Cleveland Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel6. DATE OF BIRTH (month, day, year) 11/11/927. AGE Years 41 Months 5 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio13. NAME Jacob Lewman14. BIRTHPLACE (city or town) (State or country) Ohio15. MAIDEN NAME Carey Black16. BIRTHPLACE (city or town) (State or country) Ohio17. INFORMANT Records
(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Pl. Cleveland Ohio Date May 5 193419. UNDERTAKER John O. Mitchell & Sons
(Address) 1401 Antietam Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 193422. I HEREBY CERTIFY, That I attended deceased from May 2 1934 to May 4 1934I last saw her alive on May 4 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Pituitary Tumor
Malignant

Date of onset

1920

Other contributory causes of importance:

Name of operation, Pt. Craniotomy Date of 5-3-34What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Rucker M. D.(Address) The Johns Hopkins

5-1934

F 01073

HEALTH DEPARTMENT—CITY OF BALTIMORE

01073

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herbert H. Coalbaugh

(a) Residence: No.

24 New County Rd

St., Aberdeen Md

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise E. Coalbaugh

6. DATE OF BIRTH (month, day, year) Feb 8 1879

7. AGE Years 57 Months 2 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Gravel

10. Date deceased last worked at this occupation (month and year) N. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stroudsburg (State or country) Pa

13. NAME Coalbaugh

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT Louise E. Coalbaugh (Address) Aberdeen Md

18. BIERIAL, CREMATION, OR REMOVAL

Place Stroudsburg Date May 5, 1934

19. UNDERTAKER W. J. Tachy, Jr. (Address) New York

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1934, to 5-4-1934

I last saw him alive on 5-4-1934 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Aneurism of abdominal aorta

Date of onset 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis: C/NCA Was there an autopsy: YES

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) M. D. (Address)

Y-5-1234

01074

HEALTH DEPARTMENT—CITY OF BALTIMORE

01074

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 7 yrs. 0 mos. 0 da.

2. FULL NAME

Helen Sorrentino1215 E. Preston

(a) Residence: No. _____

(Usual place of abode)

St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Pasquale Sorrentino (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Feb 2/1913

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.2131

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Loft Candy Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Brokenburg, Va.

FATHER

13. NAME

Wade Knighton

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Sophia Brooks

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

Charles Sorrentino
1107 E. Preston St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 5th 1934

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St
Washington, D.C.

5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/34, 1934

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____

6.40 A.M.

Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia2-5 Days

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? clinical here an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) _____

(Address) _____

M. D.

01075

HEALTH DEPARTMENT—CITY OF BALTIMORE

01075

CERTIFICATE OF DEATH

107-0013

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 W. Lexington St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1511 W. Lexington St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 14/18

7. AGE Years 20 Months 7 Days 79 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. NAME

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934, to May 3, 1934.

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

3/29/34

Other contributory causes of importance:

Acute cardiac dilatation

1 day

Name of operation none Date of

What test confirmed diagnosis? (autopsy) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller M. D.

(Address)

2030 Wilkes Ave

MAY 5 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01076

CERTIFICATE OF DEATH.

REGISTERED NO.

F 01076

1-PLACE OF DEATH

City of BALTIMORE; (No. 1712 Division St. 14-01 Ward)

2-FULL NAME

Robert Gibson

(a) RESIDENCE NO. 1712 Division St. 14-01 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U. S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Male Col

Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

June 16-1919

7 AGE

Years

Months

Days

IF LESS than 1 day.....hrs. or.....min.

14

15

10

18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Balti City Md

10 NAME OF FATHER

Howard Gibson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md

12 MAIDEN NAME OF MOTHER

Missouri Gibson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md Va

14

Informant

(Address)

Missouri Gibson
1712 Division St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1933

17

I HEREBY CERTIFY, That I took charge of the

remains described above, had an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained

(Inquest, au-

find that said deceased came to death

topsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Since Mar 17th
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Epilepsy
(duration) yrs. mos. ds.

(Signed)

Wm. H. Smith M. D.
Coroner

Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Mt Auburn Cem

May 4 1934

20 UNDERTAKER

David Carter

ADDRESS

916 E

very important. See instructions on back of certificate.

MAY 5 - 1934

Huntington Holmes
Registrar

✓ F 01077

01077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City 1604-01* St. *17* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred *0* yrs. *0* mos. *0* da.How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *9245* St. *17* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 1888*7. AGE Years *46* Months *4* Days *0* If LESS than 1 day, *0* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Va.* (State or country)13. NAME *William Johnson*14. BIRTHPLACE (city or town) *Va.* (State or country)15. MAIDEN NAME *Francis Williams*16. BIRTHPLACE (city or town) *Va.* (State or country)17. INFORMANT *Wm. Reed* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *at Calvary*Date *5/1/34* 1919. UNDERTAKER *Isaac & Brown & Son* (Address) *1000 Montross St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/1* 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *4/9* 19 *34* to *5/1* 19 *34*I last saw him alive on *5/1* 19 *34* Death is said to have occurred on the date stated above, at *7:45 am*

The principal cause of death and related causes of importance were as follows:

*without structure with acute coronary sclerosis*Date of onset *?*

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury *19*

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

J. P. Bayman
Bolton City, Md.

OCCUPATION is very important. See instructions on back of certificate.

5 - 1934

01078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 E. Henrietta St. St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME John Thomas. (C)(a) Residence: No. 237 W. Henrietta St. St. — Ward. —

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>
-----------------------	------------------------------------	---

5a. If ~~widowed~~, ~~divorced~~, ~~single~~, ~~married~~
~~husband~~ of Mary Thomas. (C)
~~widow~~ of

6. DATE OF BIRTH (month, day, year) May 10, 1856

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	<u>77</u>	<u>11</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.13. NAME Do not know.14. BIRTHPLACE (city or town) (State or country) Do not know.15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) (State or country) Do not know.17. INFORMANT Dorothy Toadwin. (C)
(Address) 1031 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Not calling Date 7/5/3419. UNDERTAKER
(Address) Isaiah Brown & Son
108 W. Montgomery St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934, 1922. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—I last saw h. — alive on —, 19—. Death is said to have occurred on the date stated above 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of —What test confirmed diagnosis Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —(Signature) Otto K. Reinhard M. D.
5/4/34 (Address) 1017 S. Charles St. Coroner

5-1834

04079

HEALTH DEPARTMENT—CITY OF BALTIMORE 079

CERTIFICATE OF DEATH

1. PLACE OF DEATH **ST. JOSEPH'S HOSPITAL**

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No. 911 South Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
-------------------------	------------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
 (or) **WIFE** of

6. DATE OF BIRTH (month, day, year) 11/11/1941

7. AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
62				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town
(State or country))

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKEN
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1984

22. I HEREBY CERTIFY, That I attended deceased from
April 22, 1934, to May 3, 1934

I last saw her alive on May 3 1934. Death is said to have occurred on the date stated above, at 10⁵⁵ A.M.

The principal cause of death and related causes of importance were as follows:

1. Anterior glenoid
2. Hyaline cartilage
3. Ligamentum nuchae & acromioclavicular joint and

Other contributory causes of importance: decomposition

4. Chronic nephritis

Name of operation..... ✓ Date of ✓

What test confirmed diagnosis: autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:

Where did injury occur?..... (Indicate county and State)

Specify whether injury occurred in industry, in home, or in public place.

place

Manner of injury.....

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so _____

(Signed) W. W. Campbell M. D.

(Address)

VACCINATION is very important. See instructions on back of certificate.

V B 3

✓ F 01080

F 01080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No

833 N. Wolfe

ST.

WARD)

2-FULL NAME

Percy Neal also known as Percy O'Neil.

(a) RESIDENCE NO.

833 N. Wolfe

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 yr.

mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

col

5 Single, Married, Widowed,
or Divorced, (write the word)

married

6a If married, widowed, or divorced,
give name of
HUSBAND or WIFE
also known as Anna
Neal O'Neil

6 DATE OF BIRTH (month, day, and year)

2/4/04

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

30

2

27

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

laborer-040

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

U.S. Ordnance Dept.

9 BIRTHPLACE (city or town)
(State or country)

Baltu.

10 NAME OF FATHER

Yarcek Neal

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant
(Address)also known as Anna O'Neil,
Anna Neal

833 N. Wolfe

15

Huntington Williams, Md.
Registrar

REGISTERED NO.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

5-3-34

17

I HEREBY CERTIFY, That I attended deceased from

4/25, 19 34, to 5/3, 19 34

that I last saw him alive on

5/2

19 34

and that death occurred, on the date stated above, at 5:05 a.m.

The CAUSE OF DEATH* was as follows:

Pneumo-pneumonia

(duration)

yrs.

mos.

7 ds.

CONTRIBUTORY ...
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

J. Payne Brown

M. D.

19

(Address)

1500 E. 11th Avenue

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

MOVING

20 UNDERTAKER

Mrs R. A. Elliott

May 3, 19 34

ADDRESS

H. Carver

5-1934

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01081

01081

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 2nd Meekul St. 14-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred yes mos. _____ ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 100 2nd Meekul St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4 Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Davis6. DATE OF BIRTH (month, day, year) July 12, 18827. AGE Years 51 Months 9 Days 20 If LESS than
1 day, hrs. _____
or min. _____8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Ladys
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Lamary
10. Date deceased last worked at
this occupation (month and
year) Feb 19 34 11. Total time (years,
spent in this
occupation Life12. BIRTHPLACE (city or town)
(State or country) Sherwood Va13. NAME Pleasant Jones14. BIRTHPLACE (city or town)
(State or country) Va15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT Don Rhoda Epps Lewis
(Address) 100 2nd Meekul St18. BURIAL, CREMATION, OR REMOVAL
Place 7th Calvary Cem Date May 5th, 193419. UNDERTAKER Wm. R. P. & A. Elliott
(Address) 1129 N. Caroline St20. REGISTRAR Triniton Williams
(Address) 1129 N. Caroline St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd, 193422. I HEREBY CERTIFY, That I attended deceased from
Apr. 9th, 1934 to May 2nd, 1934I last saw her alive on May 2nd, 1934 death is said
to have occurred on the date stated above, at 10:30 P.M.The principal cause of death and related causes of
importance were as follows:Cardio-renal Disease Date of onset ?

Other contributory causes of importance:

Cubac Gastritis 4/9/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? no If so, specify _____(Signed) Wm. R. P. & A. Elliott M.D.(Address) 1129 N. Caroline St

01082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Riggs Ave. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1821 Riggs Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of John A. Stallings

6. DATE OF BIRTH (month, day, year) May 25, 1872

7. AGE Years 61 Months 11 Days 9 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME P. Parleton

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mr. John A. Stallings (Address) 1821 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 27, 1934

19. UNDERTAKER Wm. V. K. Sons (Address) 2029 E. Ave.

20. FILED 1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1926 to May 4, 1934

I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
myocarditis

Date of onset 3/4/34 1926

Other contributory causes of importance:

Chronic Interstitial Nephritis 1926
Hypertension 1926

Name of operation none Date of

What test confirmed diagnosis? physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Bartus T. Baggett M. D.

(Address) 2229 Eutaw Pl.

F 01083

01083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 736 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year)
Apr 5 - 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			<u>29</u>	<u>30</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)
Baltimore Md

13. NAME

Earl Holland14. BIRTHPLACE (city or town)
(State or country)
Baltimore Md

15. MAIDEN NAME

Catherine Rollins16. BIRTHPLACE (city or town)
(State or country)
Baltimore Md

17. INFORMANT

(Address)
Mr Earl Holland
736 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place
Mr FrenchDate May 5, 1934

19. UNDERTAKER

(Address)
Mr J. J. Jones
1200 W. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-193422. I HEREBY CERTIFY, That I attended deceased from 4-26-1934 to 5-4-1934I last saw her alive on 5-4-1934 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

Medication

Date of onset

Other contributory causes of importance:

Septicemia
not present

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas Taylor
University Hospital

M. D.

FILED 1934

Frederick Hollinsworth

OCCUPATION IS VERY IMPORTANT See instructions on back of certificate.

01084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 E. Twentieth St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Mary E. Parsons

(a) Residence: No. 326 E. Twentieth
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) widow
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of James Parsons
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1846

7. AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ... min.
87		6	15	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country) Baltimore County
Maryland

13. NAME **Jacob Weaver**

14. BIRTHPLACE (city or town)
(State or country) Yema.

15. MAIDEN NAME Sallie

16. BIRTHPLACE (city or town)
(State or country) Porta

17. INFORMANT Mrs Emma Chilcoat
(Address) 326 E. Twentieth St.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cem. Date. May 5, 1934

19. UNDERTAKER *E. Leroy Stupler, Jr.*
(Address) *125 E. North Ave.*

29. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 1931 to May 3, 1934

I last saw her alive on May 2, 1934. Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

importance were as follows:

Carcinoma	of	Uterus
"	"	Stomach
"	"	Liver

Date of onset

Other contributory causes of importance:

Name of operation None Date of 30

Name of operator _____

What test confirmed diagnosis? X-ray Was there an autopsy? 20

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury _____

Was an injury in any way related to occupation of deceased? _____

24. Was disease or injury in any way related to occupation of deceased?
 No If so, specify 12 ft. 12 ft.

(Signed) *W. C. Esmead* M. D.
(Address) *2150 University Ave*

May 5 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01085

CERTIFICATE OF DEATH

82-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1037

(Usual place of abode)

St., _____

Ward. _____

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of William Martin (or WIFE of)6. DATE OF BIRTH (month, day, year) Jan 23 18807. AGE Years 54 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.13. NAME Joseph Richard Kohrway14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Josephine Stewart16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Mrs Manner Moyer(Address) 545 N. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Order Hill Date 5/7 3419. UNDERTAKER Bernard G. Gorman(Address) 1000 S. Paca St.

20. FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/34, 1922. I HEREBY CERTIFY, That I attended deceased from 4/27/34, 19, to 5/4/34, 19.I last saw him alive on 5/4/34, 19. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis, generalized Cerebral thrombosis

Date of onset

5/1/34

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Ident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. L. Currie

M. D.

(Address) So. Balto. Gen. Hosp.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MAY 5 - 1934

Nicholas M. Raster ✓
 HEALTH DEPARTMENT—CITY OF BALTIMORE

01086

CERTIFICATE OF DEATH

F 01086

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *23 17 Shannon Drive* *26-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* mos. *25* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *23 17 Shannon Drive* St., *26-01* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
 HUSBAND of *Lillian Raster*
 (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 15 1883*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>50</i>	<i>33</i>	<i>4</i>	<i>10</i>	<i>18</i>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Hungary*
 (State or country)13. NAME *Nicholas Raster*14. BIRTHPLACE (city or town) *Hungary*
 (State or country)15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *Hungary*
 (State or country)17. INFORMANT *Lillian Raster*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Calvary*Date *May 6 1934*19. UNDERTAKER *Filly & Zeller*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 3 1934*22. I HEREBY CERTIFY. That I attended deceased from *June 1933* to *May 3 1934*I last saw him alive on *May 3 1934* Death in said to have occurred on the date stated above, at *7:30* a. m.

The principal cause of death and related causes of importance were as follows:

Subacute Myocarditis *7.*

Date of onset

Other contributory causes of importance:

Name of operation *Clinical*Date of *to*What test confirmed diagnosis *Clinical* Was there an autopsy? *to*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *?* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm A. Thompson* D.(Address) *1901 Super St*

MAY 5 - 1934

M. D. 1268-0
1087

284865 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01087

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-01 Ward) 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 3 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Vernon Roberts

(a) Residence: No.

1038 N. Eulaw St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of Child
(or) WIFE of6. DATE OF BIRTH (month, day, year) 9-17-297. AGE Years 4 Months 5 Days 7 If LESS than 1 day, hrs. 15 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Henry Roberts14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Dorothy Stewart16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place mt Calvary Date 5/5/3419. UNDERTAKER Chas H. Corby(Address) 514 N. Calhoun St.

MAY 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 28, 1934, to May 2, 1934.I last saw him alive on May 2, 1934 Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

Tb meningitisDate of onset
midday
and

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Arthur I. Ford

M. D.

(Address)

Johns Hopkins Hospital

F 01088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01088

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2849 W. Lafayette ST. 16-01 WARD)

2. FULL NAME

Lloyd Custers Wallace

(a) RESIDENCE NO.

2849 W. Lafayette ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

Married

6 DATE OF BIRTH (month, day, and year)

April 12, 1884

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

50024

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Hardwood finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None

9 BIRTHPLACE (city or town) (State or country)

Accomac County, Virginia

10 NAME OF FATHER

John Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

Susan Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

Mrs. Mary J. Wallace
2849 W. Lafayette St.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1934

17

I HEREBY CERTIFY, That I attended deceased from Feb., 1934, to May 4, 1934.that I last saw him alive on May 3, 1934.and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Squamous cell cancer of nasopharynx(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) None yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of April 12, 1934Was there an autopsy? yesWhat test confirmed diagnosis? Biopsy(Signed) E. Eugene Conroy, Jr. M. D., 19 (Address) 2349 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

New Catholic CemeteryMay 9, 1934

20 UNDERTAKER

James W. Conkle 524 E. Eager St.

MAY 5 - 1934

01089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp St. 2-01* Ward)Registered No. *46*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Albert W. Thomson

(a) Residence: No.

326 E 25th

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
-----------------------	----------------------------------	---

6a. If married, widowed or divorced

HUSBAND of
(or) WIFE of*Leonora Thomson*

6. DATE OF BIRTH (month, day, year)

Nov. 11, 1863

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*70**5**23*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

FATHER

13. NAME

*James S. Thomson*14. BIRTHPLACE (city or town)
(State or country)*New York City*

MOTHER

15. MAIDEN NAME

*Maria C. Working*16. BIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

17. INFORMANT

Leonora Thomson(Address) *326 E. 25th St*

18. BURIAL, CREMATION, OR REMOVAL

Western Cemetery Date *May 7* 19*34*

19. UNDERTAKER

Chas. S. Black(Address) *742 W. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-4-34* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

3-1-34 19 to *5-4-34* 19I last saw him alive on *5-3-34* 19 Death is said to have occurred on the date stated above, at *6¹⁵ A. m.*

The principal cause of death and related causes of importance were as follows:

Sarcoma, ilium.

Date of onset

:

Other contributory causes of importance:

Name of operation *Biopsy of ilium*Date of *Mar. 5th*

What test confirmed diagnosis

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hospital

5-1934

Attest: William H. R. R. H.

01090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Richardson St. 24-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1329 Richardson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word)
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country)

FATHER	13. NAME Joseph Cassell
	14. BIRTHPLACE (city or town) (State or country) Castlewood Va

MOTHER	15. MAIDEN NAME Mary Kaczmarczyk
	16. BIRTHPLACE (city or town) (State or country) Brest Ind

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date May 5, 1934

19. UNDERTAKER (Address)

15-1034-366

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934 to May 5, 1934

I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Atelectasis

Date of onset

Other contributory causes of importance:

Prematurity

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Weinstock M. D.

(Address) 1730 E. Fayette St.

F 01091

01091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Madison Av. ST., 14-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Helena M. Carberry

(a) RESIDENCE NO.

1507 Madison Av. ST., 14-01 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth? 15 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

F

4 COLOR OR RACE

C

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofClarence Carberry

6 DATE OF BIRTH (month, day, and year)

April 14-1892

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.4215-0

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

St. Mary's Co. Md.

10 NAME OF FATHER

Sam Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country)

St. Mary's Co. Md.

12 MAIDEN NAME OF MOTHER

Sarah Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

St. Mary's Co. Md.

14

Informant

(Address)

Clarence Carberry
1507 Madison Av.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 4, 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 1, 1934, to May 4, 1934that I last saw her alive on May 4, 1934and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of noWas there an autopsy? noWhat test confirmed diagnosis? AS McCard M. D.Signed) 5/5, 1934 Address) 2079 Dumbell Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

New Cathedral Cemetery5-7-1934

20 UNDERTAKER

ADDRESS

Myra G. H. Holland 681 Dumbell Dr

5-1934

F 01092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2551 W. Fairmount Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mon. ds.

2. FULL NAME

George F. Ferguson

(a) Residence: No. 2551 W. Fairmount Ave. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Emma Ferguson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 19, 1852

7. AGE Years 82 Months 2 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME John Ferguson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Emma Ferguson (Address) 2551 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery May 5 1934

19. UNDERTAKER Joseph H. Hook 1003 W. Baltimore St.

20. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1934

22. I HEREBY CERTIFY That I attended deceased from Apr 30, 1934 to May 1, 1934

I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 11.35P.

The principal cause of death and related causes of importance were as follows:

edema of Lungs Date of onset 3 days

Other contributory causes of importance:

Generalized Arterio Sclerosis Chronic Myocarditis - Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. L. Lichtenberg M. D. (Address) 2224 Madison Ave.

5-1934

F 01093

01093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Agnes Hospital 26-01* Ward) *Wesport & Caton Ave.*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *William Gale Kinsley* (William Gale Kinsley)(a) Residence: No. *359 Fonthill Ave. S.* Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *September 18, 1918*7. AGE *15* Years *5* Months *7* Days *16* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Boy*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Samuel Gale Kinsley*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Clara Bannan*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Mr. Samuel Gale Kinsley* (Address) *359 Fonthill Ave.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Olivet Cemetery* *May 7th* 19. *3*19. UNDERTAKER *Joseph D. Cook* (Address) *1003 W. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-4* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *April 29th* 19*34* to *May 4* 19*34*I last saw him alive on *May 4* 19*34* Death is said to have occurred on the date stated above, at *3:10 A.m.*

The principal cause of death and related causes of importance were as follows

Lobar Pneumonia *5/3/34*
Empyema

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel S. Sharsham* M. D.(Address) *St. Agnes Hospital*

-1934

Registrar.

01094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins Ave.)St. 15-01 WardRegistered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Mrs. Anna M. Dwyer

(a) Residence: No. 3800 Clifton Ave

(Usual place of abode)

St., 15-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Thomas J. Dwyer

6. DATE OF BIRTH (month, day, year)

Aug. 15, 1906

7. AGE

Years 27

Months 8

Days 20

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sauce kitch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa. Albert Meyer

FATHER

13. NAME

Mrs. Anna Dwyer

14. BIRTHPLACE (city or town) (State or country)

Pa.

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Pa.

17. INFORMANT

Thomas J. Dwyer

(Address)

3800 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Union, Pa. Date Aug 6, 1934

19. UNDERTAKER

(Address)

Harry H. Mitchell

4161 E. Howard Ave

Huntington Village, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1934

22. I HEREBY CERTIFY, That I attended deceased from

4-27-1934 to 5-5-1934I last saw him alive on 5-5-1934 Death is saidto have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Peritonitis
(Cause Unknown)

Date of report

4/30/34

Other contributory causes of importance:

Name of operation

Rt salpingo-oophorectomy

Date of 4/28/34What test confirmed diagnosis: Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John C. Dwyer M. D.

(Address)

St. Agnes Hospital

5-1934

F 01095

F 01095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4006 Philadelphia Ave. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca Rosenberger

(a) Residence: No. 4006 Philadelphia Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of John W. Rosenberger (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1861

7. AGE Years 72 Months 9 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Anton Eberlein

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Henrietta Held

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Anita Boenning (Address) 4006 Philadelphia Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date May 7, 1934

19. UNDERTAKER (Address) 2015 North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 4, 1934, to May 4, 1934.

I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

General arteriosclerosis
Arterial Hypertension
Chronic interstitial nephritis
Fibromyoma of uterus

Date of onset

20
20

Other contributory causes of importance:

Uremia and
Cardiac Disturbance18
18

Name of operation Date of

What test confirmed diagnosis? Physical examination: no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Rosenberger M. D.

(Address) 2015 North Ave.

MAY 8 1934

M. D. B. 68-5 F 01096

F 01096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 N. Westford St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1611 N. Westford St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes E. Cromwell		
6. DATE OF BIRTH (month, day, year) May 19 - 1866		
7. AGE 67	Years 11	Months 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sail Making		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George W. Cromwell

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Agnes E. Cromwell (Address) 1611 N. Westford St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Date May 2, 1934

19. UNDERTAKER John Uphoff (Address) 2005 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1934, to May 4, 1934.

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? none

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. L. Fittman M. D.

(Address) 1304 S. E. 10th St.

AY 6 - 1934

F 01097

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01097

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 53 Dundalk Ave. m Dundalk, Md. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Musette (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17/1894

7. AGE Years 39 Months 4 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turn foreman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin mill 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) Ohio (State or country)

13. NAME Uriah Elliott

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Maty Watkins

16. BIRTHPLACE (city or town) Wales (State or country)

17. INFORMANT H. B. Bartley (Address) 9 Lee Way Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chester, W. Va. Date May 7, 1934

19. UNDERTAKER John W. W. (Address) 2008 E. Pratt St.

20. FILED 3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of Superior Mesenteric Veins & Tributaries Gangrene of small intestine

Date of onset

Other contributory causes of importance: Toxemia

Name of operation Date of yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. W. M. D. (Address) 508 E. Pratt St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp. 12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frederick Sleitzer(a) Residence: No. *4378. Lanvale* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Ella Sleitzer* (or) WIFE of6. DATE OF BIRTH (month, day, year) *2, 1868*7. AGE *66* Years *65* Months *?* Days *?* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*
10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *-*12. BIRTHPLACE (city or town) (State or country) *Penna.*13. NAME *Fred. Sleitzer Sr.*
14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *?*
16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *William Sleitzer (son)*
(Address) *4127 St. Thomas Ave.*18. BURIAL, CREMATION, OR REMOVAL *W. E. Pa 38*
(Address) *W. E. Pa 38* Date *5/5/34*19. UNDERTAKER *William G. Gough*
(Address) *1217 St. Thomas Ave.*20. *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/5*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *4/10/34* to *5/5*, 19*34*I last saw him alive on *5/5*, 19*34* Death is said to have occurred on the date stated above, at *2:30 pm*

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Syphilis, C.A.S.
Paraplegia, left, syphilis

Date of onset

*5/13/34**4/10/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert A. Rente* M. D.(Address) *Balto City Hosp*

M. D. F 01099

F 01099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME. Instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St. 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Jennie Burkina

(a) Residence: No.

2632 Hampden St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced

HUSBAND of Tobias Burkina

6. DATE OF BIRTH (month, day, year) Jan 14th 1872

7. AGE Years 62 Months 3 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford, Co. (State or country)

13. NAME Andrew Burkina 14. BIRTHPLACE (city or town) Hartford Co. (State or country)

15. MAIDEN NAME Rebecca Hays 16. BIRTHPLACE (city or town) Hartford Co. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place State Ridge Park May 8th 1934

19. UNDERTAKER Wm. Cook 1217 St. Paul St.

20. FILL IN HUNTINGTON WILLIAMS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/19/34, 19 to 5/5/34, 19

I last saw h. c. alive on 5/5/34, 19 Death is said to have occurred on the date stated above, at 4³⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia

Date of onset

8 days

Other contributory causes of importance:

Carcinoma of rt. breast metastasis to brain.

2 yrs?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Raymond F. Keefrich, M. D. Mercy Hospital (Address)

M. D. 1934
F 91100

F 91100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Hamilton Place Ward 11-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 821 Hamilton Place Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary T. Houseman
WIFE of _____6. DATE OF BIRTH (month, day, year) Oct 21st 18757. AGE Years 58 Months 6 Days 13 If LESS than 1 day, _____ hra. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Plumber9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 05410. Date deceased last worked at this occupation (month and year) May 1934 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) New York (State or country) N. Y.13. NAME James Houseman14. BIRTHPLACE (city or town) New York (State or country) N. Y.15. MAIDEN NAME Sarah Clark16. BIRTHPLACE (city or town) Mass (State or country)17. INFORMANT Mrs Edna H. Kennedy (Daughter)(Address) 3015 Shannon Drive

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 7th 193419. UNDERTAKER Wm. Cook(Address) 1217 St Paul StAY 6-1934 Edna H. Kennedy, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 193422. I HEREBY CERTIFY, That I attended deceased from April 30 1934, to May 4 1934.I last saw him alive on May 4 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

4/30/34

Other contributory causes of importance:

Arterio Sclerosis4/1/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Wm. Cook M. D.(Address) 229 York St

M. D. F 01101

F 01101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Guilford Ave. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Milford Meade Parry

(a) Residence: No. 2901 Guilford Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. DATE OF BIRTH (month, day, year) Jan 12 1855 7. AGE Years 78 Months 3 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 93 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R. 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va 13. NAME Ina E. Parry 14. BIRTHPLACE (city or town) (State or country) Va 15. MAIDEN NAME Olivia Ann Garrett 16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth H. Parry (Address) 2901 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL Place 2901 Guilford Ave Date May 6 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3 1934, to May 5 1934

I last saw him alive on May 4 1934. Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

May 3 1934

Other contributory causes of importance:

Arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter H. White Jr M. D.

(Address) 2801 St Paul St

MAY 6 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.)

CITY OF BALTIMORE: (No. _____)

St., 18-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Earl Warrington

(a) Residence: No. 856 W. Fayette st.

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed, or divorced HUSBAND of Elizabeth (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1900

7. AGE Years 33 Months 5 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Joseph Warrington

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Lilly Neubert

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 7th 1934

19. UNDERTAKER Wey Cook 1217 St. Paul st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1934, to May 3, 1934

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset March 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Christopher C. Shaw, M. D. Baltimore City Hospitals (Address)

Y 6-1934

F 01103

F 01103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 361 Bousal St. Ward) 16-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Virginia Lee Hart

(a) Residence: No.

361 S. Bousal

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jan 1st 19317. AGE Years 3 Months 4 Days 2 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) Md.13. NAME Carroll Lee Hart 14. BIRTHPLACE (city or town) Accrue Co (State or country) Va15. MAIDEN NAME Gladys Miller 16. BIRTHPLACE (city or town) Balto (State or country) Md17. INFORMANT Carroll L. Hart (Address) 361 S. Bousal St18. BURIAL, CREMATION, OR REMOVAL Place At Carroll Date May 7th 193419. UNDERTAKER One Cook (Address) 1217 St. Paul Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 193422. I HEREBY CERTIFY, That I attended deceased from March 27th 1934 to May 3rd 1934. I last saw her alive on May 3rd 1934. Death is said to have occurred on the date stated above, at 10⁰⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (lobar)

Date of onset

3/27/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis R. X. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Anna Peculink(Address) Brimdalk, Md.

M. D.

MAY 8 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Presbury St. 16-01 Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mo. 0 da. How long in U. S. If of foreign birth? 2 yrs. 0 mo. 0 da.

2. FULL NAME

(a) Residence: No. 2702 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
------------------	---------------------------	---

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~
 (or) WIFE of Frank F. Graham

6. DATE OF BIRTH (month, day, year) *Mar 3rd 1832*

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
82		2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	X	11. Total time (years) spent in this occupation	X
---	---	---	---

12. BIRTHPLACE (city or town) Balto
(State or country) Ind

13. NAME	George Summers
----------	----------------

14. BIRTHPLACE (city or town)
(State or country) *York Pa*

15. MAIDEN NAME *Elicia Cristall*

16. BIRTHPLACE (city or town) Balt
(State or country) red

17. INFORMANT Frank F. Graham Jr
(Address) Cardiff, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 5/71, 1971

19. UNDERTAKER
(Address) *Wm Cook*
1217 St Paul

FD-302 (Rev. 11-27-70)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from
4/20 1924 to 5/5 1924

I last saw her alive on 5/5, 1933. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
 can - my words - his
 sensitivity

Date of onset
5/2/22
192x

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury

Nature of Injury _____

24. Was disease or injury in any way related to occupation of decedent?

(Signed) Jos. J. Taylor M. D.

(Address) 12020 E. 1st Ave. N.

AY 6^{FD} - 1934

F 01105

F 01105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home Inf. St. 6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. Bertha Rauschenbach*(a) Residence: No. *612 Dunkirk Road* St., *Arundel* Ward. *Md.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced *Widowed*
(not wife of) *Mr. John Rauschenbach*6. DATE OF BIRTH (month, day, year) *1886 Sept 15*7. AGE Years *47* Months *7* Days *18* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own Home*
10. Date deceased last worked at this occupation (month and year) *Feb 1934* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*13. NAME *Mr. William*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*15. MAIDEN NAME *Mary L. Yent*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*17. INFORMANT *John Rauschenbach*
(Address) *612 Dunkirk Rd.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Johns & Ridge* Date *May 7, 1934*19. UNDERTAKER *Philip Henry*
(Address) *2014 Eastern Ave.*20. FILED *15-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb.* 1934 to *May 3, 1934*I last saw h. e. alive on *5-3-34* 1934 Death in said to have occurred on the date stated above, at *9 a.m.*

The principal cause of death and related causes of importance were as follows:

Embolus for kidney (Rt)
Peri-nephritic Abscess (Rt)
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

*Multiple abscesses of both lungs*Name of operation *Nephrectomy (Rt)* Date of *May 3, 1934*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *David H. Andrew* M. D.(Address) *Church Home Infirmary*

F-01106 U.S.-400 EKS.

F 01106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. *370-5 Highland* St., *26* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No. *370-5 Highland* St., *26* Ward

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

F

4-COLOR OR RACE

W

5-SINGLE,

*Married**Widowed**or Divorced*

(Write the word)

6-If married, widowed, or divorced
HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

5/5/34

7-AGE

If LESS than 1 day

yrs.

mos.

ds.

hrs. or *20* min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Infant*9-BIRTHPLACE (city or town)
(State or Country)*Baltimore*

10-NAME OF FATHER

*John Forsythe*11-BIRTHPLACE OF FATHER (city or town)
(State or Country)*Baltimore*

12-MAIDEN NAME OF MOTHER

*Alberta Layton*13-BIRTHPLACE OF MOTHER (city or town)
(State or Country)*Baltimore*

14-

(Informant)

(Address)

Albert Forsythe
370-5 Highland

15-

Filed

1934

Henington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year)

5/5/34

17-

I HEREBY CERTIFY, That I attended deceased from

5/5

19

34

to

5/5/34

19

that I last saw him alive on

5/5/34

19

and that death occurred, on the date stated above, at

The CAUSE OF DEATH was as follows:

*Pressure on umbilical cord*CONTRIBUTORY
(Secondary)

(Duration)

yrs.

mos.

ds.

18-Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

Dr. J. P. G. M. D.
633-5 Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Oak Lawn**5/6*

1934

20-UNDERTAKER

ADDRESS

John J. Duda *2811 Hudson*

F 01107 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 E. Federal St., 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1629 E. Federal St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of William Kling
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 4 - 1893

7. AGE	Years <u>91</u>	Months <u>2</u>	Days <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation <u>000</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Baltimore
(State or country) md.

FATHER	13. NAME <u>Philip Enock</u>
	14. BIRTHPLACE (city or town) <u>Germany</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Eva Kempf</u>
	16. BIRTHPLACE (city or town) <u>Germany</u> (State or country)

17. INFORMANT Ida Florence Hoester
(Address) 1629 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 7, 1934

19. UNDERTAKER George W. Giesler
(Address) 1737 E. Egan St.

20. REGISTRATION 6-1934 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to May 5, 1934.

I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Hyphalae Pneumonia
& depletion of age

Date of onset

Other contributory causes of importance:

Infirmities

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) O. O. Carman, M. D.

(Address) 1701 S. Caroline St.

F 01108

F 01108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1667 N. Milton Ave. St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1667 N. Milton Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Elizabeth A. Pool (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1 1869

7. AGE Years 65 Months 4 Days 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. P.R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

13. NAME Martin Pool 14. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

15. MAIDEN NAME Mary E. May. 16. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

17. INFORMANT Elizabeth Pool (Address) 1667 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London P.R. Cemetery May 7 1934

19. UNDERTAKER Geo. W. Ziskler (Address) 1737 E. Edgar St.

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 1934 to Aug 4 1934

I last saw him alive on Aug 4 1934 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis 1930
Cerebral thrombosis 1934
Embolic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 2

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. B. Lohr M. D.

(Address) 20 2 Preston

F 01109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 3818 East Ave St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) August 21, 18627. AGE Years 71 Months 7 Days 17 If LESS than 1 day, ____ hrs. ____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Person manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Could not be obtained

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME Could not be obtained

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Charles Muenzger (Address) 3818 East Ave18. BURIAL, CREMATION, OR REMOVAL Place Oakblow Court Date May 7 193419. UNDERTAKER Geo. W. Ziskler (Address) 1737 E. Eager St.

6 PM 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 193422. I HEREBY CERTIFY, That I attended deceased from March 3, 1934 to May 4, 1934I last saw deceased alive on May 4, 1934. Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease with cardiac failure Date of onset 4/6/34

Other contributory causes of importance:

Coronary atherosclerosis
Senility
Name of operation Excision of coronary Date of 5/10/34What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

no. If so, specify _____

(Signed) Samuel H. Jordan M. D.(Address) Church Home & Infirmary

M. F. D. 041110

F 01110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Briscoe 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Leffler(a) Residence: No. 1007 Briscoe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Leffler6. DATE OF BIRTH (month, day, year) Jan 6. 18557. AGE Years 79 Months 3 Days 27 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Swindell Glass Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto Md.FATHER 13. NAME George N. Leffler14. BIRTHPLACE (city or town) (State or country) GermanyMOTHER 15. MAIDEN NAME Agnes E. Rahn16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Carrie Leffler
(Address) 1007 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 7. 1934

19. UNDERTAKER

(Address) Mr. & Mrs. John W. Diefel & Son
801 W. Fayette St.
Huntington, Md.

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4. 193422. I HEREBY CERTIFY, That I attended deceased from May 1. 1934 to May 3. 1934I last saw him alive on May 3. 1934 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Edema of Lungs

Date of onset

3 days

Other contributory causes of importance:

Arteriosclerosis
Myocardial Regeneration6 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. L. Lichtenberg M. D.(Address) 22 W. Madison St.

F 01111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)Length of residence in city or town where death occurred 36 hours

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. (Newborn) 1718 N. Pulaski St. Ward. 15-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color Race

White Jewish

5. Single, Married, Widowed, or Divorced (write the word)

Newborn

5a. If married, widowed, or divorced, name of husband or wife

Mrs. Herman Diamond

6. DATE OF BIRTH (month, day, year)

7. AGE

0

X years 0 Months

1 1/2 Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Church Home Inf. Baltimore, Md.

FATHER

13. NAME

Herman Diamond

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Celia Merkel

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Helen Aordyle

Date 5/6/34

19. UNDERTAKER

(Address)

Sol. P. Winer & Co. 1127 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1934

22. I HEREBY CERTIFY. That I attended deceased (from 1934 to May 5-1934)

I last saw him alive on May 5-1934. Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Blood dyscrasia

Date of onset 5-3-34

Other contributory causes of importance:

Name of operation None Date of 10

What test confirmed diagnosis? Clinical Was there an autopsy? 10

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard V. Hauer M. D.

(Address) Church Home & Infirmary

Y 6-1934

01112

HEALTH DEPARTMENT—CITY OF BALTIMORE

01112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4416 Norwood Rd.* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Donna Carter Reid(a) Residence: No. *4416 Norwood Rd* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, name of husband, wife, or child (or) WIFE of *Charles Reid*6. DATE OF BIRTH (month, day, year) *8-28-1856*7. AGE *78* Years *8* Months *7* Days *6* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Shirley, Va.*
(State or country)13. NAME *William Buchanan Carter*14. BIRTHPLACE (city or town) *Shirley, Va.*
(State or country)15. MAIDEN NAME *Elizabeth Pennell*16. BIRTHPLACE (city or town) *Petersburg, Va.*
(State or country)17. INFORMANT *Mrs. Daniel R. Miller*
(Address) *Eden Terrace, Catonsville, Md.*18. BURIAL, CREMATION, OR REMOVAL *London Park*
Place *Baltimore, Md.* Date *May 7, 1934*19. UNDERTAKER *H. H. Jenkins & Sons*
(Address) *1101 N. E. St.*20. REGISTRAR *William H. Miller*
(Address) *1101 N. E. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 4, 1934*22. I HEREBY CERTIFY That attended deceased from *Mar. 18, 1934* to *May 4, 1934*I last saw him alive on *May 4, 1934* Death is said to have occurred on the date stated above, at *7 P.m.*The principal cause of death and related causes of importance were as follows:
Chr. Interstitial Nephritis
Uremia

Other contributory causes of importance:

Stones in kidneys.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was a disease or injury in any way related to occupation of deceased? *no*
If so, specify _____(Signed) *Harry E. Wilson*(Address) *327 Rippled St*

M. D. 011113

F 011113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *1103 Sticker* St. *16-01* WardLength of residence in city or town where death occurred: *1103 Sticker* mo. *16-01* da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *1103 Sticker* St. *16-01* Ward.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or race *Col* 5. Single, Married, Widowed or Divorced (write the word) *Married*a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Carrie Miller*DATE OF BIRTH (month, day, year) *1870*AGE Years *64* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Sam Miller*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Annie R. Parray*16. BIRTHPLACE (city or town) (State or country) *Baltimore*INFORMANT (Address) *Carrie Miller*

8. BURIAL, CREMATION, OR REMOVAL

Place *Mt Calvary* Date *May 6, 1934*9. UNDERTAKER *Ernest Pree*(Address) *35 W. Chesapeake St.*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 3, 1934*

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation *Regular* Date of *no*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. Frank* M. D.(Address) *Coroner*

F 01114

F 01114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Odell Ave.St. 76-a Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbara G. Schackelford(a) Residence: No. 1815 Odell Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married5a. If married, widowed, or divorced
HUSBAND of John H. Schackelford
(or) WIFE of6. DATE OF BIRTH (month, day, year) 1894-Sept. 47. AGE Years 40 Months 8 Days 03 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.13. NAME Dittlemeyer
14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Mary Philips16. BIRTHPLACE (city or town) Balto.
(State or country) Md.17. INFORMANT John H. Schackelford
(Address) 1815 Odell Ave.18. BURIAL, CREMATION, OR REMOVAL
Interment Memorial Park Date May 7/34 1919. UNDERTAKER Mrs. E. Miller
(Address) 2334 Jefferson St.20. FILED 1815
Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4, 193422. I HEREBY CERTIFY. That I attended deceased from 5/3/34 1934 to 5/4/34 1934I last saw him alive on 5/3-34 1934 Death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

6 mo

Other contributory causes of importance:

Diabetic Coma.1 day.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. H. Herman M. D.(Address) 2712 E. Baltimore St.

M F 04115

F 01115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 N. Fulton Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rose Louise Crompton,

(a) Residence: No. 1502 N. Fulton Ave

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----6. DATE OF BIRTH (month, day, year) August 30 19327. AGE Years Months Days If LESS than 1 day, hrs. or min.
1 8 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City13. NAME Richard H. Crompton.14. BIRTHPLACE (city or town) (State or country) District Columbia15. MAIDEN NAME Rose A. Schwartz,16. BIRTHPLACE (city or town) (State or country) Baltimore City17. INFORMANT Rosa A. Crompton
(Address) 1502 N. Fulton Ave18. BURIAL, CREMATION, OR REMOVAL MAY 6 - 1934
Place Loudon Park Date 19.19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 5 - 1934

22. I HEREBY CERTIFY That I attended deceased from

May 1 1934 to May 5/1934
I last saw deceased alive on May 5 1934 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Internal Thrombosis
Arterio Sclerosis

Date of onset

5 days

Other contributory causes of importance:

Measles1 day

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01117

CERTIFICATE OF DEATH

✓ 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No.

2926 St. Paul St., Baltimore

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Feb 25, 1883*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *51 years 2 10*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Oppen*14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) *N. America* (State or country)17. INFORMANT *Miss Mary Leginsky* (Address) *2926 St Paul St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *May 7, 1934*

19. UNDERTAKER

(Address) *George L. Beyer*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 5, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 3, 1934 to May 5, 1934*I last saw him alive on *May 5, 1934* Death is saidto have occurred on the date stated above, at *1.05 pm.*

The principal cause of death and related causes of importance were as follows:

*pulmonary embolism*Date of onset *5/5/34*

Other contributory causes of importance:

*gastric ulcers pyloroplasty**1932 4/5/34*Name of operation *pyloroplasty*Date of *4/5/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. B. Seale,*

M. D.

(Address) *Union Memorial Hospital*

Y B - 1

F 01118

F 01118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Mayland Gen. Hospital*
 CITY OF BALTIMORE: (No. *27-01* St. *Ward*)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *20* yrs. *0* mos. *0* ds.

2. FULL NAME *Mr. Eli Hollander*

(a) Residence: No. *5609 Pelgrim Rd.* St. *Ward.*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
 HUSBAND of *May G. Kraus*
 (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *54* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clothing Manager*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *New York*
 (State or country)

13. NAME *James Hollander*

14. BIRTHPLACE (city or town) *Austria*
 (State or country)

15. MAIDEN NAME *Frieda*

16. BIRTHPLACE (city or town) *Austria*
 (State or country)

17. INFORMANT *Hospital Records*
 (Address)

18. BURIAL, CREMATION, OR REMOVAL *5-7-34*

19. UNDERTAKER *1439 E. Baltimore*
 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/3/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from *4/27/34* 19 to *5/3/34* 19
 I last saw him alive on *5/3/34* 19 Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver, primary

Date of onset

Other contributory causes of importance:

Broncho pneumonia

5/1/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

10-1934

N. F. 01119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Monahan
1013 N. Charles St. 101179

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1665 W. North Ave. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ³⁰ yrs. ⁰ mos. ⁰ ds. How long in U. S. If of foreign birth ¹⁰ yrs. ⁰ mos. ⁰ ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 045

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Society Date 7/5/34 19

19. UNDERTAKER

(Address)

1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/34 19

22. I HEREBY CERTIFY. That I attended deceased from 7/15 1934 to May 4 1934

I last saw him alive on May 4 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Final attack

Date of onset

4/15/34

5/4/34

Other contributory causes of importance:

Lobar Pneumonia
Arthritis of about a year

7/19/33

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Theodore H. Monahan M. D.

(Address)

1013 N. Charles St.

8-1934

19

Register

M. F. 01120

Dr. Freedom.
V. 4208- (91120)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Whittier Ave. 13-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 10 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2326 Whittier Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Blonck

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Meyer Schwartz (Address)

18. BURIAL, CREMATION, OR REMOVAL Helena Schwartz 5/4/34 19

19. UNDERTAKER (Address) 1438 E. Baltimore St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/34 19

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934, to May 3, 1934.

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Generalized arterio sclerosis

Other contributory causes of importance:

slight arterio sclerosis
chronic jaundice

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Freedom
1031 W. Paul St

M. D.

M. D. B. 1934

F 01121

F 01121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 So Paca St. 22-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 424 So. Paca St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Boninsky		
6. DATE OF BIRTH (month, day, year) Nov. - 1874		
7. AGE 60	Years Months Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Lithuania (State or country)		
13. NAME Michael Belcavage		
14. BIRTHPLACE (city or town) Lithuania (State or country)		
15. MAIDEN NAME Not Known		
16. BIRTHPLACE (city or town) Lithuania (State or country)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to May 4, 1934.

I last saw her alive on May 4, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

apoplexy
Carcinoma of Pancreas

Date of onset

5/4/34

2/5/34

Other contributory causes of importance:

Name of operation Laparotomy Date of Mar 19, 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 729 W. 18th St.

Y 8 - 1934

M. D. F 01123

F 01123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 W. Lannale St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1605 W. Lannale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed6. DATE OF BIRTH (month, day, year) 18867. AGE 48 Years Months Days If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) va. 11. Total time (years) spent in this occupation va.

12. BIRTHPLACE (city or town) (State or country)

FATHER 13. NAME Joseph Owings14. BIRTHPLACE (city or town) (State or country) Balto. Md.MOTHER 15. MAIDEN NAME Margarette Simon16. BIRTHPLACE (city or town) (State or country) va.17. INFORMANT Mrs. Aquilla Lee(Address) 811 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/8 193419. UNDERTAKER Samuel T. Ramsey(Address) 578 W. Biddle St.20. FILED 0-1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 193422. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to May 4, 1934I last saw him alive on May 4, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 5/3/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) C. H. Piggott M. D.(Address) 1536 W. Lannale St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 115 W. Madison St. St., 7-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8-16-337. AGE Years Months Days If LESS than 1 day, hrs. or min.
8 Mos. 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Howard Watkins14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Mary Price16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Johns Hopkins Hospital
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Crematory Date 5/6/34 19.....19. UNDERTAKER Edward J. Bryan
(Address) 1631 Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-193422. I HEREBY CERTIFY, That I attended deceased from 4-24-1934 to 5-4-1934I last saw him alive on 5-4-1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia bronch, primary 3 weeks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Marion J. Hecht M. D.(Address) Johns Hopkins Hosp.

FILED

16-1934

01125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N. Bond St., 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Wilson

(a) Residence: No. 426 N. Bond St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race black	5. Single, Married, Widowed, or Divorced (write the word) single
----------------	---------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		21	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME

Charles Wilson

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Emma Woody

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT (Address)

Charles Wilson

18. BURIAL, CREMATION, OR REMOVAL

Place Ashbury Cemetery Date May 6, 1934

19. UNDERTAKER (Address)

Edward Bryan
1631 Orleans St

FILED

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Measles

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Batten

(Address)

Coroner

M. D.

M. D. B 12084

F 01126

R 01126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 70-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Elizabeth Pailer

(a) Residence: No.

2144 Wilkins Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 4/34

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

13. NAME

Charles Louis Pailer

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

15. MAIDEN NAME

Phoebe E. Marsh

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

7. INFORMANT
(Address)Charles Louis Pailer
2144 Wilkins Ave

8. BURIAL, CREMATION, OR REMOVAL

Place London York

Date May 7, 1934

9. UNDERTAKER
(Address)Leo S. Schwab
2101 Frederick Ave

FILE

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said
to have occurred on the date stated above, at 4 P.M.The principal cause of death and related causes of
importance were as follows:

Prematurity (Twin)

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-

lowing:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 01127

F 01127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3615 Reisterstown ST. WARD 12/5-01)

2. FULL NAME

(a) RESIDENCE NO.

Length of residence in city or town where death occurred

59 yrs.

mos.

ds.

How long in U. S. (if of foreign birth)

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced, (write the word)

M. W. Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth McDonald

7. DATE OF BIRTH (month, day, and year) June 27-1856

8. AGE Years 144 Months 10 Days 8 If LESS than 1 day, hrs. or min.

9. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10. BIRTHPLACE (city or town) (State or country)

11. NAME OF FATHER

12. BIRTHPLACE OF FATHER (city or town) (State or country)

13. MAIDEN NAME OF MOTHER

14. BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

15.

Informant

(Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5/5/34

17. I HEREBY CERTIFY, That I attended deceased from 5/1/34, to 5/5/34, in that I last saw him alive on 5/5/34, 9:30 PM, and that death occurred, on the date stated above, at the CAUSE OF DEATH was as follows:

Cerebral Embolism

CONTRIBUTORY (Secondary)

18. Where was disease contracted? If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. H. M. D. (Address) 5615 Reisterstown Rd.

State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

INTERTAKER

ADDRESS

MAY 5 - 1934

F 01128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01128

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6031 Chesapeake St. 27-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anton Braun(a) RESIDENCE NO. 6031 Chesapeake St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., If foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widoweda If married, widowed, or divorced HUSBAND of (or) WIFE of Eva BraunDATE OF BIRTH (month, day, and year) Sept. 29, 1861AGE 72 Years 7 Months 4 Days If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Austria
(State or country) Hungary10 NAME OF FATHER Adam Braun11 BIRTHPLACE OF FATHER (city or town) Austria
(State or country) Hungary12 MAIDEN NAME OF MOTHER Eva Achim13 BIRTHPLACE OF MOTHER (city or town) Austria
(State or country) HungaryInformant Mrs. Thomas McLean(Address) No 1 Lawrence St

FEB - 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 193417 I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to May 3, 1934that I last saw him alive on May 3, 1934and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration
decompensated
the Parachymatous Hypertrophy
(duration) 2 yrs. 0 mos. 0 ds.CONTRIBUTORY
(Secondary)(duration) 0 yrs. 0 mos. 0 ds.18 Where was disease contracted
if not at place of death? ✓Did an operation precede death? ✓

Date of

Was there an autopsy? ✓What test confirmed diagnosis? None necessary(Signed) Chas F. Stevens, M. D.(Address) 2875 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Cedar Hill

DATE OF BURIAL

20 UNDERTAKER Chas F. StevensADDRESS 15612 Fort Ave

F 01129

F 01129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 U. Baltimore St. Ward 11-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2529 U. Baltimore St. Ward 11-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Sept 10, 19017. AGE Years 32 Months 7 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Baltimore, Md13. NAME Michael J. Healy14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Ellen Ruddy16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Mrs Mary E. Healy
(Address) 2529 U. Baltimore St.18. BURIAL, CREMATION, OR REMOVAL
Place New Catholic Date 5/17/193419. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins St.

20. FILED

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 11, 1934, to May 4, 1934I last saw him alive on May 4, 1934 Death is saidto have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 1/4/34

Other contributory causes of importance:

noneName of operation none Date of —What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) John J. Cowan M. D.(Address) 888 W. Lombard St.

F 01130

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01130

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. _____)

St. 12-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth" yrs. (mos. ds.

2. FULL NAME William E. Van Denburgh

(a) Residence: No. 821 Whitewood Rd. Elkins Park, Pa. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown (deceased)

6. DATE OF BIRTH (month, day, year) June 23, 1885

7. AGE Years 48 Months 10 Days 11 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 5-3-34
11. Total time (years) spent in this occupation 05612. BIRTHPLACE (city or town) Castleton
(State or country) New York13. NAME George Van Denburgh
14. BIRTHPLACE (city or town) Castleton
(State or country) N.Y.15. MAIDEN NAME Emma Wrector
16. BIRTHPLACE (city or town) Castleton
(State or country) N.Y.17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cemetery Date 6-7-34 1919. UNDERTAKER Joseph L. Humphreys
(Address) 50 N. Broadway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934 to May 4, 1934

I last saw him alive on May 4, 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

Over 5 yrs.

Other contributory causes of importance:

Heart block

Thrombosis of coronary artery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) G. A. Abbott.

M. D.

(Address)

U.S. Marine Hospital

6-1934

F 01131

M. F. 01131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City 100-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1315 E. Madison St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *William Hunt.*6. DATE OF BIRTH (month, day, year) *8/16/1910*7. AGE *23* Years *7* Months *8* Days *17* If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Law.* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0* 10. Date deceased last worked at this occupation (month and year) *0* 11. Total time (years) spent in this occupation *0*12. BIRTHPLACE (city or town) *8 C.* (State or country)13. NAME *William Hunt.*14. BIRTHPLACE (city or town) *8 C.* (State or country)15. MAIDEN NAME *Batter Counts.*16. BIRTHPLACE (city or town) *8 C.* (State or country)17. INFORMANT *Bospruad.* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Int. Calvary* Date *May 7* 19*34*19. UNDERTAKER *Robert Williams* (Address) *1515 M. Elder St.*20. FILED *Thurston Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/1* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4/29* 19*34* to *5/1* 19*34*.I last saw her alive on *5/1* 19*34* Death is said to have occurred on the date stated above, at *10:30 a.m.*The principal cause of death and related causes of importance were as follows: *Pulmonary Tuberculosis* Date of onset *?*Other contributory causes of importance: *Post-operative shock.*Name of operation *Thyroidectomy* Date of *5/3/34*What test confirmed diagnosis? *Was there an autopsy?*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *0* Date of injury *0* 19*34*Where did injury occur? *0* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *0*Manner of injury *0*Nature of injury *0*24. Was disease or injury in any way related to occupation of deceased? *0*If so, specify *0*(Signed) *R. R. Bourne* M. D.(Address) *Balto City Hosp.*

01132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital Ward)Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1002 N. Bentalon St. Ward. (If non-resident give city or town and State)(Usual place of abode) 15 hrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21, 19347. AGE Years Months Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Harold L. Dickerson14. BIRTHPLACE (city or town) Cass (State or country) West Virginia15. MAIDEN NAME Mary H. Lewis16. BIRTHPLACE (city or town) Balto (State or country) Maryland17. INFORMANT Mrs Grace M. Lewis (Address) 1002 N. Bentalon St.18. BURIAL, CREMATION, OR REMOVAL Place Gordon Park Date May 7, 193419. UNDERTAKER William Cook (Address) 1217 6th Paul Street20. FILED 1934 Huntington William Cook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 193422. I HEREBY CERTIFY. That I attended deceased from 4-21, 1934 to 5-6, 1934I last saw him alive on 5-6, 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Lesion

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? stethoscope Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) A. J. Conner M. D. Vol. Hospital

(Address) _____

D. B. 1259
01133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals* St. *21-a* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 yrs.* mos. *0* da. How long in U. S. If of foreign birth? *2 yrs.* mos. *0* da.

2. FULL NAME

(a) Residence: No. *762 Mc Henry*

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*

a. If married, widowed, or divorced

HUSBAND of *Grace Jennings*DATE OF BIRTH (month, day, year) *May 28 1884*AGE *49* Years *11* Months *6* Days If LESS than 1 day, *hrs.* or *min.*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *X*12. BIRTHPLACE (city or town) *Balto* (State or country) *Mid*13. NAME *Geo Jennings*14. BIRTHPLACE (city or town) *Balto* (State or country) *Mid*15. MAIDEN NAME *Mary Person*16. BIRTHPLACE (city or town) *Balto* (State or country) *Mid*17. INFORMANT *Mary Jennings*(Address) *762 Mc Henry St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Balto*Date *May 7 1934*19. UNDERTAKER *Wm Cook*(Address) *1217 St Paul St*

FILED - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 4 1934*

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at *7:40 P.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? *Clin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) *B. H. Jennings M.D.*(Address) *1305 N. Baltimore St*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

3700 91 Charles St

CITY OF BALTIMORE: (No.

Northway Apt 12-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ella Montandon Sprigg

(a) Residence: No.

Northway Apt

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

5a. If married, widowed, or divorced

(or) WIFE of

Thomas F. Sprigg

6. DATE OF BIRTH (month, day, year)

Mar 21 1863

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

1

14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

"

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

X

12. BIRTHPLACE (city or town) (State or country)

Baltimore

Md

13. NAME

Chas H. Brooks

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Henrietta L. Montandon

16. BIRTHPLACE (city or town) (State or country)

Pa

17. INFORMANT

Ernest A. Waddington

(Address)

Northway Apt

18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date 5/7/1934

19. UNDERTAKER

(Address)

Wm Cooks 1217 5th Paul St

20. FILED

Huntington

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 27 1933, to May 5 1934

I last saw him alive on May 5 1934. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (of ovary)

Date of onset

June 1933

Other contributory causes of importance:

Bronchopneumonia

May 3 1934

Name of operation

Date of

What test confirmed diagnosis? Clinical picture

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutan Place

HEALTH DEPARTMENT—CITY OF BALTIMORE 1135

01135

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No. 89-001

CITY OF BALTIMORE: (No. _____)

St., 13-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Miss Bertha A. Shaffer

(a) Residence: No. 3300 Beech Ave St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Sept 26, 1917

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

16

7

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

High School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

md

FATHER

13. NAME

Harry C. Shaffer

14. BIRTHPLACE (city or town) (State or country)

md

MOTHER

15. MAIDEN NAME

Carrie Shaffer

16. BIRTHPLACE (city or town) (State or country)

md

17. INFORMANT

Harry C. Shaffer

(Address)

3300 Beech Ave

18. BURIAL, CREMATION, OR REMOVAL

Buried in Mt. Vernon Cemetery May 9, 1934

19. UNDERTAKER

(Address)

Chenoweth & Son

3615 E. Baltimore Ave

20. FILED

1934

May 9, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-34, 19

22. I HEREBY CERTIFY, That I attended deceased from

5-3-34, 19, to 5-6-34, 19

I last saw her alive on 5-6-34, 19. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Otitis Media April 18, 1934
Meningitis (Suppurative) May?

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. C. H. Shaffer, M.D.
Md. Gen. Hospital

01136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01136

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *832 Wellington St.*

(Usual place of abode)

Registered No. *107-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W. H.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar 1st 1934*7. AGE Years *2* Months *3* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Med.*13. NAME *Franklin Finckham*14. BIRTHPLACE (city or town) (State or country) *Pa*15. MAIDEN NAME *Marie Lumbard*16. BIRTHPLACE (city or town) (State or country) *Med.*17. INFORMANT *Mother*

(Address)

18. BURIAL, CREMATION, OR REMOVAL *Buried*Date *May 7, 1934*19. UNDERTAKER *Chenoweth*(Address) *3615-17 Chestnut Ave*FILED *7-1934*

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 2nd 1934* to *May 4th 1934*I last saw him alive on *May 4th 1934* Death is said to have occurred on the date stated above, at *7:30 P. M.*

The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia*Date of onset *4-27-34*

(Other contributory causes of importance:)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *S. Butler Grimes* M. D.(Address) *Union Memorial Hosp.*

01137

F 01137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Hampden Ave. 12-181 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nicholas F. Le Doyen

(a) Residence: No. 2709 Hampden Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
----------------	---------------------------	--

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	margaret m. Le Doyen
--	----------------------

6. DATE OF BIRTH (month, day, year) July 31, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	61	9	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Labourer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Va
(State or country)

FATHER	13. NAME	John Le Doyen
	14. BIRTHPLACE (city or town) Paris, France (State or country)	

MOTHER	15. MAIDEN NAME	Fannie Slane
	16. BIRTHPLACE (city or town) Ireland (State or country)	

17. INFORMANT Margaret m. Le Doyen
(Address) 2709 Hampden Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 8, 193419. UNDERTAKER Chenoweth & Son
(Address) 3615 17th Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to May 5, 1934

I last saw him alive on May 4, 1934 Death is said to have occurred on the date stated above, at 5¹⁵ A. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) M. D.

(Address) 1125 10th Ave S

AY 7 - 1934

Washington, D.C.

F 01138

F 01138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 253 S. Dulaney ST. 5-01 WARD)

2 FULL NAME

Isaac Harris

(A) RESIDENCE NO.

(Usual place of abode)

1229 Jefferson

ST. WARD

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

M

C

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Patience Harris

6 DATE OF BIRTH (month, day, and year)

1861

7 AGE 73 Years Months Days If LESS than 1 day, hrs. or min.

72

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

laborer - 040

(b) General nature of industry, business, or establishment in which employed (or employer)

freight scow

(c) Name of employer

Atlantic Transport. Co

9 BIRTHPLACE (city or town) (State or country)

Pocomoke

Md

10 NAME OF FATHER

?

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

?

12 MAIDEN NAME OF MOTHER

?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant
(Address)Lillie Cook
253 S. Dulaney St.

15

Filed

19

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-34

17

I HEREBY CERTIFY, That I attended deceased from

5/1, 1934, to 5/4, 1934

that I last saw him alive on 5/4, 1934

and that death occurred, on the date stated above, at 6:40 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

J. W. Brown

M. D.

19

(Address)

1500 E. Thacker St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Byron W. Mannick & Co. 1218 McClellan St.

M. D. 1261

F 01139

F 01139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 809 Rutland Ave Ward. 7-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) MARRIED5a. If married, widowed, or divorced
(or) WIFE of Dennis6. DATE OF BIRTH (month, day, year) 3/5/18997. AGE Years 25 Months - Days 28 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0312. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sam Bennington14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillie Epps16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Records(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Not cremated Date 5-7 193419. UNDERTAKER Brown & Mannis & Wright(Address) 1212 McElderry St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3-193422. I HEREBY CERTIFY. That I attended deceased from 4-12-1934 to 5-3-1934I last saw him alive on 5-3-1934 Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Jan 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Raye Padgett(Address) The Johns Hopkins Hospital

M. D.

LED

Registrar.

7-1934

F 01140

F 01140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sydenham Hospital
St. 11-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Death is said

to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) so, specify

(Address)

M. D.

141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Hospital St., 16-81 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 611 N. Carey St., 16-81 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of No Record

6. DATE OF BIRTH (month, day, year)

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alabama (State or country)

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Date 8-8-34

19. UNDERTAKER Geo. H. Holland (Address) 638 Smith Hill

20. FILED Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-30-34, 19, to 5-5-34, 19.

I last saw her alive on 5-5-34, 19. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Septicemia 33032

Other contributory causes of importance:

Dissecting Aneurysm

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William H. Holland M. D.

(Address) President of the Board

1934

01142

F_01142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 C. Eager St. 10 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1315 E. 8th Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of *Mrs. Louise Betz*

6. DATE OF BIRTH (month, day, year) November 19 1860

7. AGE	Years 73	Months 5	Days 15	If LESS than 1 day, ____ hrs. or ____ min.
--------	-------------	-------------	------------	--

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wheelright*

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town)..... Balls Bluff, Mo
(State or country)

13. NAME Indira Bala

14. BIRTHPLACE (city or town) *Germany*
(State or country)

16. MAIDEN NAME *Lyudmila Docheva*

16. BIRTHPLACE (city or town).....
(State or country).....

17. INFORMANT Mr. Jimbo Belay
(Address) 1715 E. Eagle

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date May 7, 1941

19. UNDERTAKER *Kenny Hockmeyer, Inc*
(Address) *1301 E. Bay St.*

1934 *Antonia Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from
March 16, 1931, to May 4, 1934

I last saw him alive on May 4, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Importance were as follows:

- Arteriosclerosis
- Chronic Myocarditis
- Chronic Nephritis
- Intestinal Obstruction
- Coronary embolus

Other contributory causes of importance:

Strangulated left inguinal hernia

Name of operation Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____
 Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, state)

Specify whether injury occurred in industry, in home, or in public place.

place

Manner of Injury.....

24. Was disease or injury in any way related to occupation of deceased

(Signed) Harry Weintraub M.

(Address) 01730 E. Fay St. N.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 18 mos. 01 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 930 W. Fayette St., 18-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Negro</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) Oct 10 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>18</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>none</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER	13. NAME	<u>Robert H. Haffner</u>
	14. BIRTHPLACE (city or town) (State or country)	<u>no info</u>

MOTHER	15. MAIDEN NAME	<u>Elizabeth Haffner</u>
	16. BIRTHPLACE (city or town) (State or country)	<u>no info</u>

17. INFORMANT Custom Insured
(Address) 930 W. Fayette St.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/6/34 1919. UNDERTAKER Isaiah L. Brown & Son
(Address) 108 W. Montgomery St.20. FILED Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-34 1922. I HEREBY CERTIFY. That I attended deceased from 4-28-34 19 to 5-4-34 19I last saw her alive on 5-4-34 19. Death is said to have occurred on the date stated above, at 8³⁰ p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance

Not Determined

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) William H. Haffner M. D.(Address) President Hospital

F 01144 HEALTH DEPARTMENT—CITY OF BALTIMORE 01144

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Suirai Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Michael Meozaros

(a) Residence: No.

Sparrows Point, Md. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Beles Meozaros

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Hungary

FATHER MOTHER

13. NAME

Michael Meozaros

14. BIRTHPLACE (city or town) (State or country)

Hungary

15. MAIDEN NAME

Unkn

16. BIRTHPLACE (city or town) (State or country)

Hungary

17. INFORMANT

(Address)

Beles Meozaros Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place

Suirai Hosp. Date May 7, 1934

19. UNDERTAKER

(Address)

Suirai Hosp. 7-01 Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to May 4, 1934

I last saw him alive on 5/4/34 1934 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Chr. Myocarditis

Chronic Hypertrophy & Dilatation

Coronary Insufficiency

Other contributory causes of importance:

Chr. Nephritis

Date of onset

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Albert J. Knebelort

M. D.

(Address)

Suirai Hospital

7-1934

F 01145

F 01145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Grace Court 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1400 Grace Court St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Child

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, ...hra. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Alex Szymanski

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Genie Wozniak

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT A Szymanski (Address) 1400 Grace Court

18. BURIAL, CREMATION, OR REMOVAL

Placed in grave of Alex Szymanski, Date May 7, 1934

19. UNDERTAKER

(Address)

F 7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 21, 1934 to May 5, 1934

I last saw him alive on May 5, 1934 Death is said

to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance were as follows:

Whooping Cough
measlesApril 21
April 24

Other contributory causes of importance:

Broncho Pneumonia April 25

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

Rem J. Ashtice
152 Cypress

M. D.

E 01146

E 01146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-01 Ward)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth? yrs.mos.ds.

2. FULL NAME

Mr. James Edward Kane

(a) Residence: No. 3707 Yosemite Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of A. Alice Kane

DATE OF BIRTH (month, day, year)

AGE 50 Years 9 Months 17 Days If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Sect. Treas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Con. Gas & Electric

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

James Kane

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Sarah Mater

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT (Address)

Hosp Records.

18. BURIAL, CREMATION, OR REMOVAL

Place Claid Ridge Date May 7, 1934

19. UNDERTAKER (Address)

Wm J. Tickner & Son

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1934

22. I HEREBY CERTIFY. That I attended deceased from 4-25-1934 to 5-5-1934

I last saw him alive on 5-5-1934. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset

4-13-34

Other contributory causes of importance:

Broncho-pneumonia 5-3-34

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. P. Kane M.D.

(Address) Md. Gen. Hospital

01147 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp 46-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1013 S Highland Ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *White* Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Agnes Young* (or) WIFE of6. DATE OF BIRTH (month, day, year) *11/11/1898*7. AGE Years *35* Months *5* Days *23* If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Pennsylvania* (State or country)13. NAME *William Young*14. BIRTHPLACE (city or town) *Penna.* (State or country)15. MAIDEN NAME *Mary Weber*16. BIRTHPLACE (city or town) *Penna.* (State or country)

17. INFORMANT

(Address) *See above add.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mount Carmel* Date *May 8th 1934*

19. UNDERTAKER

(Address) *403 E. Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-4* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

4/29/34 to *5-4* 19*34*I last saw him alive on *5-4* 19*34* Death in saidto have occurred on the date stated above, at *4:45* p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Cirrhosis of liver.

Date of onset

Apr. 24

Other contributory causes of importance:

Chronic alcoholism

?

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert A. Reitz M. D.

(Address)

Balto City Hosp.

MAY 7 - 1934

F 01148 HEALTH DEPARTMENT—CITY OF BALTIMORE F 01148

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4801 Snader Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Charles W. Barnett*DATE OF BIRTH (month, day, year) *Sept. 22 - 1876*AGE Years *57* Months *7* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) *Ind*13. NAME *John Bidduge*14. BIRTHPLACE (city or town) (State or country) *Ind*15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *John D. Towson*
(Address) *624 Homewood Ave*BURIAL, CREMATION, OR REMOVAL
Place *Landon Park* Date *May 8 1934*UNDERTAKER *Vernon Palmer*
(Address) *1572 Hollins St*

AY 7 - 1934

21. DATE OF DEATH (month, day, year) *May 6 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Nephritis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) *Augustus J. Ellis* M. D.(Address) *2739 Eastern Ave*

F 01149 HEALTH DEPARTMENT—CITY OF BALTIMORE F 01149

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Hilton St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Katie Mae Naylor

(a) Residence: No. 112 N Hilton St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

(or) WIFE of

Frank E Naylor

7. DATE OF BIRTH (month, day, year)

May 6, 1888

8. AGE

Years 48

Months 11

Days 29

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Peter Hallings

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Mary Thanelberg

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Frank E Naylor 112 N Hilton St

18. BURIAL, CREMATION, OR REMOVAL

Place

London Md Date May 8, 1934

19. UNDERTAKER

(Address)

7 Vernon Keefner 1532 Hollins St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1934 to May 5, 1934

I last saw her alive on May 5, 1934 Death is said to have occurred on the date stated above, at 5a.

The principal cause of death and related causes of importance were as follows:

Hypertension (indurated)

Date of onset

2 today

Other contributory causes of importance:

Coronary Decompensation

Name of operation.

Date of

What test confirmed diagnosis? cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

F. T. Kopy M. D.

(Address)

3321 Fresh Ave

MAY 7 - 1934

F 01150

F 01150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Catherine Boblitz
Bridge Ave. + Chaco Ave. Chaco Pk. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Benjamin Boblitz
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar. 22, 19047. AGE Years 30 Months 1 Days 15-14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.13. NAME Smith14. BIRTHPLACE (city or town) Not Known
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Not Known
(State or country)17. INFORMANT Benjamin Boblitz
(Address Bridge Ave. + Chaco Ave. Chaco Pk.)

18. BURIAL, CREMATION, OR REMOVAL

Place Not Known Date May 8, 193419. UNDERTAKER Mrs. G. Miller
(Address 2334)20. FILLED 7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 193422. I HEREBY CERTIFY, That I attended deceased from 5-4, 1934 to 5-6, 1934I last saw him alive on 5-6, 1934. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Diffuse Broncho-Pneumonia
(Cause undetermined)

Date of onset

6 daysPulmonary Edema
Pneumature Labor

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Gustav H. Hagedorn M. D.(Address) Sinai Hospital

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01151

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Maude Ave St., 5-01 Ward)

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Elizabeth Schroedtzki

(a) Residence: No. 524 Maude Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color White Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Wm F Schroedtzki
(or) WIFE of

DATE OF BIRTH (month, day, year) July 25-1880

AGE Years 53 Months 9 Days 10 If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. 037

10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town) Balto
(State or country)

13. NAME George Beck

14. BIRTHPLACE (city or town) Balto
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Balto
(State or country)

INFORMANT Wm F Schroedtzki
(Address) 524 Maude Ave

BURIAL, CREMATION, OR REMOVAL
Place Western Lawn Date May 8th 19 34

UNDERTAKER August Paget
(Address) 2406 Ashland Ave

AY 7-1934 19 Huntington Williams, M.D.
Registral.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Feb 10, 1934 to April 5th, 1934

I last saw him alive on 5-5, 1934 death is said
to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of
importance were as follows:

Hypertensive Cardio Vascular
Renal Disease
Right Hemiplegia
Cerebral Softening

Date of onset

1933
Feb. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the
following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? If so, specify

(Signed) Paul Lubin M. D.
(Address) 530 East 5th Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Ashburton Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred Life mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. 1818 Ashburton Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 12, 1862

8. AGE Years 61 Months 11 Days 25 If LESS than 1 day, hrs or min.

9. Trade, profession, or particular kind of work done, as spliner, Sawyer, bookkeeper, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Robert M. Rother

14. BIRTHPLACE (city or town) Prussia Germany (State or country)

15. MAIDEN NAME Clara Douglass

16. BIRTHPLACE (city or town) Baltimore Maryland (State or country)

17. INFORMANT Mrs. Catherine A. Rother (Address) Cambridge Arms Apartment

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date May 9 1934

19. UNDERTAKER (Address)

Joseph B. Cook, 1003 N. Baltimore St.

FIL - 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 / 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 04. 1934, to 5 / 2, 1934

I last saw her alive on 5 / 2, 1934 death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

5 / 1 / 34

Other contributory causes of importance:

Ch. myocarditis

2 years.

Name of operation none

Date of

What test confirmed diagnosis? J. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed)

A. A. Schaefer M. D.

(Address)

3704 Liberty Heights Ave.

F 01153

HEALTH DEPARTMENT—CITY OF BALTIMORE

01153

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 N. Luzerne Ave St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonina Olszewski (Tinnie)

(a) Residence: No. 1920 Bank Street (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced ~~xxxxxx~~ Peter Olszewski WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE 52 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife 037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)

13. NAME George Filipowicz

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Poland (State or country)

17. INFORMANT Mr. Peter Olszewski (Address) 1920 Bank Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Co. Date May 9th, 1934

19. UNDERTAKER

(Address) 705 1st Street

MAY 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 6 1934

I last saw her alive on May 6 1934 Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

Other contributory causes of importance:

uremia

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) M. D. (Address) 123 1st Street

REF ID: A64154

F 01154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hospitals* *2-3-1* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 145 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
------------------	---------------------------	---

5a. If married, widowed, or divorced
~~husband~~ of Michael Conway
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/6/1985

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
48		7	29	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *Housewife*

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) Balta, Ind
(State or country)

13. NAME Wallace Robert

14. BIRTHPLACE (city or town) Ballo, Md.
(State or country)

15. MAIDEN NAME Alice Fields
16. BIRTHPLACE (city or town)
(State or country) Belle, Mo.

7. INFORMANT Records, Metro. City Group
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Ann Date 5/9/34

9. UNDERTAKER
(Address) *F. J. Krause*
705 Duane St

1934 *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5 . 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 1, 1934 to May 5, 1934

I last saw her alive on May 5, 1934 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

C.M. S. Lues & Pareis.

Myshiles - serological

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

lowing: _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place _____

Manner of Injury

Nature of Injury _____

21. Was disease or injury in any way related to occupation of deceased

ho If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Baltimore City Hospitals

1934

101155

F 01155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 W. Hamburg St. St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Virginia A. Scott. (C)

(a) Residence: No.

162 W. Hamburg St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 13, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Joseph Scott. (C)

14. BIRTHPLACE (city or town)
(State or country)

Virginia.

15. MAIDEN NAME

Lennie Wilson. (C)

16. BIRTHPLACE (city or town)
(State or country)

Virginia.

INFORMANT

(Address)

Joseph Scott. (C) father.

162 W. Hamburg St.

BURIAL, CREMATION, OR REMOVAL

Place

Johnson Center Date May 8, 1934

UNDERTAKER

(Address)

Walter B. Spence
137 W. Hamburg St.

FILED

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency.
congenital.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

5/5/34

(Address)

O. H. Feinhardt
1017 E. Charles St.

M. D.

Coroner

F 01156

01156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Louis Hospital St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Jennie Dickler(a) Residence: No. 2306 Whitten Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced, (write the word) Widow5a. If married, widowed, or divorced
HUSBAND of Abraham Dickler
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18527. AGE Years 82 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT E. M. Wickham(Address) 323 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bellevue Hospital Date 5-7-34 1919. UNDERTAKER Jacob Reiser Inc.(Address) 1431 N. Baltimore Ave.20. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 19 3422. I HEREBY CERTIFY. That I attended deceased from May 5, 19 34 to May 7, 19 34I last saw him alive on May 7, 19 34 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

Mediastinitis

Date of onset

May 6, 1934

Other contributory causes of importance:

B. Welch's gangrene of neck & chestMay 5Name of operation Incision & drainage Date of 5/6/34What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify(Signed) Samuel J. ...(Address) Louis Hospital

M. D.

01157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01157

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Berwick Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Emge

(a) Residence: No. 2810 Berwick Ave St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Emge

6. DATE OF BIRTH (month, day, year) July 26 1865

7. AGE Years 68 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Theodore Baker

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Joseph W. Emge (Address) 2810 Berwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date May 8, 1934

19. UNDERTAKER Wm. S. Black (Address) 17 W. North Ave

20. FILED Huntington Hollingsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1934 to May 6, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis, cerebral hemorrhage, pneumonia

Date of onset

Jan 22, 1934

Other contributory causes of importance:

Myocardial insufficiency May 1, 1934

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. H. Benson M. D.

(Address) 16. Orlean Ave

- 1934

✓ F 01158

01158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hospital St.* 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. *2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Johnson(a) Residence: No. *1023 N. Wolfe St.* St. *7-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *?*7. AGE Years *50?* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Va.* (State or country)13. NAME *?*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *?*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Records, Balto. City Hosp* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Randalltown Md* Date *5-8-1934*19. UNDERTAKER *Brown & Mamiel & Wright**1934* *Wm. A. Williams, Jr.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/5-1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 3, 1934 to May 5, 1934*I last saw her alive on *May 5, 1934* Death is said to have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Multiple infarctions of the brain

Date of onset

? 4/28/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Tobias Weinberg

M. D.

(Address)

Balto. City

F 01159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 N Euter St., 10-01 Ward)

2. FULL NAME

(a) Residence: No. 722 Haywood Ave (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) unknown, 1895

AGE Years 39 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Helper

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmersburg, S. C.

13. NAME Daniel Smith

14. BIRTHPLACE (city or town) (State or country) Caroline

15. MAIDEN NAME Julia Harrison

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT (Address) Amelia Williams 722 Haywood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Kennelwood S. 6 Date 5-4-1934

19. UNDERTAKER (Address) Byron & Mamie Knight 1218 N. E. Street

20. REGISTRAR (Address) Huntington Williams 7000 Chase

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw Investigator, 19 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows: Pulmonary Embolism

Other contributory causes of importance: unknown

Name of operation: No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Gorton M. D. Coroner

(Address) 7000 Chase

✓ F 01160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 310 South St. Montgomery Ala. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown6. DATE OF BIRTH (month, day, year) Dec. 2, 18997. AGE Years 34 Months 5 Days 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama13. NAME Louis Moody14. BIRTHPLACE (city or town) (State or country) Alabama15. MAIDEN NAME Minnie Pennington16. BIRTHPLACE (city or town) (State or country) Alabama17. INFORMANT (Address) JONES HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Montgomery, Ala. Date 5/17/3419. UNDERTAKER (Address) Joseph Ahrens20. FILER 1734 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 6 - 193422. I HEREBY CERTIFY That I attended deceased from May 2 to May 6I last saw him alive on May 6 1934. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Apr. 1934

Other contributory causes of importance:

Name of operation Left Craniotomy Date of 5-3-34What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Kumbel M. D.
(Address) The Johns Hopkins Hosp.

✓ F 01161

HEALTH DEPARTMENT—CITY OF BALTIMORE

01161

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3234 E. Baltimore St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elisabetta Mancini

(a) Residence: No. 3234 E. Baltimore St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, name of (a) WIFE of Luigi Mancini

DATE OF BIRTH (month, day, year) March 20 1891

AGE 43 Years Months 1 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 021

10. Date deceased last worked at this occupation (month and year) 1. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Casalvecchio Italy (State or country)

12. NAME Tommaso Tosches Casalvecchio

13. BIRTHPLACE (city or town) Italy (State or country)

14. MAIDEN NAME Rosa Fratta

15. BIRTHPLACE (city or town) Italy (State or country)

16. INFORMANT Luigi Tosches 19 N. Potomac St. (Address)

17. BURIAL, CREMATION, OR REMOVAL Holy Redeemer May 8 1934 Place Date

18. UNDERTAKER Francis Della Woe 52 N. Morley St. (Address)

19. FILED Huntington, Baltimore, Md. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 6, 1934

I last saw him alive on May 6, 1934 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

May 2 1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Allen C. Bertram M. D. (Address) 3139 E. Baltimore St.

01162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Spelman Hospital*)St. *1-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 1/2* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2616 Hudson*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Sept. 7, 1932*AGE Years Months Days If LESS than 1 day, hrs. or min. *1 7 29*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *?*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mary Ann Tennison*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Francis Tennison*(Address) *2616 Hudson St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Stephen's*Date *May 8, 1934*19. UNDERTAKER *John J. Fallowell*(Address) *1004 S. Remond Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 6, 1934, to May 6, 1934*I last saw him alive on *May 6, 1934* Death is said to have occurred on the date stated above, at *5:05 P.M.*

The principal cause of death and related causes of importance were as follows:

*Chorea
Bronchopneumonia*Date of onset *4/29/34*
5/2/34

Other contributory causes of importance:

*None*Name of operation *None* Date of *ad*What test confirmed diagnosis? *None* (If none, state in autopsy?) *ad*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Harry J. Fallowell*(Address) *Spelman Hospital*

- 1934

01163

F 01163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 12-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Matilda A. Shaeffer

(a) Residence: No.

535 E. North Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Jacob A. Shaeffer

DATE OF BIRTH (month, day, year)

July 28, 1866

AGE

67

Years

Months

9

Days

7

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Penna.

12. NAME

Daniel Laumaster

14. BIRTHPLACE (city or town)
(State or country)

Penna.

15. MAIDEN NAME

Catherine Albright

16. BIRTHPLACE (city or town)
(State or country)

Pennsylvania

INFORMANT

Mr. Jacob A. Shaeffer

(Address)

335 E. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place York, Penna. Date May 8, 1934

UNDERTAKER

E. Leroy Shaeffer, Inc.

(Address)

125 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1934

22. I HEREBY CERTIFY, That I attended deceased from
5-4-1934 to 5-5-1934I last saw her alive on 5-5-1934. Death is said
to have occurred on the date stated above, at 5:52 P.M.The principal cause of death and related causes of
importance were as follows:Hypertensive cardio-vascular renal disease
Diabetes Mellitus

Date of onset

1927

Other contributory causes of importance:

Anemia

5-1-34

Name of operation

Date of

What test confirmed diagnosis? Clival Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

J. H. Lange, M. D.

(Address)

125 E. North Ave.

FILED 1934

Registrator.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1164

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

April 18, 1931, to May 6, 1931

Last saw him alive on May 6, 1931. Death is said

to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia - like lung

Date of onset

4/18/31

Other contributory causes of importance:

Bladder tumor

Feb 1931

Name of operation: Excision of bladder tumor. Date of 4/24/31

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

Registrar.

1165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01165

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Sargeant St., St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Sawyer

(a) Residence: No. 1101 Sargeant St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie L. Sawyer

DATE OF BIRTH (month, day, year) June 1 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bricklayer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

13. NAME Joseph Sawyer

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MOTHER NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Annie L. Sawyer
(Address) 1101 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 9, 1934

19. UNDERTAKER Harry Annas
(Address) 4204 Edgewood Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/3/34 to 5/6/34

I last saw him alive on 5/4/34 Death is said to have occurred on the date stated above, at 7:47 a.m.

The principal cause of death and related causes of importance were as follows:

Bronch. Asthma
Initial Regurg.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bernard J. Perry

M. D.

(Address)

1101 Sargeant St.

1934

Registrar

F 01166

F 01166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1224* *Beale St* *Charmersland Md.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *unknown*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *unknown*AGE Years Months Days If LESS than 1 day, hr. or min. *about 54*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *unknown*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *087*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *unknown*14. BIRTHPLACE (city or town) (State or country) *unknown*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *unknown*INFORMANT *Mrs. Mary Grady*(Address) *1212 N Charles St*

17. BURIAL, CREMATION, OR REMOVAL

Place *Charmersland Pa.* Date *5/9/34* 1918. UNDERTAKER *La Verne Zimmey*(Address) *4644 Ph. Rd. Baltimore*

8-1934

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on *19* to *19* Death is said to have occurred on the date stated above, at *12:50 m PM*

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

1 1/2

Other contributory causes of importance:

*Arterio-Sclerosis**unknown*Name of operation *Hysterectomy*

Date of

What test confirmed diagnosis? *History* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *James M. Fenton*(Address) *700 E Chase*

Coroner

M. D.

F 01167 HEALTH DEPARTMENT—CITY OF BALTIMORE 01167

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Casquett St. 5-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 207 Casquett St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Foster

6. DATE OF BIRTH (month, day, year) unknown

7. AGE 29 79 Years Months Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A.A. S.O. (State or country) Md

13. NAME James Foster

14. BIRTHPLACE (city or town) M. D. (State or country)

15. MAIDEN NAME H. M.

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Martha Foster (Address) 207 Casquett St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date May 9, 1934

19. UNDERTAKER Mrs Charles C. Bailey (Address) 1421 Jefferson St

8 MAY 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Mar. 18, 1934 to May 6, 1934 I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy Chronic valvular heart disease

Other contributory causes of importance:

Chronic valvular heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Edward Fisher M. D.

(Address) 1421 E. Monmouth

F 01168

F 01168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 1/2 Asquith St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 43 yrs. mos. ds. How long in U. S. If of foreign birth: 43 yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Dora Garonsky
118 1/2 Asquith St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Max

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. min.

63

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME Louisa Samuelson

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME Fagie

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT

(Address)

Husband
Same

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

5/8/34

19. UNDERTAKER

(Address)

FILED

1934

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7/34 19

22. I HEREBY CERTIFY, That I attended deceased from

July 1933, to May 7 1934

I last saw him alive on May 7th 1934. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the
esophagus - stomach
Diabetes Mellitus

Date of onset

1933

20 years

Other contributory causes of importance:

Metastasis
Severe atherosclerosis
Heart failure

Name of operation

Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Warrs G. Trice
120 Asquith St.

M. D.

F.D. 04469

F 01169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 N. Ellwood ave. St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth A. Marvel

(a) Residence: No. 158 N. Ellwood ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert F. Marvel

6. DATE OF BIRTH (month, day, year) Nov. 2 - 1855

7. AGE Years 78 Months 6 Days 3 2 If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Thomas Garrison

14. BIRTHPLACE (city or town) Annapolis, Md. (State or country)

15. MAIDEN NAME Elizabeth Goschell

16. BIRTHPLACE (city or town) don't know (State or country)

17. INFORMANT Ellen N. Marvel (Address) 158 N. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date May 8, 1934

19. UNDERTAKER

(Address) George W. Zirkler 1797 E. Egan St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY That I attended deceased from

Mar 24, 1934 to May 5, 1934 I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation long (Chronic)

Date of onset

Other contributory causes of importance:

acute Cardiac Pulmonary

Name of operation Date of 10

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

3-1934

M. F. 01170

F 01170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Went Baltimore General Hospital* *Rogers & Deland* *16-01* Ward)Registered No. *95-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME *Lee Wice*(a) Residence: No. *615 Ashburton* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Jane Wise*6. DATE OF BIRTH (month, day, year) *Sept 15 1877*7. AGE Years *56* Months *7* Days *22* If LESS than 1 day... hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Interior*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Decorators*
10. Date deceased last worked at this occupation (month and year) *05*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore City*13. NAME *Jacob Wise*14. BIRTHPLACE (city or town) (State or country) *Baltimore City*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Baltimore City*17. INFORMANT *Mrs Mary Jane Wise* (Address) *615 Ashburton St*18. BURIAL, CREMATION, OR REMOVAL *MAY 9 - 1934* Place *Londow Park* Date19. UNDERTAKER *Geo H Little* (Address) *2700 E. Lombard St*20. FILED *6-1934* *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7, 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 4*, 1934, to *May 7*, 1934.I last saw him alive on *May 7*, 1934. Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

1. *Cerebral Hemorrhage* *5/4/34*

Other contributory causes of importance:

*Hypertensive Heart Disease 1931*Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Sam. J. Palmer* M. D.(Address) *West Baltimore City*

F 01171
Spec 1-10-27-1000 Rks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01171

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Broadway

ST. 8-01 WARD

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Taylor Petticord

(a) RESIDENCE NO. 1713 N. Broadway

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 3

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed.

5a If married, widowed, or divorced HUSBAND of Alphonsa Petticord.

6 DATE OF BIRTH (month, day, and year) Nov 4 1859

7 AGE 74 75 6 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore md (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant M. Roy Petticord (Address) 1713 N. Broadway

15 Filed 8-1934 19 Huntington Williams, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1934

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to May 7, 1934, that I last saw her alive on May 7, 1934, and that death occurred, on the date stated above, at 4:00 A. M. The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

CONTRIBUTORY (Secondary) Acute Pharyngitis (duration) ? yrs. mos. ds. (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) G. Arthur Stewart M. D.

5/7, 1934 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Grand Ridge Cemetery May 9 1934 ADDRESS/203

Undertaker Henry Lutz N. Broadway

F 01172

F 01172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. John Grimmel

(a) Residence: No.

Rocks

Md.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Elizabeth Grimmel

6. DATE OF BIRTH (month, day, year)

Jan 13 = 1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

68

3

23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Harry Grimmel

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Katharine Born

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

Charles Grimmel
Jarrettsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 8, 1934

19. UNDERTAKER (Address)

Henry Lutz
1205 N. E. ...
Baltimore Md.

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-1934

22. I HEREBY CERTIFY, That I attended deceased from

5-6-34, 19, to 5-6-34, 19

I last saw him alive on 5-6-34, 19. Death is said to have occurred on the date stated above, at 9:35 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
with decompensation
arteriosclerosis.

Date of onset

?

Other contributory causes of importance:

Broncho-pneumonia 5-4-34

Name of operation Date of

Was there an autopsy? No

Death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Md. ...

M 01173

F 01173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Ward for Women of Md*
 CITY OF BALTIMORE: (No. _____ St. *12-01* Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Martha Frances Hammond*

(a) Residence: No. *630 W North Ave* St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of *None*

6. DATE OF BIRTH (month, day, year) *April 1st 1886*

7. AGE Years *48* Months *1* Days *76* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Scoutmaster*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *069*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Fredrick County Md*
 (State or country)

13. NAME *Grafton Hammond*
 14. BIRTHPLACE (city or town) *Fredrick Co Md*
 (State or country)

15. MAIDEN NAME *Martha Travel*
 16. BIRTHPLACE (city or town) *Fredrick Co Md*
 (State or country)

17. INFORMANT *Pauline Hammond*
 (Address) *630 North Ave*

18. BURIAL, CREMATION, OR REMOVAL
New Market Fredrick Co Md May 9 1934

19. UNDERTAKER *Chas. G. Black*
 (Address) *742 W North Ave*

20. REGISTRAR *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 25*, 19*34* to *May 7*, 19*34*
 I last saw her alive on *May 6*, 19*34* Death is said to have occurred on the date stated above, at *4:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Cardiovascular malady
Pneumonia
Myocardial insufficiency
congestive

Other contributory causes of importance:

Arteriosclerosis
Dental caries

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____

(Signed) *Beverly L. Compton* M. D.

(Address) *Woman's Hosp*

M. D. H. 01174

F 01174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* mos. *40* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *420 S. Dallas* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6. If married, widowed, or divorced, name of HUSBAND or WIFE of *Mary Lizzie (Dead)*DATE OF BIRTH (month, day, year) *March 13, 1864*AGE *68* Years *1* Months *24* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Franklin Ind.*13. NAME *Henry*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Easton*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT *Records* (Address) *Bals City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathary Cem.* Date *May 8, 1934*19. UNDERTAKER *Wendell J. H. H. H.* (Address) *300 S. Dallas*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 28, 1932 to May 5, 1934*I last saw him alive on *May 5, 1934* Death is said to have occurred on the date stated above, at *10:30 P.*

The principal cause of death and related causes of importance were as follows:

Injurious Insufficiency of congestive failure
Atherosclerosis

Date of onset

4 yrs?

Other contributory causes of importance:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify _____(Signed) *Phayel* M. D.(Address) *Bals City Hosp.*

8-1334

Registrar.

1. D. 12175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01175

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Fleet Street St. 1-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Paulina Ostapowski

(a) Residence: No. 2537 Fleet Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Ostapowski

DATE OF BIRTH (month, day, year) 1869 AGE Years Months Days If LESS than 1 day, hrs. or min. 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mr. John Ostapowski (Address) 2537 Fleet Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 9 1934

UNDERTAKER John M. Weber (Address) 401 S. Charles St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1934

22. I HEREBY CERTIFY. That I attended deceased from May 1st 1934 to May 6 1934

I last saw him alive on May 6 1934 Death is said to have occurred on the date stated above, at 3 45 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of the heart (Cause unknown)

Other contributory causes of importance:

Acute Myocardial Degeneration

Name of operation None Date of operation None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Rice M. D. (Address) 24 S. Broadway

M. D. P. 01176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01176

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Collington Ave. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 41 yrs. mos. ds.

2. FULL NAME George Fibich

(a) Residence: No. 312 S. Collington Ave. St. Ward.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1874

AGE Years Months Days If LESS than 1 day, hrs. or min. 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland (State or country)

12. NAME Unknown

14. BIRTHPLACE (city or town) Poland (State or country)

13. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland (State or country)

INFORMANT Mrs. Eva Gibula (Address) 312 S. Collington Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 9, 1934

UNDERTAKER John C. Weber (Address) 401 S. Chester St.

FILED 8-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from April 29, 1934, to May 6, 1934. I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

May 2

Other contributory causes of importance:

Acute Bronchitis

April 26

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Drunga

(Address) 209 S. Chester St.

M. D.

F 01128

HEALTH DEPARTMENT—CITY OF BALTIMORE 1178

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital
Wilkins + Caton St. 16 Ward)Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Murray(a) Residence: No. 741 N. Fulton Ave. Ward. St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Servilla
(or WIFE of)6. DATE OF BIRTH (month, day, year) June 8 18807. AGE 53 Years 10 Months 29 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MD.
(State or country)13. NAME Thomas H. Murray14. BIRTHPLACE (city or town) MD.
(State or country)15. MAIDEN NAME Julia C. Murray16. BIRTHPLACE (city or town) MD.
(State or country)17. INFORMANT Miss Servilla Murray(Address) 741 N. Fulton Ave.18. BURIAL, CREMATION, OR REMOVAL Chapel HillPlace 5/9/3419. UNDERTAKER George A. Farley(Address) Fulton St.20. FILED Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 7 193422. I HEREBY CERTIFY, That I attended deceased from April 16 1934 to May 7 1934I last saw him alive on May 7 1934 Death is said to have occurred on the date stated above, at 3 45 a.m.

The principal cause of death and related causes of importance were as follows:

myocardial infarction
peripneumonia

Date of onset

4/16/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Samuel S. Knoch M. D.(Address) St Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

01179

CERTIFICATE OF DEATH

F 01179

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Pitcher St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 601 Pitcher St., (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) *June 21-1863*

AGE Years *70* 10 Months *15* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country)

13. NAME *John Loggins*

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME *Hannah Fieff*

16. BIRTHPLACE (city or town, State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Piney Grove Md*

UNDERTAKER
(Address)

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6-1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on *May 6-1934* Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

*Myocarditis
3 years*

Other contributory causes of importance:

Name of operation *Regular*

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

M. D. F 01180

F 01180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. STREETER ST. WARD 7-01) HOPKINS HOSPITAL

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 700 N. Streeter St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

George

6. DATE OF BIRTH (month, day, year)

5-2-81

7. AGE

52

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

N W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

md

13. NAME

Stephan Loran

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

agnus Loran

16. BIRTHPLACE (city or town) (State or country)

Poland

17. INFORMANT (Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REBURNAL

Place St. Stanislaus Date May 9, 1934

19. UNDERTAKER (Address)

M. J. Sadowski
1740 E. Eastern Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to May 5, 1934.

I last saw her alive on May 5, 1934. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary occlusion
Myocardial Failure
Hypertension
Obesity

April 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Michael T. Tylman
John Hopkins Hospital

M. D.

DIED 1934

01181

HEALTH DEPARTMENT—CITY OF BALTIMORE 181

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 2 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., 10-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or ~~Divorced~~ (write the word) married5a. If married, widowed, or divorced HUSBAND of Virgie Harris (or) ~~Widowed~~6. DATE OF BIRTH (month, day, year) July 10-1892
7. AGE Years 41 Months 9 Days 23 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.13. NAME Preston Harris (dead)14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Lou Wright (dead)16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT Patient himself (Address)18. BURIAL, CREMATION, OR REMOVAL Place Forest Date 5/819. UNDERTAKER J. J. Fisher (Address) 1315 Light20. FILE 8-1934 Huntington Williams, 45

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd, 193422. I HEREBY CERTIFY. That I attended deceased from July 4, 1934, to May 3rd, 1934.I last saw him alive on May 3rd, 1934. Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

lung abscess
(Streptococcal infection)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) John J. Aubrey M. D.(Address) 954 Forest

01182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 W. Lombard St. Ward 18-01)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1014 W. Lombard St. Ward 18-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Mary Crocker (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16th 1850

7. AGE Years 83 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Booklet & Ledger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Geo Crocker

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mrs Mary Crocker (Address) 1014 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 5/19/1934

19. UNDERTAKER John J. Corbett Son (Address) 901 N. Hollins St

20. SIGNED Attest: J. Williams, M.D. Registrar.

8-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16/1934

22. I HEREBY CERTIFY. That I attended deceased from 5/11/34 to 5/16/34

I last saw him alive on 5/15/34 19 34 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Art. Sclerosis
Myocarditis

Date of onset

1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Bernard F. Terry M. D. (Address) 910 W. Lombard

01183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Wilkens Ave. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John C. Lloyd, Sr.

(a) Residence: No. 1705 Wilkens Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Annie Lloyd (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 20, 1853

7. AGE Years 80 Months 6 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR 031

10. Date deceased last worked at this occupation (month and year) June 1919 11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME William H. Lloyd

14. BIRTHPLACE (city or town) New York City (State or country) New York

15. MAIDEN NAME Nancy Keller

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. Andrew J. Lloyd (Address) 1705 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date May 9 1934

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED

8-1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1933 to May 6 1933

I last saw deceased alive on May 6, 1934. Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Date of onset

Other contributory causes of importance:

Ruptured aortic aneurysm

Name of operation None Date of

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01184

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. *13-01* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2108 Whittier* St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color of Race *White* 5. Single Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years *1* Months *3* Days *0* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Ernest Paxenos*14. BIRTHPLACE (city or town) (State or country) *Greece*15. MAIDEN NAME *Mary Lagachian*16. BIRTHPLACE (city or town) (State or country) *Greece*INFORMANT (Address) *Ernest Paxenos*
2108 Whittier

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date *5/8/34*UNDERTAKER (Address) *Bernard E. Harter*
1000 S. Race St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7, 1934*

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on *May 4, 1934* Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

*Muscles 6 Days*Name of operation *None* Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Manner of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *John H. Hark*

(Address)

M. D.

8-1934

01185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01185

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 14-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1740 Druid Hill Ave.* ft.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Jennie Chase*DATE OF BIRTH (month, day, year) *April 8-1878*

AGE

53

Years

Months

Days

If LESS than
1 day, hrs.
or min.*28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Balto - Md*

13. NAME

*Chas. A Chase*14. BIRTHPLACE (city or town)
(State or country)*Md*

15. MAIDEN NAME

*Mary E Chalk*16. BIRTHPLACE (city or town)
(State or country)*Md*

INFORMANT

Jennie Chase

(Address)

1740 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place

Paul Sem

Date

5/9/34

UNDERTAKER

Theodore S. White

(Address)

117 North Wolfe St

MAY 8 - 1934

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Agnes Bell

Coroner

M. D.

2709 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Robb St., 9-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2525 Robb St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 Color or Race white 5. Single, Married, Widowed, or Divorced Married (Write the word)

6. If married, widowed, or divorced
HUSBAND of Rodolph R. Rowe
(or) WIFE of

DATE OF BIRTH (month, day, year) April 12/1882

AGE Years 52 Months 0 Days 24 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Crisfield, Md.
(State or country)

13. NAME Charles Duncan

14. BIRTHPLACE (city or town) Crisfield, Md.
(State or country)

15. MAIDEN NAME Catherine Timmons

16. BIRTHPLACE (city or town) Crisfield, Md.
(State or country)

INFORMANT Henry Rowe
(Address) 504 Dunkirk Rd., (Anneslie)

BURIAL, CREMATION, OR REMOVAL
Place Wendover Park Date May 5, 1934

UNDERTAKER W. H. Williams, Jr.
(Address) 508 E. North Ave.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1929 to May 6/34, 19

I last saw him alive on _____, 19____ death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Anaemia - Toxemia
Carcinoma Uterus
(Extension to colon & rectum)

Other contributory causes of importance:

Name of operation Radium Date of 2/1930

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. S. H. Palmer M. D.
(Address) 508 E. North Ave.

01187

HEALTH DEPARTMENT—CITY OF BALTIMORE

01187

CERTIFICATE OF DEATH

Registered No. 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 Hill St.)

St. 22-21 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Theresa McKeever

(a) Residence: No. 28 Hill St.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McKeever

7. DATE OF BIRTH (month, day, year) about 70 AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Lavender

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Elchira McKeever

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Miss Josephine McKeever (Address) 28 Hill St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 5/6/34

19. UNDERTAKER J. J. Fahy & Sons (Address) 1318 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 28, 1934, to May 1, 1934

I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation

Date of onset

Other contributory causes of importance:

Rheumatism

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

J. J. Smith M. D. 54 Hill St.

MAY 8 - 1934

Registrar

M. 134 188

F 01188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Westwood Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mollie V. Thomas

(a) Residence: No. 3218 Westwood Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Thomas

6. DATE OF BIRTH (month, day, year) March 26, 1860

7. AGE Years 74 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vienna (State or country) Maryland

13. NAME James M. McBride

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Olivia ?

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Miss Mabel Thomas (Address) 3218 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. May 9 1934

19. UNDERTAKER 1005 W. Baltimore St. (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 to May 7, 1934

I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at 12.50P.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis
Acute Pneumonia

Date of onset

6/5/34

Other contributory causes of importance:

Chronic Nephritis

1/2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) 622 W. North Ave.

01189

HEALTH DEPARTMENT—CITY OF BALTIMORE

01189

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Herbert St. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Anna M. Fischer (Fisher)

(a) Residence: No. 2130 Herbert St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of Charles Fischer
(or) WIFE of

DATE OF BIRTH (month, day, year) October 16, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	77	6	70	25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Demitz

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kathren Schutte

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mr. Nelson E. Schofield
(Address) 2310 Alameda Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery May 8, 1934

UNDERTAKER

(Address)

1003 W. Baltimore St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic myocarditis
& Arterio Sclerosis
1 year

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

North Ave & Division St.

M. D.

01190 HEALTH DEPARTMENT—CITY OF BALTIMORE 01190

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 E. North ave 9-01 Ward)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lawrence J. Hayden

(a) Residence: No. 1204 E. North ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 1. Color or Race *White* 3. Single, Married, Widowed, or Divorced *Divorced*

If married, widowed, or divorced
HUSBAND of *Myrtle*
(or) WIFE of

DATE OF BIRTH (month, day, year) *July 3, 1899*

AGE *34* Years *9* Months *4* Days LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)

13. NAME *Daniel Hayden*

14. BIRTHPLACE (city or town) *Ireland*
(State or country)

15. MAIDEN NAME *Ellen O'Toole*

16. BIRTHPLACE (city or town) *New Jersey*
(State or country)

INFORMANT *Ellen Hayden*
(Address) *1204 E. North ave*

BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *5/9/34*

UNDERTAKER *Richard F. Quiley*
(Address) *700 E. North ave*

FILED *114 Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/7/34*, 19

22. I HEREBY CERTIFY, That I attended deceased from *8/3/33*, 19, to *5/7/34*, 19

I last saw him alive on *5/6/34*, 19. Death is said

to have occurred on the date stated above, at *2-5044*

The principal cause of death and related causes of importance were as follows:

Pulmonary P. B.

Date of onset

?

Other contributory causes of importance:

Name of operation *none* Date of *✓*

What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. S. Gadden* M. D.

(Address) *321 E. 20*

01191

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01191

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

104.S.Chapel.St

St. 2-0! Ward)

2. FULL NAME Margaret Kropfelder

(a) Residence: No.

104.S.Chapel.St

St. 2

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

John Kropfelder

DATE OF BIRTH (month, day, year) Feb. 27 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		2	9 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Germany

12. NAME

unknown

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT
(Address)John Kropfelder (husband)
104, S. Chapel St

BURIAL, CREMATION, OR REMOVAL

Place Holy redeemer Date May 9. 1934

UNDERTAKER
(Address)Tilly & Ziehl
1934
1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30 1934 to May 6 1934

I last saw her alive on May 5 1934 Death is said to have occurred on the date stated above, at 6.45 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

Geo. Heller

(Address)

1937 Long St

M. D.

01192

HEALTH DEPARTMENT—CITY OF BALTIMORE

01192

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1232 Duane Hill St. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Wm H. Hammond

(a) Residence: No. 1232 Duane Hill St.

(Usual place of abode)

Ward.

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color Race 5. Single, Married, Widowed, or Divorced (write in word)

21. DATE OF DEATH (month, day, year) 22. I HEREBY CERTIFY That I attended deceased from

If married, widowed, or divorced HUSBAND of (or) WIFE of

I last saw h alive on Death is said to have occurred on the date stated above at

DATE OF BIRTH (month, day, year)

AGE 43 9 21 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows

Date of onset

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date May 10 1910

UNDERTAKER (Address)

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Coroner

M. D.

F 01193

F 01193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Madison St. Ward 4-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 1723 Madison St. How long in U. S. If of foreign birth? 1723 Madison St. yrs. 1723 Madison St. mos. 1723 Madison St. ds.

2. FULL NAME

(a) Residence: No. 1723 Madison St.

(Usual place of abode)

Ward. X

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Feb 4 - 1934AGE Years 3 Months 3 Days 3 If LESS than 1 day, hrs. 3 or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in occupation

BIRTHPLACE (city or town) (State or country) Oldsworth, Md.13. NAME Oldsworth, Md.14. BIRTHPLACE (city or town) (State or country) Oldsworth, Md.15. MAIDEN NAME Julia Blackman16. BIRTHPLACE (city or town) (State or country) Oldsworth, Md.INFORMANT 1723 Madison St.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date May 9, 1937UNDERTAKER Joseph A. Lipp(Address) 1409 N. Mount StreetFILED 108

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 193722. I HEREBY CERTIFY, That I attended deceased from 1937 to 1937I last saw h. 1937 alive on 1937 Death in saidhave occurred on the date stated above, at 1937 m.

The principal cause of death and related causes of importance were as follows:

Lotus Primmer 52 years

Other contributory causes of importance:

Name of operation Regular Date of 1937What test confirmed diagnosis? 1937 Was there an autopsy? 193723. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 1937 Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 1937

(Address)

M. D.

F 01194

01194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Park

Registered No.

77-001

CITY OF BALTIMORE: (No.

St., 14-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Earl Lache

(a) Residence: No.

413 S. Morris

St., 14-01 Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Apr. 21, 1934

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 6, 1934

22. I HEREBY CERTIFY That I attended deceased

on May 6, 1934

I last saw him alive on May 6, 1934. Death is said
to have occurred on the date stated above, at 4:40 P. M.The principal cause of death and related causes of
importance were as follows:

Encephalitis.

Date of onset

5-5-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Butler Grimes, M. D.

(Address) Union Memorial Park

01195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01195

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Linac Hospital

CITY OF BALTIMORE: (No.

Monument

St.,

2-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bernice Bryant (Jameson)

(a) Residence: No.

1816 Aliceannes St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

WIFE of

Thomas Bryant

DATE OF BIRTH (month, day, year)

March 27th 1887

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

47

1

10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

With Dakota

BIRTHPLACE (city or town) (State or country)

12. NAME

Charles Streeter

14. BIRTHPLACE (city or town) (State or country)

in Maine

15. MAIDEN NAME

Helen Hadley

16. BIRTHPLACE (city or town) (State or country)

in Maine

INFORMANT

Helen Valmas

(Address)

715 S. Bethel St.

BURIAL, CREMATION, OR REMOVAL

Place

St. Hanslaus Cem

Date

May 10th 1934

UNDERTAKER

George A. Weber

(Address)

705 S. Ann St.

FILER

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/7, 1934

22. I HEREBY CERTIFY, That I attended deceased from

5-1

1934, to

5-7

1934.

I last saw her alive on

5-7

1934

Death is said

to have occurred on the date stated above, at

7:30 P. M.

The principal cause of death and related causes of importance were as follows:

*Peritonitis
Acute Cardiac Dehydration*

Date of onset

Other contributory causes of importance:

*Pelvic inflammatory Disease
Bilateral Hydrocoele*

over

Name of operation

Pan Hysterectomy

Date of

5-4-34

What test confirmed diagnosis? *Operation* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Marjorie E. Gann

M. D.

(Address)

Linac Hospital

01196

283393

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 04496

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1505 P Monument St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>unknown</u>		
7. DATE OF BIRTH (month, day, year) <u>unknown</u>		
8. AGE	Years <u>50</u>	Months <u>-</u>
	Days <u>-</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		<u>house work</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>at home</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>03</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-193422. I HEREBY CERTIFY, That I attended deceased from 5-23-1934 to 5-5-1934I last saw her alive on 5-5-1934 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Syphilis: Syphilis of Aorta
Aortic insufficiency
Myocardial insufficiency
Chronic nephritis

Date of onset

?
?
1931
1931

Other contributory causes of importance:

2. BIRTHPLACE (city or town, State or country) Maryland13. NAME Edward Hilday14. BIRTHPLACE (city or town, State or country) Maryland15. MAIDEN NAME Henrietta Price16. BIRTHPLACE (city or town, State or country) Maryland7. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Not known Date May 9, 193419. UNDERTAKER Mrs. Kate B. Williams
(Address) 322 E. Schroeder St.20. REGISTRAR John Hopkins Hospital

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Pharmaceutical M. D.(Address) John Hopkins Hospital

01197 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01197

CERTIFICATE OF DEATH

✓ 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Franklin St. 14-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Virginia Mitchell

(a) Residence: No. 1415 W. Franklin St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

John J. Mitchell

DATE OF BIRTH (month, day, year)

July 7-1864

AGE

Years 70

Months 9

Days 28

If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Stanton Virginia

13. NAME

Benjamin Madison

14. BIRTHPLACE (city or town) (State or country)

Stanton Virginia

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT (Address)

Anita Ward 1415 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date May 9, 1934

UNDERTAKER (Address)

Mrs. Katie R. Williams 322 S. ...

FILED

-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 5, 1934

22. I HEREBY CERTIFY. That I attended deceased from

19... to 19...

I last saw him alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

May 5, 1934

Other contributory causes of importance:

Arteriosclerosis

?

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address)

Joseph L. Volubin M.D. 16 South Broadway

Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

101199

01199

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Windsor Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Conrad Walsh

(a) Residence: No. 3337 Windsor Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13, 1858
8. AGE Years 75 Months 9 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Wm. H. Walsh

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Ann R. Conradt

16. BIRTHPLACE (city or town) W. Va. (State or country)

17. INFORMANT Mrs. Daniel B. Chambers (Address) 3339 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls Cemy. Date 5/9/34 19

19. UNDERTAKER John O. Mitchell (Address) 1900 Eutaw Place

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/34 19

22. I HEREBY CERTIFY, That attended deceased from May 2 1934 to May 7 1934 I last saw him alive on May 7 1934 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Broncho. pneumonia Date of onset May 2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E. Wilson M. D. (Address) 3 W. Biddle St.

-1934

E-01200

01200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *107-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

(New Edward Aprt.)

CITY OF BALTIMORE: (No. *2305 Brookfield Ave., St. 13-01* Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME *Minnie H. Meyer*(a) Residence: No. *New Edward Aprts.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced

HUSBAND of *Charles L. Meyer,*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *59* Years *3* Months *9* Days If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME *Emanuel Hamburger,*
Germany.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Rachel Heilner,*
New York,

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT *Chas. L. Meyer,*
New Edward Aprt.
(Address)8. BURIAL, CREMATION, OR OTHER PLACE *Chas. L. Meyer,*
New Edward Aprt.
Place Date *May 9th/34*

9. UNDERTAKER (Address)

10. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7th, 1934.*22. I HEREBY CERTIFY, That I attended deceased from *Dec 6, 1923 to May 7, 1934*I last saw h. *21* alive on *May 6, 1934.* Death is said to have occurred on the date stated above, at *9 A.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Bronchopneumonia**May 5, 1934*

Other contributory causes of importance:

*Paralysis agitans**1922*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Laurel P. Hamburger*(Address) *1207 Eutan St.*

M. D.

11201

F 01201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Plays & Subland* St., *27-01* Ward)Length of residence in city or town where death occurred *50* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Anton Luster

(a) Residence: No.

5406 Belair Road St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Dorothy Luster

DATE OF BIRTH (month, day, year)

Dec 2/1868

AGE

Years

Months

Days

If LESS than 1 day, *65* hrs. or *6* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Christopher Luster

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Dorothy Luster

(Address)

B. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood Cem 5/11 1934

UNDERTAKER

(Address)

Leonard J. Rugh 5305 Hopkins Rd.

FILE

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1934, to May 8, 1934.

I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 5:30 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Hypertensive Heart Disease

2. Bronchopneumonia

9/26

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Jes. Ashman West Baltimore Gen. Hosp.

M. D.

01202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01202

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hospital*
 CITY OF BALTIMORE: (No. *1000* *Caton Ave.* St., *16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mary Agnes Catherine Carney*

(a) Residence: No. *629* *Linwood* St., *16-01* Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*

6. DATE OF BIRTH (month, day, year) *Jan 1 / 1873*

7. AGE Years *61* Months *4* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *John H. Carney*

14. BIRTHPLACE (city or town) *Ireland*
 (State or country)

15. MAIDEN NAME *Elizabeth Sweeney*

16. BIRTHPLACE (city or town) *Ireland*
 (State or country)

17. INFORMANT *Jenkins Memorial Hosp.*

(Address) *1000 Caton Avenue*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery*

19. UNDERTAKER *Elmer W. Balkin*

(Address) *424 E. Eager St.*

1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 8th* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *February 5,* 19*34*, to *May 8th* 19*34*

I last saw her alive on *May 7th* 19*34* Death is said to have occurred on the date stated above, at *11 PM* m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Chronic Myocarditis

Date of onset

?

Other contributory causes of importance:

Terminal Hypostatic
Pneumonia (Bilateral)

5/6/34

Name of operation *None*

Date of

What test confirmed diagnosis *Cloned* Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

John C. Dummer M. D.
St. Agnes Hospital

1203

Forder

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01203

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Baltimore City Hospital 8-01 Ward

Length of residence in city or town where death occurred 50 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Charles Forder

(a) Residence: No. 1610 E. Chase St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced
HUSBAND of Helen
(or) WIFE of

DATE OF BIRTH (month, day, year) July 25, 1866

AGE 67 Years Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Frederick Forder

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Catherine Knaus

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Records Baltimore City Hosp.

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Church Date May 9, 1934

UNDERTAKER

(Address) Mary M. Knaus 501 E. 22nd St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 6, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Transference
to Congestive Failure

Date of onset

6 wks

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed)

(Address)

Phyllis Baltimore City Hosp

M. D.

1205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 W. Mulberry St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1939 W. Mulberry St., 70-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
6. If married, widowed, or divorced, HUSBAND of (or) WIFE of <u>Hettie Williams</u>		
DATE OF BIRTH (month, day, year) <u>Sept 22, 1843</u>		
AGE	Years <u>90</u>	Months <u>7</u>
	Days <u>16</u>	If LESS than 1 day, hra. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shirt Maker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>086</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

8. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date July 19, 1934

9. UNDERTAKER (Address)

W. Howard Evans
38 E. Fort Ave.
Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to May 8th, 1934.
Last saw him alive on May 7th, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

May 7/34

Other contributory causes of importance:

ArteriosclerosisName of operation noDate of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

J. A. Chatard M. D.
(Address) 1305 N. Calvert St.

1934

F 01206

1206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

Greenway Apartments

CITY OF BALTIMORE: (No.

Charles & 34th

St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice H. Barrett

(a) Residence: No.

Charles & 34th

St. 8

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Arthur G. Barrett

DATE OF BIRTH (month, day, year)

June 6, 1876

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

57

11

1

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

13. NAME

Edward Hollander

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

15. MAIDEN NAME

Fannie Koshland

16. BIRTHPLACE (city or town)
(State or country)Philadelphia
Penna.

INFORMANT

Dr. Arthur G. Barrett

(Address)

Greenway Apartments

BURIAL, CREMATION, OR REMOVAL

Place

Balto. Hebrew Cem. 5/9 1934

UNDERTAKER

(Address)

Henry W. Meers & Son
1101 N. Calvert St.

FILED

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to May 7, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Adenocarcinoma (of ovary)

1932

Other contributory causes of importance:

Myocarditis

1934

Name of operation

Cecostomy

Date of Aug 1933

What test confirmed diagnosis?

Microscopic

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed)

Louis P. Hamburger

M. D.

(Address)

1207 Eutan Place

✓ F 01207

HEALTH DEPARTMENT—CITY OF BALTIMORE

1207

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Graue Road, Irvington 25-81 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

Adolph R. Graue

(a) Residence: No. 601 Graue Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Creed

DATE OF BIRTH (month, day, year) Feb. 2, 1869
AGE Years Months Days If LESS than 1 day, hrs. or min. 65 3 5 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Herman H. Graue

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie C. Witte

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Celia C. Graue (Address) 601 Graue Road

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. 5/9 1934

UNDERTAKER Henry W. Meares & Son (Address) 805 N. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from 025 1933 to May 6, 1934
I last saw him alive on May 6, 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung

Date of onset

1 yr.

Other contributory causes of importance:

Pulmonary hemorrhage 1 day

Name of operation Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) J. J. Kyren M. D. (Address) 3321 Franklin Ave

1934

D. 01208

T 01208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Horch* St., *17-81* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *926* *Dund Hill* St., *17-81* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Cauc* 5. Single, Married, Widowed or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Edith Smith*DATE OF BIRTH (month, day, year) *009-1887*AGE Years *46* Months *5* Days *27* If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Date *May 10, 1934*

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6, 1934*22. I HEREBY CERTIFY, That I attended deceased from *1934* to *1934*I last saw him alive on *May 6, 1934* Death is said to have occurred on the date stated above, at *11:00* a.m.

The principal cause of death and related causes of importance were as follows:

*Accident
Lacerated Head
and Concussion
of Brain*Other contributory causes of importance: *Fell struck head against steps.*Name of operation *Regulation* Date of *May 6, 1934*What test confirmed diagnosis *Regulation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *May 6, 1934*Where did injury occur: *Dund Hill + Baltimore*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *Fell on back of head*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Smith* M. D.(Address) *1000*

1934

01209

✓ M E 01209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Pronounced Dead at
PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St Josephs Hospital 5-012 Ward)

Registered No. _____

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 40 yrs. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

Walter T. Turner

(a) Residence: No. _____

3908 Guyan Falls Parkway
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Nellie May Turner
(or) WIFE ofDATE OF BIRTH (month, day, year) Aug 17 1873
AGE 60 Years 8 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Pilot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Pilot Assn

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Caroline Co Md

13. NAME Samuel Turner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Carroll

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT May Turner
(Address) 3908 Guyan Falls ParkwayBURIAL, CREMATION, OR REMOVAL
Place Federalburg Md Date May 9 1934UNDERTAKER
(Address) 1217 St Paul St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 7 1934 to May 7 1934

I last saw him alive on May 7 1934 Death is said

to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Compound fracture
of Skull

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 5/7 1934

Where did injury occur? Broadway + Lafayette Ave
(Specify city or town, county, and State)

Specify whether injury occurred in factory, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with another auto.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2202 E Madison St

01210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

5003 O'Donnell St., 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Anna M. Kall

(a) Residence: No.

5003 O'Donnell St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, name of husband or (or) WIFE of Frank J. Kall

7. DATE OF BIRTH (month, day, year) April 5th 1868

8. AGE 66 Years 1 Months 2 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anna Li Bruen (Address) 5003 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date May 9th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. P. H. M. D.

(Address) 1305 N. Patterson St

M. D. 1934
01211

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 01211
93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Lombard St. 1-01 Ward)

Length of residence in city or town where death occurred 42 yrs. 82 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 2112 Lombard St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Kaul

DATE OF BIRTH (month, day, year) Nov 5, 1858

AGE Years 75 Months 5 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 15 yrs

2. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Robert E. Kaul

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

7. INFORMANT (Address) 2112 Lombard St

8. BURIAL, CREMATION, OR REMOVAL

Place of burial or cremation Date 5/9/34

9. UNDERTAKER (Address) 1214 East St

9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to May 6, 1934

I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) with Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance:

Arteriosclerosis

?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Eugene L. Cesagno M. D.

(Address) 514 Drury Lane

M. D. B. 1268
01212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01212

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 E Oliver St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 2230 E Oliver St., 8-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Mullineaux7. DATE OF BIRTH (month, day, year) Dec 31, 1875
AGE Years 58 Months 4 Days 5 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gunna RR
10. Date deceased last worked at this occupation (month and year) 1922 II. Total time (years) spent in this occupation 3012. BIRTHPLACE (city or town) Odenton Md
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Odenton Md
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT Carrie Mullineaux
(Address) 2230 E Oliver St18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 6/9 3419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 193422. I HEREBY CERTIFY, I attended deceased from April 3, 1934, to May 6, 1934. last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Asthenia
Chronic myocarditis

Date of onset

1925
"

Other contributory causes of importance:

Arthritis deformans 1927Name of operation Radical Date of 7/10What test confirmed diagnosis Micro Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 19Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? No If so, specify 0(Signed) Elene E. Singwald M. D.(Address) 1613 E. North Ave

MAY 9 1934

F 01213

E 01213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *West Baltimore Gen Hosp*)Length of residence in city or town where death occurred: *Life* yrs. *163* mos. *34* ds. How long in U. S. If of foreign birth: yrs. mos. ds.

FULL NAME

(a) Residence: No. *1922 W. Harlem Ave*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND of (or) WIFE of *Abbie Gollenhofer*DATE OF BIRTH (month, day, year) *Nov 21 1892*AGE *41* Years *6* Months *5* Days *16* If LESS than 1 day, hrs. *4* or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Worker*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*10. Date of last worked at this occupation (month and year) *May 1933*11. Total time (years) spent in this occupation *40*BIRTHPLACE (city or town) *Baltimore Md*
(State or country)13. NAME *Fredrich Gollenhofer*14. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)15. MAIDEN NAME *Mary Keys*16. BIRTHPLACE (city or town) *Baltimore Md*
(State or country)INFORMANT *Abbie Gollenhofer*(Address) *1922 W. Harlem Ave*

BURIAL, CREMATION, OR REMOVAL

Place *London*Date *5/9*UNDERTAKER *J. M. Cook*(Address) *1317 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*last saw him alive on *19* Death is said to have occurred on the date stated above, at *11* a.m.

The principal cause of death and related causes of importance were as follows:

*Suicide
Bicloride Mercury
Auto Neglect
Premia*Date of onset *1 day*

Other contributory causes of importance:

Name of operation *Regular*Date of *year*What test confirmed *Autopsy* as there an autopsy?23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*Where did injury occur? (Specify city or town, county, and State) *Specify whether injury occurred in industry, in home, or in public place*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. M. Cook*

Coroner

M. D.

(Address) *1317 St Paul St*

MAY 9 - 1934

F 01214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01214

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Walbrook Ave)

2-FULL NAME

(a) RESIDENCE NO. 2827 Walbrook Ave

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

Now long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

1. COLOR OR RACE 5 Single, Married, Widowed, Divorced, (write the word)

If married, widowed, or divorced HUSBAND of or WIFE of

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1933, to May 7, 1934, that I last saw him alive on May 6, 1934, and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

CONTRIBUTORY (Secondary) Tuberculosis of lungs (duration) 1 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray of chest.

(Signed) S. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

ADDRESS

Y9-1934

M. D. B. 01215

F 01215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1) JOHNS HOPKINS HOSPITAL

St. 9-01 Ward

Length of residence in city or town where death occurred 1 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Katherine Edwards

(a) Residence: No. 502 E. 39

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowa. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John EdwardsDATE OF BIRTH (month, day, year) 8-12-1861AGE Years 72 Months 8 Days 26 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 193411. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) (State or country) Price George Co Md

13. NAME

Amos Carriak14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

Susan Rogers16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address) Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt OlivetDate May 10 1934

19. UNDERTAKER

(Address)

Wm Cook
Huntington Williams, MD

Y 9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 26, 1934, to May 8, 1934I last saw her alive on May 8, 1934. Death is saidto have occurred on the date stated above, at 2:25 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia, Bronchitis
Cystitis + Pyelitis (acute)

Date of onset

April 25, 34

Other contributory causes of importance:

Arteriosclerosis, Hypertension
Cardiac Hypertrophy

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James Bradley
(Address) Johns Hopkins Hospital

M. D.

01216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01216

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 16-01 St. 16-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Thomas

(a) Residence: No. 1117 Woodyear st.
 (Usual place of abode)

St., Ward.
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced
 HUSBAND of Ora Thomas
 (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 23, 1897

AGE Years Months Days If LESS than
 36 6 13 1 day, ...hra.
 or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Georgia
 (State or country)

12. NAME Henry Thomas

14. BIRTHPLACE (city or town) Georgia
 (State or country)

15. MAIDEN NAME Laura Adams

16. BIRTHPLACE (city or town) Georgia
 (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to May 6, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, 12-45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Dec. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify
 (Signed) Christopher C. Shaw M. D.
 Baltimore City Hospitals
 (Address)

FILED

F 01217

✓ F 01217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St. 15-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Reinholda Spellman

(a) Residence: No.

3011 Windsor Ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

married

6. If married, widowed, or divorced

(or) ~~Widowed~~ Charles Spellman

DATE OF BIRTH (month, day, year)

Sept 25-1884

AGE

49

Years

Months

7

Days

14

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

BIRTHPLACE (city or town) (State or country)

Balt., Md.

13. NAME

Joseph Thalheimer

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Catherine Delaney

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Lmt.

Date

May 12-1934

UNDERTAKER

(Address)

Baltimore

FEB 1934

A. E. F. P. M. A. M. A. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/9/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from

5/8/34 . 19

to

5/9/34 . 19

I last saw her alive on 5/9/34 . 19 Death is said

to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast with Metastasis to Liver

Date of onset

?

Other contributory causes of importance:

Name of operation

clinical signs

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Burns M. D.
Mercy Hospital

F 01218

F 01218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *566 Creel St.* Ward *17-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *566 Creel St.* Ward *17-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *1861*

AGE *73* Years Months Days If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Warford Co. Md.*
(State or country)13. NAME *Washington*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*
(State or country)INFORMANT *Jennie Thompson*
(Address) *1617 Laurel St.*BURIAL, CREMATION, OR REMOVAL
Place *Mt. Calvary Cem* Date *5/9* 19*34*UNDERTAKER *Samuel J. Hemley*
(Address) *528 W. 13th St.*FILED *1934* *Anthony Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 3* to *May 6* 19*34*.
I last saw her alive on *May 6, 1934* Death is said to have occurred on the date stated above, at *4:00* p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Gangrenous *Septicemia* *Apoplexy*
1/34

Other contributory causes of importance:

Chronic Bronch. *May 1/34*

Name of operation *Plurical* Date of *2/20*What test confirmed diagnosis *Plurical* there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *various things*
(Signed) *Geo. H. Warrumbach* M. D.

Address *224 N. North Ave*

M. F. B. NO. 01219

F 01219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. da.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Southern Home & Hospital* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. da.

2. FULL NAME

Catherine Pauline Davis(a) Residence: No. *Greenmount Ave near 25th* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed, or divorced *Married* (or) WIFE of *Chas K Davis*

DATE OF BIRTH (month, day, year)

AGE *51* Years *7* Months *1* Day If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

13. NAME *Clara Louise Thompson*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Orcilia Thompson*

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *May 9th 1934*

9. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7th 1934*

22. I HEREBY CERTIFY, That attended deceased from

1928 to *May 7* 1934I last saw her alive on *May 6* 1934. Death is saidto have occurred on the date stated above, at *4:50* a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast

Other contributory causes of importance:

*Metastatic carcinoma of breast & metastasis to lungs*Name of operation *Medical amputation of right breast* Date of *1934*What test confirmed diagnosis? *Pathological examination* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Dr. J. M. E. M. E. M.* M. D.(Address) *2435 Maryland Ave*

FILED

19

9-1934

01220 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-002

PLACE OF DEATH

Y OF BALTIMORE: (No. 11)

Provenanced Dead
Mercy Hospital St. *4-01* Ward)

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

*Anton Goemann*Ward. *Northland*

(If non-resident give city or town and State)

(a) Residence: No. 11

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

EX 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

married, widowed, or divorced
 HUSBAND of *Henry Goemann*
 (or) WIFE of

DATE OF BIRTH (month, day, year)

June 22 1886

AGE

Years

Months

Days

If LESS than
 1 day, hrs.
 or min.

*47**10**15*

Trade, profession, or particular
 kind of work done, as spinner,
 Sawyer, bookkeeper, etc.

Drummond

Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

Freese

Date deceased last worked in
 this occupation (month and
 year)

11. Total time (years)
 spent in this
 occupation

BIRTHPLACE (city or town)
 (State or country)

Germany

NAME

unknown Goemann

BIRTHPLACE (city or town)
 (State or country)

Germany

MAIDEN NAME

unknown

BIRTHPLACE (city or town)
 (State or country)

Germany

INFORMANT

Henry Goemann

(Address)

11 Guyman Park Drive

FUNERAL, CREMATION, OR REMOVAL

Place

Golden Park

Date

May 10 1934

UNDERTAKER

John Ullrich

(Address)

2008 Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
 I last saw h... alive on 19... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of
 importance were as follows:

Coronary Thrombus

Date of onset

Other contributory causes of importance:

Name of operation

Hyster

Date of

What test confirmed diagnosis? *Hyster* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
 lowing: Accident, suicide, or homicide? *Yes* Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Not known If no, specify

(Signed) *James M. Fenton* M. D.
 (Address) *700 E. Chase* Coroner

10-1934
 9-1934

F 01221

F 01221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Chesterfield Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Huettnner

(a) Residence: No. 2811 Chesterfield Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lisette Huettnner

DATE OF BIRTH (month, day, year) Jan. 16, 1875

AGE Years Months Days If LESS than 1 day, hrs. or min. 53 3 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Huettnner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lisette Huettnner (Address) 2811 Chesterfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 9, 1934

UNDERTAKER (Address) John Huettnner 2008

9-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from Dec 1st 1933 to May 7th 1934I last saw h. alive on May 6th 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset 4/7/34

Other contributory causes of importance:

Chronic Myocarditis
Chronic Nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Superior, Buck, M. D.
J. Club D. D.
Baltimore

D. 01222

F 01222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 Harlem Ave. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Michael Baer

(a) Residence: No. 2852 Harlem Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Mary Baer (or) WIFE of

DATE OF BIRTH (month, day, year) May 19-1849
AGE Years 84 Months 11 Days 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 20 yrs

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 88

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Baer

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Harry Hendrix (Address) 2852 Harlem Ave

BURIAL, CREMATION, OR REMOVAL Place Baltimore May 11, 1934

UNDERTAKER John Ullrich (Address) 2005 Baltimore

FILED 93-1354 May 11, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from January, 1932 to May 8, 1934
I last saw him alive on May 8, 1934 Death is said to have occurred on the date stated above, at 12:50 Pm.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Disease
generalized arterio-
sclerosis

Date of onset several years

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. Ullrich M. D.
(Address) 2901 Edmondson Ave

F 01223

F 01223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4617 Ka von Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Eggling

(a) Residence: No. 4617 Kavon Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX le 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced
HUSBAND of Minnie C. Eggling
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 19, 1856

AGE Years 77 Months 7 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1916

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Henry J. Eggling

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) Germany
(State or country)7. INFORMANT Minnie C. Eggling
(Address) 4617 Kavon Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Park Date May 10, 1934

9. UNDERTAKER John Ullrich
(Address) 2000 N. ...

10. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934 . 19

22. I HEREBY CERTIFY. That I attended deceased from May 4, 1934 to MAY 7, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis
Prostatic Hypertrophy

Date of onset

May 1934

Other contributory causes of importance:

Coronary Occlusion 1897

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edward L. ... M. D.
(Address) 413 N. Washington

224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

01224

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Annapolis Rd 25-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2127 Annapolis Rd Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Duvall

DATE OF BIRTH (month, day, year) Jan 8 1874

AGE 60 Years 3 Months 29 Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward Snyder

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Gaither

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1934

22. I HEREBY CERTIFY. That I attended deceased from May 7th 1934 to May 7, 1934

I last saw her alive on May 7, 1934 Death is said to have occurred on the date stated above, at 11:23 A.M.

The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

May 7

Other contributory causes of importance:

Internal Hypertension 1932

Name of operation

None

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Shawanda Keeler M.D. (Address) 2910 Holmes Ferry Rd

19-1934

F 01225

M. D. 1268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01225

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 225

(Usual place of abode)

St. Dundalk - Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced write the word Infant

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4-14-34AGE 24 ~~days~~ Years 0 Months 0 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Eugene Willes14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Vera Fisher16. BIRTHPLACE (city or town) (State or country) Maryland7. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

8. BURIAL, CREMATION, OR REMOVAL

Place ParkwoodDate 5-9-349. UNDERTAKER Wendell P. Humphreys(Address) 501 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-193422. I HEREBY CERTIFY, That I attended deceased from 5-2-1934 to 5-7-1934I last saw him alive on 5-7-1934 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Impetigo moniliformis

Date of onset

4-19-34

Other contributory causes of importance:

Diarrhea5-1-34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19. _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Manus S. Licht(Address) Johns Hopkins Hospital

M. D.

MAY 9 1934

01226

HEALTH DEPARTMENT—CITY OF BALTIMORE

1226

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Bon Secours Hospital

St. 70-61 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs Teresa A. Parlett

(a) Residence: No.

500 Denison

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

Wm R. Parlett

DATE OF BIRTH (month, day, year)

9/28/88

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48/45

7

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Robert A. Parlett

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Mary A. Murphy

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

INFORMANT (Address)

Mary A. Parlett 24 N. Salisbury St.

BURIAL, CREMATION, OR REMOVAL

Place Cadmus Ave. Date May 11 1934

UNDERTAKER (Address)

Geo. J. Parlett Bon Secours Hospital

MAY 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/7/34

22. I HEREBY CERTIFY, That I attended deceased from

3/20

1934 to 5/7

I last saw alive on

5/7

1934

to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Pulmonary Embolus
Myocardial Failure

Date of onset 4/19/34

Other contributory causes of importance:

Myomata Uteri

Name of operation

Hysterectomy performed

Date of 3/22/34

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J. Kulacki

(Address) Bon Secours Hospital

M. D.

01227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 01227

PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 W. Mulberry St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 802 W. Mulberry St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 27-1933

AGE Years 10 Months 8 Days 11 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md
(State or country)

13. NAME John Johns

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Ann Lewis

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mr. J. Johns

(Address) 802 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place of interment

Date 5/9/34

UNDERTAKER Mrs. Katie A. Williams

(Address) 322 N. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Other contributory causes of importance:

Measles

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Specify)

(Sign) [Signature] M. D.

(Address) 2739 Eastern Ave.

MAY 9 - 1934

01228

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01228

CERTIFICATE OF DEATH.

93-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Braddish ST. 15-01 WARD)

2-FULL NAME

Mary Margaret Sellman

(a) RESIDENCE No.

1711 Braddish

ST. 15-01 WARD

(Usual place of abode)

58 yrs. 8 mos. 12 ds.

Now long in U. S., if of foreign birth?

Length of residence in city or town where death occurred

(If non-resident give city or town and State)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widowed
If married, widowed, or divorced HUSBAND of Norman E. Sellman or WIFE of

DATE OF BIRTH (month, day, and year) July 26-1876
AGE 57 Years 8 Months 12 Days If LESS than 1 day, 12 hrs. or 12 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House
(b) General nature of industry, business, or establishment in which employed (or employer) Work
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER Blair J. Meyers

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Emma P. Humphrey

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

Informant Mrs. Hazel Stobbe
(Address) 1711 Braddish

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1934

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1934 to May 6, 1934.
that I last saw her alive on May 6, 1934.
and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency, congestive

(duration) 2 yrs. 2 mos. 0 more
CONTRIBUTORY (Secondary) myocardial insufficiency
(duration) 2 yrs. 2 mos. 0 more

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) S. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL May 9, 1934
ADDRESS St. Anthony's, Williams, Md.

UNDERTAKEN St. Anthony's, Williams, Md.

9-1934

F 01229

F 01229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Smaw Hospital* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

2. FULL NAME

Sigmund Wasserman

(a) Residence: No.

2510 Beaufort St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Sadie

DATE OF BIRTH (month, day, year)

1881

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

53

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Melvin

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Russia

2. BIRTHPLACE (city or town) (State or country)

13. NAME

Aaron Wasserman

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rebecca Shinkov

16. BIRTHPLACE (city or town) (State or country)

Russia

7. INFORMANT

(Address)

Jacob A. Wasserman
4305 Forrest Park Ave

8. BURIAL, CREMATION, OR REMOVAL

Place

*New York City*Date *5/9*

1934

9. UNDERTAKER

(Address)

Joseph Wilson - Bro
1123 E. Baltimore St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 8*, 193422. I HEREBY CERTIFY, That I attended deceased from *April 17*, 1934, to *May 8*, 1934.I last saw him alive on *May 8*, 1934. Death is said to have occurred on the date stated above, at *7:45* p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Cerebral Hemorrhage
Hemiplegia - Left
Arteriosclerosis
Cardiac hypertrophy & dilatation

Date of onset

*5-3-34**4:10-34**1**7**?*

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Albert J. Hunsicker

M. D.

(Address)

2141 N. York St.

M. D. B. 1934 E 01230

F 01230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital St 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

Joseph A. Stengle (Joseph Adam Stengle)(a) Residence: No. *832 Whitmore Ave*

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>male</i>	<i>white</i>	<i>Married</i>

6. If married, widowed, or divorced	HUSBAND of <i>Sally P. Stengle</i>
(or) WIFE of	

DATE OF BIRTH (month, day, year) *Sept. 18-1904*

AGE	Years	Months	Days	If LESS than
	<i>29</i>	<i>7</i>	<i>21</i>	1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sales Correspondent*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ames Steel & Wire Co.*10. Date deceased last worked at (this occupation) (month and year) *April 20/34*11. Total time (years) spent in this occupation *10 yrs*12. BIRTHPLACE (city or town) *New York City*(State or country) *New York*13. NAME *George Stengle*14. BIRTHPLACE (city or town) *unknown*(State or country) *Germany*15. MAIDEN NAME *Josephine Von Achen*16. BIRTHPLACE (city or town) *France*

(State or country)

INFORMANT *Mrs Sally P. Stengle (wife)*(Address) *832 Whitmore Ave*

BURIAL, CREMATION, OR REMOVAL

Place *New York City* Date *May 10/34*UNDERTAKER *Stuebner & Co.*(Address) *1000 York St.*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9*, 193422. I HEREBY CERTIFY, That I attended deceased from *April 20*, 1934, to *May 9*, 1934I last saw him alive on *May 9*, 1934. Death is saidto have occurred on the date stated above, at *6:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Perforated Peptic ulcer

Other contributory causes of importance:

*Subphrenic abscess*Name of operation *Laparotomy*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Nathan Racusin*(Address) *Franklin Square Hospital*

M. D.

F 01231

1231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp. 4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *mon.* da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

(a) Residence: No. *Corner Vine & Arch St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed.*

If married, widowed or divorced

HUSBAND of
(or) WIFE of*Emma Waters.*DATE OF BIRTH (month, day, year) *July 5, 1877*AGE Years *56.* Months *9* Days *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Drederick, Md.*
(State or country)13. NAME *Richard Waters.*14. BIRTHPLACE (city or town) *? Md.*
(State or country)15. MAIDEN NAME *Rachel Hawkins.*16. BIRTHPLACE (city or town) *Dred. Md.*
(State or country)INFORMANT *Rachel Butler (cousin)*
(Address) *532 Baker St.*

BURIAL, CREMATION, OR REMOVAL

Place *University of Md.* Date *May 9* 19*34*

FUNERAL

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/4* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *1/24/33* to *5/4* 19*34*I last saw him alive on *5/4* 19*34* Death is said to have occurred on the date stated above, at *9:15* a.m.

The principal cause of death and related causes of importance were as follows:

*Coronary occlusion (?)*Date of onset *(?)*

Other contributory causes of importance:

*Arteriosclerosis
Hypertension**??*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Rachel A. Reiter
Balto City Hosp

M. D.

FILED *1934* *Washington* *Williams, N.Y.*

George Ibox

F 01232

1232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital (Frd) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 mos.

How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

George Ibox

(a) Residence: No.

16011

Keyser

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, with or without

HUSBAND of

(or) WIFE of

Mary E.

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Weston, Md.

12. NAME

John

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Margaret Klobster

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Records, Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place

University of Md

Date May 9, 1934

UNDERTAKER

(Address)

1934 Huntington Hall, N.Y.

0374

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That deceased from

Dec 11, 1930 to May 8, 1934

I last saw him alive on May 8, 1934 Death is said

to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
C Congestive
Atherosclerosis

Date of onset

7 yrs

Other contributory causes of importance:

Smoking

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Phazell
Balt City Hosp

M. D.

F 01233

01233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 5-01* Ward)Length of residence in city or town where death occurred *60* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1818 Vincent*
(Usual place of abode)St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Alinda*
(or) WIFE of *?*

DATE OF BIRTH (month, day, year)

AGE

67

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place *University of Md* Date *May 9*, 19*34*UNDERTAKER
(Address)

FILE NO.

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 5*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 4* 19*34* to *May 5* 19*34*I last saw him alive on *May 5* 19*34* Death is said
to have occurred on the date stated above, at *5:50 p.m.*The principal cause of death and related causes of
importance were as follows:*Lobar pneumonia*

Date of onset

1 wk

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

P. Magill
(Address) *Balt City Hosp.*

M. D.

01234

HEALTH DEPARTMENT—CITY OF BALTIMORE 234

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Mc Elderry St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1613 Mc Elderry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced Samuel Russell
(or) WIFE ofDATE OF BIRTH (month, day, year) unknown
AGE Years Months Days If LESS than 1 day, hrs. or min. approx 666. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07010. Date deceased last worked at this occupation (month and year) Mo. 11. Total time (years) spent in this occupationBIRTHPLACE (city or town) Mo.
(State or country)12. NAME unknown14. BIRTHPLACE (city or town) unknown
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Balto Co Md.
(State or country)INFORMANT Zachariah Brown
(Address) 1613 Mc Elderry St

BURIAL, CREMATION, OR REMOVAL

Place Astbury Lane Date May 8 1934UNDERTAKER Wm T Williams
(Address) 1515 Mc Elderry StFILED 1934 ORR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to May 6 1934I last saw him alive on May 5 1934. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma of Intestinal Tract Date of onset Jan '34

Other contributory causes of importance:

Marked Secondary AnemiaName of operation no Date of PhysicalWhat test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

R. Young M. D.

F 01235

235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *St. Agnes Hospital*Registered No. *28-01*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *28-01* St. *7* Ward)Length of residence in city or town where death occurred *8* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Helena T. Bowen(a) Residence: No. *111 Mallow Hill Rd* St. *X* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*a. If married, widowed, or divorced
HUSBAND of *Child*
(or) WIFE ofDATE OF BIRTH (month, day, year) *March - 1926*AGE Years *8* Months *13* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *none*11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Med*
(State or country) *Baltimore Md*

13. NAME

Richard Bowen
*Baltimore*14. BIRTHPLACE (city or town)
(State or country) *Md*

15. MAIDEN NAME

*Helena Schelshorn*16. BIRTHPLACE (city or town)
(State or country) *Long Island*
New York

INFORMANT

(Address)

Richard Bowen
111 Mallow Hill Rd

17. BURIAL, CREMATION, OR REMOVAL

Place *Forest Cemetery* Date *May 11 1934*

18. UNDERTAKER

(Address)

Towell & Myers
2224 Cambridge Ave
Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-7-34*22. *30* I HEREBY CERTIFY. That I attended deceased from *10:00 am 5-7-34* to *7:00 pm 5-7-34*I last saw h. *5'* alive on *May 7 1934* Death is said to have occurred on the date stated above, at *7:00* p. m.

The principal cause of death and related causes of importance were as follows:

Resolving Pneumonia - Rt. Side
*Empyema - Left side*Date of post
4-18-34
*5-1-34*Other contributory causes of importance: *none*Name of operation *Thoracotomy* Date of *5-7-34*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George Urban
M. D.
St. Agnes Hosp

1934

F 01236

236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 McKewin Ave Ward 9-01)Length of residence in city or town where death occurred 45 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? 45 yrs. 4 mos. 15 ds.

2. FULL NAME

(a) Residence: No. 618 McKewin Ave St., 9-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, Married or Divorced (write the word)a. If married, widowed, or divorced Married (or) WIFE of John H. MarshallDATE OF BIRTH (month, day, year) May 11 - 1888AGE 44 Years 11 Months 27 Days If LESS than 1 day, 8 hrs. or 35 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self10. Date deceased last worked at this occupation (month and year) Mar 3411. Total time (years) spent in this occupation 352. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Jacob T. Lebo14. BIRTHPLACE (city or town) (State or country) Penna15. MAIDEN NAME June T. Mumma16. BIRTHPLACE (city or town) (State or country) Balto. Md.7. INFORMANT John H. Marshall(Address) 618 McKewin Ave

8. BURIAL, CREMATION, OR REMOVAL

Place ParkwoodDate May 11 - 19349. UNDERTAKER Wm Cook(Address) 1217 St Paul st

10. FILE

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 - 193422. I HEREBY CERTIFY, That I attended deceased from Feb, 1934 to May 8, 1934I last saw her alive on May 8, 1934 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset

May 8, 1934

Other contributory causes of importance:

Name of operation Clinical Date of May 8, 1934What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Was there an autopsy? Date of injury May 8, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J H Wheaton(Address) 4307 York Rd

M. D.

F' 01237

01237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

South Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Baby Boy Freitag

(a) Residence: No. _____ St. _____ Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
male	white	married
6. If married, widowed, or divorced		
HUSBAND of _____		
(or) WIFE of _____		
DATE OF BIRTH (month, day, year) 5/5/34		
AGE	Years	Months
	4	3
If LESS than 1 day, 2 hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME

Frank J. Freitag

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME

Ethel May Brunson

16. BIRTHPLACE (city or town) _____ (State or country) _____

INFORMANT

Frank J. Freitag

(Address)

1116 Riverside Ave

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

E. B. Harter

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/5/34, 19 to 5/8/34, 19.

I last saw him alive on 5/8/34, 19. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Atelectasis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Michael J. Wiecek M. D.

(Address) South Baltimore Gen. Hosp

F 01238

1238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Anna Hospital St. 17-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Bridge & Rosedale Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 5/5/34

AGE Years Months Days If LESS than 1 day, hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balti, Md.
(State or country)13. NAME Benjamin Boblitz14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Calamine Smith16. BIRTHPLACE (city or town) Baltimore
(State or country) MarylandINFORMANT Benjamin Boblitz
(Address) Bridge & Rosedale Ave

BURIAL, CREMATION, OR REMOVAL

Place Med College Date May 9, 1934UNDERTAKER
(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 193422. I HEREBY CERTIFY, That I attended deceased from 5-5, 1934, to 5-5, 1934I last saw him alive on 5-5, 1934 Death is said to have occurred on the date stated above, at 6:50 P.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Memoria in mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Gustav Highstein, M. D.(Address) Anna Hospital

1239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01239

✓ 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1715 Linden Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of		
DATE OF BIRTH (month, day, year) <u>April 26 1934</u>		
AGE	Years	Months
		Days
		If LESS than 1 day, 15 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME John Rogers

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Bessie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL Place St. Mary's College Date May 9, 1934

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1934, to 4-26, 1934

I last saw him alive on 4-26, 1934 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

Immaturity

Other contributory causes of importance: Congenital Heart Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Spencer, Jr. M. D. (Address) Johns Hopkins Hospital

1934

0378

F 01240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

JOHNS HOPKINS HOSPITAL

St. 7-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Timothy Washington

(a) Residence: No. 111

(Usual place of abode)

Warrington ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

M

Black

Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

5-2-1897

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

37

1

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

S Car

13. NAME

Levi Washington

14. BIRTHPLACE (city or town)
(State or country)

S Car

15. MAIDEN NAME

Martha Mone

16. BIRTHPLACE (city or town)
(State or country)

S Car

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Date

1921

UNDERTAKER

(Address)

MIL

1934

Huntington Avenue, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 26, 1934, to May 3, 1934

I last saw him alive on May 3, 1934. Death is said
to have occurred on the date stated above, at 5:25 A.M.The principal cause of death and related causes of
importance were as follows:Cardiac hypertrophy & congestive failure
Infarction of lung
Complete rt hemiplegia
Aspiration pneumonia of lung

Date of onset

March 1933

Dec 1933

4-22-33

4-30-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Joseph J. Bergmeyer

Johns Hopkins Hospital

M. D.

F 01241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

1414 Haubert St.

St. 24-01 Ward

Month of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

FULL NAME Joseph Stankiewicz

(a) Residence: No. 1414 Haubert St.

St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of Madeline Stankiewicz (or) WIFE of

DATE OF BIRTH (month, day, year) 1868 AGE Years 66 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland (State or country)

13. NAME Andrew Stankiewicz Poland

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Unknown Poland

16. BIRTHPLACE (city or town) Poland (State or country)

INFORMANT Frank Alexander (Address) 1414 Haubert St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 11, 1934

UNDERTAKER John M. Weber (Address) 401 S. Charles St.

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934

22. I HEREBY CERTIFY. That I attended deceased from March 14, 1934 to May 7, 1934

I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

General Atherosclerosis - Sclerosis Apoplexy

(Other contributory causes of importance:

Atherosclerosis of Arteries

Date of onset

4-1-34

April 15.

5-6-34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE 1242

01242

CERTIFICATE OF DEATH

✓ 92-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Strickland St., 70-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 00 mos. 00 ds. How long in U.S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

FULL NAME

Henry Clayton Willis

(a) Residence: No. 3210 Strickland St., 70-01 Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Adaline Willis
WIFE of _____

DATE OF BIRTH (month, day, year) Oct. 14 - 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>71</u>	<u>2</u>	<u>24</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. mch.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanics
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Conn.
(State or country)

13. NAME Frank Willis

14. BIRTHPLACE (city or town) Conn.
(State or country)

15. MAIDEN NAME Elizabeth Burnham

16. BIRTHPLACE (city or town) Conn.
(State or country)

INFORMANT Mrs. Adaline Willis
(Address) 3210 Strickland St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date May 11 1934

UNDERTAKER George L. Schaub
(Address) 2101 E. Baltimore Ave.

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to May 8 1934
I last saw him alive on May 7 1934 death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Right coronary artery
Myocardial infarction
Aspergillus
Hypertension
Senility

(Other contributory causes of importance)

Pulmonary Embolism

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Here an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Robert C. Ketchum M. D.
(Address) 2101 E. Baltimore Ave.

D. B. 1243
01243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01243

94-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* - 01St., *Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St., *Ward*.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M.* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced, HUSBAND of (write name) *Bertha Gutsmiedl*

DATE OF BIRTH (month, day, year)

AGE *56* Years *7* Months *13* Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *86*BIRTHPLACE (city or town) (State or country) *Germany*

NAME

BIRTHPLACE (city or town) (State or country) *Germany*MAIDEN NAME *Theresa*BIRTHPLACE (city or town) (State or country) *Germany*

FORMANT

(Address) *20 S Castle St.*

URIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer 5/14*

NDERTAKER

(Address) *1217 St Paul St.*

LED

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9*, 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

19*34* to 19*34*last saw him alive on 19*34* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19*34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address) *39 E. Eden*

Coroner

M. D.

F 01244

F 01244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St., *5-01* Ward)

2. FULL NAME

(a) Residence: No. *109* *Aspen* St., *5-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Dec 25 1858*AGE *79* Years *4* Months *13* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Paper hanger*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self 052*10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Henry Jacobs*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Eva Hunk*16. BIRTHPLACE (city or town) *Germany* (State or country)INFORMANT *Records* *Balt. City Hosp.* (Address)BURIAL, CREMATION, OR REMOVAL *Baltimore* *5/10* *1934*UNDERTAKER *Wm. Cook* *1217 St. Paul St* (Address)

F 01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 8* 19*34*I HEREBY CERTIFY, That I attended deceased from *May 20* 19*33* to *May 8* 19*34*I last saw him alive on *May 8* 19*34* Death is said to have occurred on the date stated above, at *10:25* A.M.

The principal cause of death and related causes of importance were as follows:

Intermittent Hypertension Cerebral hemorrhage, Apoplexy, Hemiplegia, etc. Date of onset *1 mo*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

T. P. Hargis *Balt. City Hosp.*

M. D.

D. B. 1245
01245

F 01245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 Woodgras 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. 134 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 932 Woodgras

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male 4. Color or Race: 5. Single, Married, Widowed or Divorced (write the word) Male Col Married

If married, widowed, or divorced:

HUSBAND of Emma Holland (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 3 1882

AGE Years 57 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Jas H. Holland

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Mattie Williams

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Emma Holland

(Address) 932 Woodgras

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem

Date 5/10

1934

UNDERTAKER Chas Y. Cooper

(Address) 514 N. Calhoun St

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1934

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows

Renal Calculi

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? here an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 01246

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

F 01246

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)
3 yrs. mos. ds.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 21. Joseph Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 3 yrs. mos. ds.

FULL NAME

Magdalena Nowak

(a) Residence: No.

2131 E. Lombard

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female

white

married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Frank Nowak

DATE OF BIRTH (month, day, year)

Unknown

AGE

52

Months

Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)

None

11. Total time (years) spent in this occupation

Poland

BIRTHPLACE (city or town) (State or country)

Joseph Dziennik

3. NAME

BIRTHPLACE (city or town) (State or country)

Poland

4. MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT (Address)

Frank B. Nowak
2131 E. Lombard

FUNERAL, CREMATION OR REMOVAL Place Date 4/11/34

UNDERTAKER (Address)

FILED

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. Death is said

I last saw h. alive on

to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:
Probably Cerebral Embolism
Endocarditis

Date of onset

??

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner

M. D.

F 01247

F 01247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 1610 Abbott St. Ward 7-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1610 Abbott St., 7-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	4. Color or Race <u>Colored</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
6. If married, widowed, or divorced HUSBAND of <u>Fredddie M. Gary</u> (or) WIFE of		

DATE OF BIRTH (month, day, year) <u>March 4, 1904</u>				
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>30</u>	<u>1</u>	<u>2</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	11. Total time (years) spent in this occupation <u>040</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	

7. BIRTHPLACE (city or town) Newberry
(State or country) S.C.13. NAME Mr. Gary14. BIRTHPLACE (city or town) S.C.
(State or country)15. MAIDEN NAME Hattie Chippie16. BIRTHPLACE (city or town) S.C.
(State or country)INFORMANT Fredddie M. Gary
(Address) 1610 Abbott St.8. BURIAL, CREMATION, OR REMOVAL
Place Greenville S.C. Date May 11, 19349. UNDERTAKER Samuel P. Moore & Son
(Address) 318 E. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 1, 1934 to May 8, 1934

I last saw him alive on May 7, 1934 Death is said to have occurred on the date stated above, at 6:45 AM.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5/1/34

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external cause (violence) fill in also the following: ✓

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed)

(Address)

B. J. Hatcher
1725 Pa. Ave

M. D.

01934

Huntington

F 01248

F 01248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Druid Hill Ave. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1739 Druid Hill Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Col Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

April 18, 1934 to May 7, 1934

I last saw her alive on May 6, 1934 Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

None

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) all in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pelletier M. D.

(Address) 817 Hamilton Ave

01934

Undertaker: 638 N. Calver, Baltimore, Md. Registrar: 104

01249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

911 Whitelock

St.

Ward

Length of residence in city or town where death occurred ³⁴ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Samuel Cohen

(a) Residence: No.

911 Whitelock

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah

DATE OF BIRTH (month, day, year)

1866

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

65

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Retired

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Poland

12. NAME

Abraham Cohen

13. BIRTHPLACE (city or town)
(State or country)

Poland

14. MAIDEN NAME

Unknown

15. BIRTHPLACE (city or town)
(State or country)

Poland

INFORMANT

(Address)

Max Levy
1507 7th Baltimore St

BURIAL, CREMATION, OR REMOVAL

Place

Friendship Cemetery Date May 10, 1934

UNDERTAKER

(Address)

Sol J. Winsor & Son
1127 E. Baltimore St

MAY 10 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 8, 1934 Death is said
to have occurred on the date stated above, at 12:45 p.m.The principal cause of death and related causes of
importance were as follows:

Vincenoma Reclam

Date of onset

7 yrs

Other contributory causes of importance:

Name of operation

Colotomy

Date of

Apr. 33

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Chas J. Blotke
20 E. Preston

M. D.

01250

F 01250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth " yrs. *0* mos. *0* da.2. FULL NAME *Mr C. A. Tuttle*(a) Residence: No. *7 West Franklin* St., *11-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced
HUSBAND of *Mrs. C. A. Tuttle*
(or) WIFE ofDATE OF BIRTH (month, day, year) *ap 3, 1867*AGE *67* Years *1* Months *5* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Marion, Vermont*
(State or country) *Chicago, Ill.*13. NAME *Lucius P. Tuttle*14. BIRTHPLACE (city or town) *Marion, Vermont*
(State or country)15. MAIDEN NAME *Susan Thomas*16. BIRTHPLACE (city or town) *New Jersey*
(State or country)INFORMANT *Dr. John E. Sevalon*(Address) *576 W. University Pkwy*

BURIAL, CREMATION, OR REMOVAL

Place *Chicago, Ill.* Date *May 10, 1934*UNDERTAKER *Wm. H. Kiser & Sons*(Address) *1111 N. P. Ave.*FILED *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-8-34* 1922. I HEREBY CERTIFY, That I attended deceased from *4-21-34* 19 to *5-8-34* 19I last saw *him* alive on *5-8-34* 19. Death is said to have occurred on the date stated above, at *8:50* m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
*Diabetes mellitus*Date of onset
4-21-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *N/C*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Richard France*(Address) *Union Memorial Hosp.*

M. D.

101934

01251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **01251**

PLACE OF DEATH

CITY OF BALTIMORE: (No. **4-01**)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. **Ashby Burroughs** Mechanicsville, Md. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**If married, widowed, or divorced
HUSBAND of **Madelene Burroughs**
(or) WIFE ofDATE OF BIRTH (month, day, year) **June 28 - 1882**AGE **71** Years **71** Months **10** Days **11** If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**Industry or business in which work was done, as silk mill, saw mill, bank, etc. **086**

Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) **Md**
(State or country)3. NAME **Leonard H Burroughs**4. BIRTHPLACE (city or town) **Md**
(State or country)5. MAIDEN NAME **Elizabeth Braddock**6. BIRTHPLACE (city or town) **Md**
(State or country)INFORMANT **Jas Maddox Burroughs**(Address) **Mechanicsville, Md**

BURIAL, CREMATION, OR REMOVAL

Place **All Faith Cemetery** Date **5/12** 19**34**UNDERTAKER **Elmer R. Foster**(Address) **Mechanicsville, Md**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May 9 - 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured left Femur 4/24/34

Other contributory causes of importance:

Cerebral Embolism 5/9/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: **Accident** 4/24/34Accident, suicide, or homicide Date of injury **Mechanicsville, Md**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place **Home**Manner of injury **Fell out of door of corn house**Nature of injury **Fractured Femur**

24. Was disease or injury in any way related to occupation of deceased?

Yes If so specify(Signed) **Wm. J. Zeller** M. D.(Address) **2789 Eastern Ave**

01934

F 01252

HEALTH DEPARTMENT—CITY OF BALTIMORE 01252

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Calhoun St., 16-01 Ward)

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Florence Parker

(a) Residence: No. 1124 Calhoun St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

(see M.D. 101)

Benjamin Bell

Unknown

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Calhoun Co. Md.

13. NAME

Thomas Parker

14. BIRTHPLACE (city or town) (State or country)

Calhoun Co. Md.

15. MAIDEN NAME

Sarah Wilco

16. BIRTHPLACE (city or town) (State or country)

Calhoun Co. Md.

INFORMANT

(Address)

Ella Jones
1913 E. Livingston St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Vernon Cemetery

UNDERTAKER

(Address)

O. E. Egan
916 E. 1st Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 6, 1954

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1953, to May 6, 1954

I last saw her alive on May 2, 1954 Death is said to have occurred on the date stated above, at 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

11/2/53

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. Wilham Frey M. D.

(Address) 1728 Penna. Ave.

101934

E. E. Egan
ma.

1253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 01253

23

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Jefferson St., 5-01 Ward)

Length of residence in city or town where death occurred 10 yrs. 10 mo. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Edward Pierce

(a) Residence: No.

1219 Jefferson

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male
 4. Color or Race black
 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15/1883
 AGE 50 Years 51 Months 8 Days 23
 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Weldon, N.C.

3. NAME

James Pierce

4. BIRTHPLACE (city or town) (State or country)

Weldon, N.C.

5. MAIDEN NAME

Delia Farnell

6. BIRTHPLACE (city or town) (State or country)

Weldon, N.C.

INFORMANT

Charles Pierce (brother)

(Address)

407b N. Durham St

BURIAL, CREMATION, OR REMOVAL

Place

Weldon, N.C. Date 5-10-34

UNDERTAKER

Mrs R. A. Elliott

(Address)

1129 N. Caroline

DATE

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8/34 19
 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

Oral hemorrhage- probably
 Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

1254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 E Fayette St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Mae Ballard

(a) Residence: No. 1624 E Fayette St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Ballard

DATE OF BIRTH (month, day, year) Oct 15 1899

AGE 34 Years 6 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME John Taylor

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Daisy O'Brien

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Friday Taylor (Address) 613 N. Calverton Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 11, 1934

UNDERTAKER Mrs B. E. Escholt (Address) 1129 N. Calverton Ave

FILED 1101834 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to May 7, 1934

I last saw him alive on May 7, 1934 Death is said to have occurred on the date stated above at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis April 25 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S. Allen, M. D.

(Address) 501 N. Calverton Ave

01255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 E. Monument St. 26-01 Ward)

Length of residence in city or town where death occurred. Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES KRUMMECK

(a) Residence: No. 3207 E. Monument St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND of Louisa Krummeck (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 14, 1853

AGE Years Months Days If LESS than 1 day, hrs. or min. 81 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Oyster Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1904 11. Total time (years) spent in this occupation 22 yrs

BIRTHPLACE (city or town) Baltimore (State or country)

12. NAME Jacob Krummeck

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mr. George J. Krummeck (Son) 1620 Bank St. (Address)

BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Place May 10 1934

HENRY SANDER & SONS, INC. Undertaker

(Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1934

22. I HEREBY CERTIFY. That I attended deceased from 4/19 1934 to 5/7 1934.

I last saw him alive on 5/7 1934 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Stenosis, Chronic Myocarditis, Atherosclerosis, Arteriosclerosis

Date of onset

Other contributory causes of importance:

Bronchitis, Pneumonia, & Heart failure

3 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Rutledge

M. D.

(Address) 1623 E. North Ave.

MAY 10 1934

F 01256

F 01256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Baltimore City Hospital, 7-01 Ward

Age of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME

Edmund Mundus Weber.

(a) Residence: No.

611 2. Glover

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race
2. Single, Married, Widowed, or Divorced (write the word)

3. If married, widowed, or divorced, HUSBAND or (for) WIFE of

4. DATE OF BIRTH (month, day, year)

5. If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

11. NAME

12. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

15. INFORMANT (Address)

16. BURIAL, CREMATION, OR REMOVAL

17. Place, Holy Redeemer Date May 12, 1934

18. UNDERTAKER (Address)

1934

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year)

21. I HEREBY CERTIFY. That attended deceased from

+ last seen alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Phagiel

Baltimore City Hosp.

M. D.

F 01257

✓ F 01257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Cold Spring Lane Ward 7-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2623 Cold Spring Lane Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced HUSBAND of (or) WIFE of Charles HaglerDATE OF BIRTH (month, day, year) Nov 11, 1856AGE Years 77 Months 5 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.13. NAME Robert Hagler14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Offner16. BIRTHPLACE (city or town) (State or country) FranceINFORMANT (Address) Frank Hagler
2623 Cold Spring Lane

BURIAL, CREMATION, OR REMOVAL

Place Int. Carmel Date of 11 1934UNDERTAKER (Address) 6000 Lexington
4607 Park Heights Ave

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 193422. I HEREBY CERTIFY, That I attended deceased from April 2 1934 to May 7 1934I last saw her alive on May 7 1934 Death is said to have occurred on the date stated above, at 4 P M

The principal cause of death and related causes of importance were as follows:

Chronic hepatitis
arterio SclerosisDate of onset 1932

Other contributory causes of importance:

Heart Failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reginald J. Tonny M. D.(Address) 414 E. North Ave

01259

E 01259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *2011 Dock St.* St. *5-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *1227 Jefferson* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct 1910*AGE *23* Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto Md*
(State or country)12. NAME *Joseph Stanley*14. BIRTHPLACE (city or town) *Md.*
(State or country)15. MAIDEN NAME *Louisa Washington*16. BIRTHPLACE (city or town) *VA*
(State or country)INFORMANT *Family Friend*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Asbury cemetery* Date *May 12 1934*UNDERTAKER *Edw. B. Ryan*(Address) *1681 Orleans St.*

FILED

10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7* 19*34*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at *8:31 p.m.*

The principal cause of death and related causes of importance were as follows:

Probable Accidental Drowned

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *Blue* Was there an autopsy? *26*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *2* Date of injury *7* 19*34*Where did injury occur? *Foot of Dock*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Self drowned*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *Dr. Vernon M. D.*(Address) *1205 N. Patterson St.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

1260

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Westfield Ave/12-01 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(A) Residence: No. 3626 Gessumwood Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *60* Years *8* Months *12* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *070*

BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)

13. NAME

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Germany*
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Baltimore*Date *May 12* 19*34*

UNDERTAKER

(Address)

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9th* 19*34*

22. I HEREBY CERTIFY, That I attended/deceased from *Dec 23* 19*33* to *May 9th* 19*34*

I last saw *her* alive on *May 9th* 19*34*. Death in said to have occurred on the date stated above, at *4:00* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Haemorrhage *5/7/34*

Other contributory causes of importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

M. D.

F 01261

F 01261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St., 12-61 Ward

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Walter C. Ziegenhein

(a) Residence: No.

2922 Remington Ave.

St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Married

If married, widowed, or divorced

HUSBAND of

Lucille E. Ziegenhein

(or) WIFE of

DATE OF BIRTH (month, day, year)

Dec 31, 1877

AGE

Years

Months

Days

If LESS than
1 day,hra.
ormin.

56

4

7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

md

13. NAME

Frank Ziegenhein

14. BIRTHPLACE (city or town)
(State or country)

md

15. MAIDEN NAME

Annie Slater

16. BIRTHPLACE (city or town)
(State or country)

md

INFORMANT

Lucille Ziegenhein

(Address)

2922 Remington Ave

BURIAL, CREMATION, OR REMOVAL

Place Couraine Park Date May 11, 1934

UNDERTAKER

Cremation Co.

(Address)

12-61 Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-1934

22. I HEREBY CERTIFY. That I attended deceased from

4-16-1934 to 5-8-1934

I last saw h/m. alive on 5-8-1934 Death is said

to have occurred on the date stated above, at 9:25 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular renal disease

Date of onset

1933

Other contributory causes of importance:

Acute cardiac dilatation

5-8-34

Name of operation

Date of

What test confirmed diagnosis CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 12-61 Ward

MAY 11 1934

04262

F 01262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3039 Elm Ave St. 13-01 Ward)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Francie A. Boston

(a) Residence: No. 3039 Elm Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

If married, widowed, or divorced

HUSBAND of *Annie M. Boston*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Oct 31, 1860*AGE *73* Years *6* Months *8* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Petitioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

md.

13. NAME

Francie Boston

14. BIRTHPLACE (city or town) (State or country)

md.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Wm. F. Boston

(Address)

2024 N. Charles St.

BURIAL, CREMATION, OR REMOVAL

*Interment*Date *May 12, 1934*

UNDERTAKER

(Address)

Chenoweth

FILED

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 1st, 1934* to *May 9th, 1934*I last saw him alive on *May 8th, 1934* Death is said to have occurred on the date stated above, at *4:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Hypertension, Arterio Sclerosis, Paroxysmal Dysrhythmia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

129 Trench

M. D.

MAY 1

1263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01263

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 1822 Wilhelm St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced SingleIf married, widowed, or divorced, HUSBAND of (or) WIFE of Newborn.DATE OF BIRTH (month, day, year) May 4, 1934AGE Years Months Days If LESS than 1 day, hrs. or min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME Haukey Warfield14. BIRTHPLACE (city or town) (State or country) Balto. Md.15. MAIDEN NAME Helene Smith16. BIRTHPLACE (city or town) (State or country) Balto. Md.INFORMANT (Address) Helene Warfield
1822 Wilhelm St.

BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date May 10, 1934UNDERTAKER (Address) University of Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 193422. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 6, 1934I last saw h.c. alive on May 6, 1934 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ant Taylor(Address) Univ. Hosp.

M. D.

1934

0382

01264

HEALTH DEPARTMENT—CITY OF BALTIMORE 01264

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 156 S. Calverton Rd. 170-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 156 S. Calverton Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced write the word

Male White Single
a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) March 29th 1932AGE Years Months Days If LESS than 1 day, hrs. or min.
2 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Joseph Geiler

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Teresa Bushheit

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

7. INFORMANT Joseph Geiler (Address) 156 S. Calverton Rd.

8. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 12, 1934

9. UNDERTAKER George L. Ashcraft (Address) 2101 Piedmont Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to May 9, 1934.

I last saw her alive on May 9, 1934, at 8 P. M. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Ulcerated
Milliary tuberculosis
tuberculosis peritonitis

Date of onset

1 week

1 week

2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Andrew C. Calais M. D.

(Address) 477 Fulton Ave.

FILED 2

F 01265

1265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 20-01 Ward)Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2301 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
6. If married, widowed, or divorced HUSBAND of <u>Bertha Meyendorff</u> (or) WIFE of		
DATE OF BIRTH (month, day, year) <u>12/25 - 1892</u>		
AGE <u>41</u>	Years <u>4</u>	Months <u>14</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>B & O Employ.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>673</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria Hungary
(State or country)13. NAME Peter Meyendorff14. BIRTHPLACE (city or town) Austria Hungary
(State or country)15. MAIDEN NAME Catherine Wagner16. BIRTHPLACE (city or town) Austria Hungary
(State or country)INFORMANT Bertha Meyendorff(Address) 2301 W 13th

BURIAL, CREMATION, OR REMOVAL

Place Wood Cathedral Date 5/12 1934

UNDERTAKER

(Address) Edward Foulson
2303 W. 13th

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 193422. I HEREBY CERTIFY, That I attended deceased from
May 7 1934 to May 9 1934I last saw him alive on May 9 1934. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Perforated Peptic Ulcer

Date of onset

3 days

Other contributory causes of importance:

generalized peritonitis1 dayName of operation Laparotomy Date of 5-8-34What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Nathan Racusin M. D.(Address) Franklin Square Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ +131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 mos. 0 ds. How long in U. S. If of foreign birth? 7 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Highland Beach Annapolis Md. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Richard (same)DATE OF BIRTH (month, day, year) May 19 1879AGE Years 54 Months 11 Days 20 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Washington D C13. NAME Shelton Greene14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) unknownINFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place lined in Cw Date 5-12 1934UNDERTAKER Wash. D C Thomas
(Address) 389 Rhode Island Ave - Wash

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 9 193422. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to May 9 1934I last saw him alive on May 9 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio insufficiency
Vascular Nephritis

Date of onset

7 19327 1932

Other contributory causes of importance:

Arteriosclerosis
Hypertensive Heart Disease7 19317 1932

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Dr. Michael T. Lyman M. D.(Address) Johns Hopkins Hospital

01934

F/01267

1267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 South Bethel

St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

FULL NAME Anna Kozlowski

(a) Residence: No. 524 S. Bethel Street

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 4th/1869

AGE 65 Years 2 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland (State or country)

12. NAME Wicenty Korycki

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland (State or country)

INFORMANT Mrs. Catherine Lipinski (Address) 524 S. Bethel Street

BURIAL, CREMATION, OR REMOVAL St. Stanislaus Place Date May 12th 1934

UNDERTAKER George A. Weber (Address) 705 S. ...

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1934

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute myocardial Failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address) 1205 N. ...

1268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

01268

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore at Hospital - 01 Ward

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white widowed

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Friedrich (dead)

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

5-5-

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934 to May 8, 1934

I last saw her alive on May 8, 1934 Death is said to have occurred on the date stated above, at 7:20 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage left
hemiplegia, right.
Diabetes mellitus

Date of onset

3 days

P

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

P. Masquel

Balt City Hosp.

M. D.

01269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* St., *159* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. *17* ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Baby Gil Rode(a) Residence: No. *2220 East Biddle St.* Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) *April 23, 1934*AGE Years Months Days If LESS than 1 day, hrs. or min. *17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) *Baltimore, Ind.* (State or country)NAME *Mrs. Mildred Hamilton*14. BIRTHPLACE (city or town) *Balto, Ind.* (State or country)15. NAME *Charles Joseph Rode*16. BIRTHPLACE (city or town) *Baltimore, Ind.* (State or country)

INFORMANT (Address) _____

BURIAL, CREMATION, OR REMOVAL

Place *University of Md.* Date *May 10, 1934*

UNDERTAKER (Address) _____

FILED

1934

11:38:3

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 23, 1934* to *May 10, 1934*I last saw him alive on *May 10, 1934* Death is said to have occurred on the date stated above, at *9:38 a.m.*

The principal cause of death and related causes of importance were as follows:

Congenital malformations

Date of onset

4/27/34

Other contributory causes of importance: _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed)

Nathan Racusin

M. D.

(Address) *Franklin Square Hospital*

1270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01270

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD

57-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 51 yrs. 1 mo. 20 da. How long in U. S. If of foreign birth? — yrs — mo. — da.

2. FULL NAME

Richard J. Lucas

(a) Residence: No.

515 Hollen Road

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Hildagarde Hartmaier

DATE OF BIRTH (month, day, year) March, 20, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
51	1	20	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

United Railways

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

12. NAME

John B. Lucas

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

15. MAIDEN NAME Mary -----

16. BIRTHPLACE (city or town)
(State or country)

Not obtainable

INFORMANT
(Address)Miss Mary Albert Lucas
515 Hollen Road

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Cemetery 5/12

UNDERTAKER
(Address)Henry H. Meeks
505 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-4:34, 1934, to 5-9, 1934

I last saw him alive on 5-9, 1934. Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

5-2-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? luminal

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. M. Jernigan

(Address)

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D.

1934

F 01271

HEALTH DEPARTMENT—CITY OF BALTIMORE

11271

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Rosebank Ave. 27-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 402

ST.

WARD

(Usual place of abode)

Length of residence in city or town where death occurred

17 yrs. 3 mos. 20 ds.

(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced, (write the word)

M

W

Married

If married, widowed, or divorced,
HUSBAND of
(or) WIFE of

Paula Foster

DATE OF BIRTH (month, day, and year)

Jan. 19, 1857

AGE

77

Years

Months

Days

If LESS than
1 day, hrs.
or min.

3

20

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Physician retired

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Baltimore

10 NAME OF FATHER

Johna Turner

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Theresa Carter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Md.

Informant

(Address)

Daughter
402 Rosebank Ave.

D-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

5/9/34

17

I HEREBY CERTIFY, That I attended deceased from
5/5 1934, to 5/9 (included) 1934,
that I last saw him alive on 5/9 1934

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH was as follows:

Robert Pneumonia

CONTRIBUTORY (duration) yrs. mos. ds.
Myocarditis
Secondary Pneumonia 27 yrs. mos. ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Clinical Exp. 7. Cassidy, M.D.

(Signature) 5/10/34 (Address) 11 Upton St.

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Cathedral Cemetery

5/10/34

20 UNDERTAKER

ADDRESS

Borman & Son 805 1/2 Calvert

F 01272

1272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hospital* St. *11-01* Ward)

2. FULL NAME

(a) Residence: No. *Granite Md.* St. *11-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Ann M Shipley*DATE OF BIRTH (month, day, year) *Nov 23/73*AGE *60* Years *5* Months *17* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Medical Doctor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Physician*10. Date deceased last worked at this occupation (month and year) *5/12/34* 11. Total time (years) spent in this occupation *35*BIRTHPLACE (city or town) *Howard Co Md.* (State or country)13. NAME *Benjamin E. Shipley M.D.*14. BIRTHPLACE (city or town) *Prall Cr Md.* (State or country)15. MAIDEN NAME *Margaret E. Flowers*16. BIRTHPLACE (city or town) *Chesler Penna.* (State or country)

INFORMANT

(Address) *Mr. Harry Shipley*

BURIAL, CREMATION, OR REMOVAL

Place *St. Olive* Date *May 12 1934*

UNDERTAKER

(Address) *Easton*

01934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 10, 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 8, 1934* to *May 10, 1934*I last saw him alive on *May 10, 1934*. Death is said to have occurred on the date stated above, at *11:29* m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema
Cerebral hemorrhage

Date of onset

*5-10-34**5-6-34*

Other contributory causes of importance:

Arteriosclerosis
Myocardial failure

Name of operation _____ Date of _____

What test confirmed diagnosis? *Cholera* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *John L. Van Meter* M. D.(Address) *Mar. Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *420 N. Broadway* *6-01* Ward)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced, give name of *HUSBAND of* *Henry L. Lovell* (or) WIFE of

DATE OF BIRTH (month, day, year) *June 7th 1851*

AGE Years Months Days 82 11 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

BIRTHPLACE (city or town) *Balto* (State or country) *md*

13. NAME *D^r Thomas Stansbury*

14. BIRTHPLACE (city or town) *md* (State or country)

15. MAIDEN NAME *Sarah For Rehn*

16. BIRTHPLACE (city or town) *Balto* (State or country) *md*

INFORMANT *Miss Grace Lovell* (Address) *420 N. Broadway*

BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *May 11th 1934*

UNDERTAKER *Wm. Cook* (Address) *1217 S. Paul St.*

11 1934 *Kentington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9th 1934*

22. I HEREBY CERTIFY That I attended deceased from *May 9th 1934* to *May 9th 1934*

I last saw her alive on *May 9th 1934* Death in said to have occurred on the date stated above, at *7:50 p.m.*

The principal cause of death and related cause of importance were as follows:

Lobar Pneumonia Date of onset *5/8/34*

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify

(Signed) *Edwin C. Reiser* (Address) *2245 Reisterstown Rd. Balto. Md.*

F 01274

F 01274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *429 Kenneth Square*)Ward *27-01*Registered No. *46*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. *21* mos. *11* ds. How long in U. S. If of foreign birth? yrs. *21* mos. *11* ds.

2. FULL NAME

John Ashton Garrett(a) Residence: No. *429 Kenneth Square*

(Usual place of abode)

Ward *Rockville Monty Co. Inc.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Married*If married, widowed or divorced, HUSBAND of *Mary E. Garrett*DATE OF BIRTH (month, day, year) *Feb 22nd 1882*AGE *52* Years *2* Months *18* Days If LESS than 1 day: hrs. *0* or min. *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Salesman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Edward Thompson & Co. New York City*10. Date deceased last worked at this occupation (month and year) *Apr 1934* 11. Total time (years) spent in this occupation *4*BIRTHPLACE (city or town) *Montgomery Co Md* (State or country)13. NAME *Howard Ashton Garrett*14. BIRTHPLACE (city or town) *Montgomery Co Md* (State or country)15. MAIDEN NAME *Ellen H. Carroll*16. BIRTHPLACE (city or town) *Montgomery Co Md* (State or country)INFORMANT *Howard L. Garrett*(Address) *4418 Loughe St D.C.*

BURIAL, CREMATION, OR REMOVAL

Place *Stomach Chapel Cemetery* Date *May 12th 1934*UNDERTAKER *Wm Cook*(Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 10th 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 22* 19*34* to *May 10* 19*34*I last saw him alive on *May 10* 19*34* Death is said to have occurred on the date stated above, at *4:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach with Metastasis to Liver

Other contributory causes of importance:

Name of operation *Laparotomy* Date of *May 10*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *None*Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Chas Bel Edwards* M. D.(Address) *2746 Alameda Rd*

11 1934

M. D. B. F 01275

F 01275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 N. Collington Ave 8-01 Ward)

Length of residence in city or town where death occurred 14 yrs. 14 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1911 N. Collington Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, HUSBAND of Kate S. Heiser

DATE OF BIRTH (month, day, year) Nov 11th 1856

AGE 77 Years 5 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbers Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing 9⁵⁹

10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Phila (State or country) Penna

13. NAME Charles Heiser

14. BIRTHPLACE (city or town) Phila (State or country) Penna

15. MAIDEN NAME Margaret Chambers

16. BIRTHPLACE (city or town) Phila (State or country) Penna

17. INFORMANT John T. Heiser

(Address) 1911 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 11th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 S. Paul St

Registrar. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 193422. I HEREBY CERTIFY That I attended deceased from Jan 34 to May 9th 1934I last saw him alive on May 8th 1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis & Chronic endocarditis

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. T. Heiser M. D.

(Address) 1901 Rutaw Place

01276

HEALTH DEPARTMENT—CITY OF BALTIMORE 01276

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 N. Patterson Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ursula. B. Mackemull

(a) Residence: No. 1815 N. Patterson Park Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May-6-1853

AGE Years 81 Months ---- Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Mr. Mackemull

14. BIRTHPLACE (city or town) Not known (State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known (State or country)

INFORMANT Miss Mary Mackemull 1815 N. Patterson Pk. Ave. (Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date May 13 1934

UNDERTAKER

(Address) 1301 E. Bayview

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-9-1934 19

22. I HEREBY CERTIFY. That I attended deceased from March 14 1934 to May 9 1934

I last saw h. alive on May 9 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chor. Endocarditis

Other contributory causes of importance:

Chloroform anesthesia

Name of operation Date of

What test confirmed diagnosis? Hist. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED

11 1934

Huntington Williams, M.D.

F.B. 01277

F 01277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St Elizabeth Home Ellerslie Ave

Length of residence in city or town where death occurred

35

mos.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Sr. Mary Assisi (DURKIN)

(a) Residence: No.

St Elizabeth Home St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Aug 30 1863

AGE

Years 70

Months 8

Days 10

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Teaching

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

50

BIRTHPLACE (city or town) (State or country)

Co. Sligo Ireland

13. NAME

William Durkin

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Bridget Durkin

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

(Address)

Rev Mother St Elizabeth Home

BURIAL, CREMATION, OR REMOVAL

Place

Convent Cemetery May 12 1934

UNDERTAKER

(Address)

Henry W. Perkins & Son Co 200 E. Monument St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May

1933

to May 10th

1934

I last saw him alive on May 10th 1934. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Chronic Myocarditis

Date of onset

not known

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. J. Ayck

M. D.

(Address)

200 E. Monument St.

11 1934

D. H. 1278
F 01278

F 01278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 Ward)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Abraham

DATE OF BIRTH (month, day, year)

AGE

65

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 10 1934

22. I HEREBY CERTIFY That I attended deceased from

March 1 1934 to May 10 1934

I last saw him on May 10 1934 Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Hypertension
Chronic BronchitisDate of onset
5-1-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

FILED

1934

Huntington Hallway, N.Y.

20-M 01279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01279

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.

2-FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

2 yrs.

mos.

da.

ST.

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced (write the word)

Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Wife Bessie

DATE OF BIRTH (month, day, and year)

March 18, 1893

AGE

Years

Months

Days

If LESS than
1 day, hrs
or min.

40

1

23

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)Salesman
Cigars

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Philadelphia

10 NAME OF FATHER

Joseph Goldberg

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Russia

12 MAIDEN NAME OF MOTHER

Sarah Katz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Austria

Informant

(Address)

J. Goldberg
808 Reservoir St

Filed

1934

Huntington Williams

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.
Coroner

5/10/1934 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Philadelphia Pa

UNDER-TAKER

J. L. Winsor & Bro

DATE OF BURIAL

5/11 1934

ADDRESS

E Balto St

F 01280

F 01280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2155-Mt. Holley St. St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frederick M. Filbert

(a) Residence: No. 2155-Mt. Holley St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Lillian H. (Macubbin)
(or) WIFE of

DATE OF BIRTH (month, day, year) 2/14/1960

AGE Years Months Days If LESS than 1 day
74 2 24 22 hrs. 22 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Michael Filbert

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine (unknown)

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Marie F. Gardner
(Address) 2155-Mt. Holley St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 5/11/34 19

UNDERTAKER George J. Poth Jr.
(Address) 1735 W. ...

FILED 1934

Huntington ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24 1934 to May 8 1934

I last saw him alive on May 8 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio-renal-vascular break down. Myocardial insufficiency Apr 24
Chronic nephritis Apr 28
Cerebral congestion
Other contributory causes of importance: Chronic passive congestion of liver, kidneys and brain.

Name of operation Clinical Date of 7-20

What test confirmed diagnosis? Clinical (there an autopsy 7-20)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. Hasley Cole M. D.

(Address) 2707 Harrison Rd.

F 01281

✓ F 01281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Carroll St. 21-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 1209 Carroll St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of SingleDATE OF BIRTH (month, day, year) Nov 28th 1922AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
11 12 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Jm J. Lafferty14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Altha Hart16. BIRTHPLACE (city or town) (State or country) BaltimoreINFORMANT Jm J. Lafferty(Address) 1209 Carroll St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/12th 1934UNDERTAKER Robert Brooks & Son(Address) Calhoun & Hollins St

11-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10th 193422. I HEREBY CERTIFY, That I attended deceased from July 7th 1933 to May 9th 1934
I last saw him alive on May 9th 1934 Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Endocarditis (Infective)

Date of onset

Other contributory causes of importance:

Dilatation of heart
General aneurysm

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) H. J. Lafferty(Address) 117 W. Miller St

M. D.

F 01282

F 01282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Mt. Royal Ave. St. 11-91 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter Victor Greenbeck

(a) Residence: No. 1216 Mt. Royal Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Olga Nielsen
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 15, 1894

AGE Years 39 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) San Jose
(State or country) Cal.

13. NAME John Edward Greenbeck

14. BIRTHPLACE (city or town) Stige Hagne
(State or country) Denmark

15. MAIDEN NAME Anna Botello Antoinette

16. BIRTHPLACE (city or town) Odense
(State or country) DenmarkINFORMANT Mr. John Edw. Greenbeck
(Address) 6415 Brook Ave.

BURIAL, CREMATION, OR REMOVAL

Place Park Wood Date 5/14/34

UNDERTAKER Fred L. Lescuyer
(Address) 7401 Belvoir Road

FILED

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 4, 1934, to May 10, 1934

I last saw him alive on May 10, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

May 3rd.

Other contributory causes of importance:

Asthma and Chronic Bronchitis

1912(?)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Wilkinson,

M. D.

(Address)

F 01283

E 01283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

Church Home + Infirmary

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: 1 NO

ST. 1-01 WARD)

2-FULL NAME

John Harris

JOHN HARRIS

(a) RESIDENCE NO.

278 S. Robinson

ST. WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs.

mos.

ds.

How long in U. S., if of foreign birth? 20 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

1 COLOR OR RACE

3 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Married

4 If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie Mary Harris

DATE OF BIRTH (month, day, and year) Oct. 30. 1874

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

59

6

10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Tool Room Man

Eastern Rolling Mills

(b) General nature of industry, business, or establishment in which employed (or employer)

009

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

England

10 NAME OF FATHER

Benjamin Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

England

12 MAIDEN NAME OF MOTHER Maria Raybould

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

England

Informant Mrs. Annie M. Harris (Wife)

(Address)

278 S. Robinson St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/34

17

I HEREBY CERTIFY, That I attended deceased from

April 24, 1934, to May 10, 1934

that I last saw him alive on May 10, 1934

and that death occurred, on the date stated above, at 12:45 AM

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach
with abdominal carcinomas

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

If not at place of death?

unknown

Did an operation precede death?

Yes

Date of

5/3/34

Was there an autopsy?

Yes

What test confirmed diagnosis?

(Signed)

Richard V. Hawver

M. D.

19

(Address)

Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Woodlawn Cemetery

DATE OF BURIAL

May 12, 34

20 UNDERTAKER

HENRY SANDER & SONS, INC

Baltimore
& Broadway

174 JUN 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01284

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 W. Franklin St. 19-01 Ward)

Length of residence in city or town where death occurred 50 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Hattie Peterca Washington

(a) Residence: No.

1517 W. Franklin St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 1. Color or Race *Col.* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Peter Washington

DATE OF BIRTH (month, day, year)

AGE Years *72* Months *-* Days *-* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *37*BIRTHPLACE (city or town)
(State or country)

Kent Island Maryland

13. NAME

unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

Sam Nelson

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

May 13 1934

UNDERTAKER

(Address)

James A. Hayes
142 W. St. Louis St.

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/9/34

22. I HEREBY CERTIFY. That I attended deceased from

Aug - 1, 1933 to 5/9, 1934

I last saw her alive on 5/18/34 Death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Carl Franklin* M. D.

(Address)

122 W. Lee

1285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01285

CERTIFICATE OF DEATH.

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 W. Mulberry St.)

2. FULL NAME

(a) RESIDENCE NO. 922 W. Mulberry St.

(Usual place of abode)

Place of residence in city or town where death occurred

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Single

6 married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

E

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PLACE OF BIRTH (city or town) (State or country)

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town)

(State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

Raymond Nelson922 W. Mulberry St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1934 to May 10, 1934 that I last saw him alive on May 10, 1934 and that death occurred, on the date stated above, at 11:15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral
Stelectosis

(duration)

yrs.

mos.

ds. 2

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of May 10, 1934Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Howell M. D.Address 1000 N. Carroll St.

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

mt. Zion Cemetery

20 UNDERTAKER

Mrs. Kate R. Williams

DATE OF BURIAL

May 11, 1934

ADDRESS

322 N. Schroeder St.

11 1834 Montgomery 1111

HEALTH DEPARTMENT—CITY OF BALTIMORE 01286

01286

CERTIFICATE OF DEATH 129

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *67* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Pauline Hauser(a) Residence: No. *6626 O'Donnell* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>unwed</i>
6. If married, widowed, or divorced HUSBAND of <i>Paul</i> (dead) WIFE of		
DATE OF BIRTH (month, day, year) <i>Feb. 15, 1867</i>		
AGE <i>67</i>	Years <i>2</i>	Months <i>23</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		11. Total time (years) spent in this occupation <i>037</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

BIRTHPLACE (city or town)
(State or country)*Germany*13. NAME *Wm**Binder*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*Louise Witman*16. BIRTHPLACE (city or town)
(State or country)*Germany*

INFORMANT

(Address)

*Beards
Balt. City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place

*Cath. Lawn*Date *May 11* 19*34*

UNDERTAKER

(Address)

*Kelly + Gentry Inc.
403 N. Wolfe St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 8* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 8* 19*34* to *May 8* 19*34*I last saw her alive on *May 8* 19*34* Death is said to have occurred on the date stated above, at *1055 A.M.*

The principal cause of death and related causes of importance were as follows:

Subdiaphragmatic abscess ruptured into colon

Date of onset

March 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify*Robert A. Renter* M. D.
(Address) *Balto. City Hosp.*

MAY 11 1934

H. S. Gentry, Registrar

M. D. B. 1934 01287

F 01287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S. Bouldin St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 242 S Bouldin St., 70 Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Donough

DATE OF BIRTH (month, day, year)

AGE 34 Years 7 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Balto. Eggs Market

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John M. Donough

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Margaret M. Hugh

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Anna M. Donough Wife (Address) 242 S. Bouldin St.

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 12, 1934

UNDERTAKER (Address) 403 S. J. Wolfe St.

FILER 1334 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 20, 1934 to May 9, 1934

I last saw him alive on May 9, 1934 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Embolism to heart.

Date of onset

Other contributory causes of importance

Acute Neuritis. Phlebitis of sacral vessels - ?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Thos. E. Wilson M. D.
3 W. Biddle

F 01288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01288

CERTIFICATE OF DEATH

REGISTERED NO.

139-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Carleton ST. 16-01 WARD)

2—FULL NAME

Noomi Stenenson

(a) RESIDENCE NO.

913 N. Carleton Ave.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced

HUSBAND of George Stenenson (or) WIFE of

DATE OF BIRTH (month, day, and year) 5/9/1888

AGE Years 44 Months 11 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER

Cyrus Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER

Noomi Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant

(Address)

George Stenenson (hus) 913 N. Carleton Ave.

Filed 11-13-34

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/8/34

17 I HEREBY CERTIFY, That I attended deceased from 3/24 to 5/8, 1934

that I last saw him alive on 5/8, 1934

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

J. F. Brown, M. D.

Address 522 N. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Mt Auburn Cent.

5/11/34

20 UNDERTAKER

Charles G. Cooper

ADDRESS

514 N. Calhoun

F 01289

HEALTH DEPARTMENT—CITY OF BALTIMORE

01289

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Chesapeake

ST. 45-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Jones

(a) RESIDENCE NO. 1812 Chesapeake

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

F

Col

Married

If married, widowed, or divorced

(or) WIFE of

Sawton Jones

DATE OF BIRTH (month, day, and year)

AGE

64

Years

Months

Days

If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Md.

10 NAME OF FATHER

John

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Va

12 MAIDEN NAME OF MOTHER

Annie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md

14

Informant (Address)

Sawton Jones 1844 Chesapeake

1934

19

Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 8 - 1934

17

I HEREBY CERTIFY That I attended deceased from May 7 to May 8, 1934, to May 8, 1934, that I last saw her live on May 8, 1934.

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Sudden Death of heart

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Chas. H. Williams

M. D.

19

(Address)

1340 Chesapeake

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

Cathy Come

ADDRESS

May 10 - 1934

Robert Williams 1515 McElligott

01290

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01290

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N. Chester Street, 8-01 Ward)

Length of residence in city or town where death occurred 81 yrs. 9 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Woods.

(a) Residence: No. 1809 N. Chester Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of William L. Woods (or) WIFE of

DATE OF BIRTH (month, day, year) July 27 1852

AGE 81 Years 9 Months 13 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Henry Hallen

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

15. MAIDEN NAME Margaret Wilcox

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mr. William Woods (Address) 1818 N. Chester Street

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Pk. Cem. Date May 14, 1934

19. UNDERTAKER (Address) 1806 N. Chester Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1933, to May 10, 1934.

I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Interstitial Nephritis
Hypertension

Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation
Edema of Lungs5/11/34
1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) M. D.

(Address) 2031 E. North Ave

17934

Registrar

01291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Westerwald Ave Ward 4-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? 4 yrs. 5 mos. 5 ds.

2. FULL NAME

(a) Residence: No. 3308 Westerwald Ave Ward 4-01 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced HUSBAND of (or) WIFE of ✓DATE OF BIRTH (month, day, year) Dec. 5, 1872AGE Years 61 Months 5 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. None10. Date deceased last worked at this occupation (month and year) None11. Total time (years) spent in this occupation NoneBIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Donald R. Collier14. BIRTHPLACE (city or town) (State or country) Scotland15. MAIDEN NAME Rouisa Wilson16. BIRTHPLACE (city or town) (State or country) EnglandINFORMANT Mr. Henry H. H. H.(Address) 3308 Westerwald Ave

BURIAL, CREMATION, OR REMOVAL

Place None Date May 12, 1934UNDERTAKER Wm. J. J. J.(Address) None

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 193422. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934 to May 10, 1934I last saw him alive on May 19, 1934 Death is said to have occurred on the date stated above, at 4:50 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Breast

Date of onset

2 yr.Other contributory causes of importance: NoneName of operation for Kelly's Sanatorium Date of NoneWhat test confirmed diagnosis None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19 NoneWhere did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) David J. J.M. D. None(Address) None

HEALTH DEPARTMENT—CITY OF BALTIMORE

01292

CERTIFICATE OF DEATH

✓ 108

PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St., 10-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Cecil Fluhart

(a) Residence: No.

954 Forest

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Age 28 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dyakerman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 486

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Crisfield Md

13. NAME

Wm F Fluhart

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Maryland

INFORMANT

(Address)

Record 7 Md Penitentiary 954 Forest St

BURIAL, CREMATION, OR REMOVAL

Place

Crisfield, Md Date May 11, 1934

UNDERTAKER

(Address)

Wm J. Tighner 10 North Palace St

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on May 10, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Tobacco Pneumonia

Date of onset

Other contributory causes of importance:

Acute dilatation of Heart

Name of operation

Date of

What test confirmed diagnosis? Autopsy as there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

James M. Gaulton

Coroner

M. D.

(Address)

700 E. Chase

01293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 11-54*)Length of residence in city *Maryland* death occurred *84* yrs. *5* mos. *25* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Edward Wryer(a) Residence: No. *1001 St. Paul St., Baltimore* (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced HUSBAND of *Edward Wryer* (or) WIFE ofDATE OF BIRTH (month, day, year) *Nov 15, 1849*AGE *84* Years *5* Months *25* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md* (State or country)13. NAME *Francis Slaughter*14. BIRTHPLACE (city or town) *?* (State or country)15. MAIDEN NAME *Henrietta Rose*16. BIRTHPLACE (city or town) *Philadelphia* (State or country)INFORMANT *Daughter Miss Ethel Dwyer* (Address) *1001 St. Paul St.*

BURIAL, CREMATION, OR REMOVAL

Place *Laytonville Md May 13, 1934*UNDERTAKER *Wm. H. Puerling Sons* (Address) *North & Avenues**Thurston Williams, Md*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 10, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*April 29, 1934, to May 10, 1934*I last saw her alive on *May 9, 1934* Death is said to have occurred on the date stated above, at *5 A. M.*

The principal cause of death and related causes of importance were as follows:

*acute cardiac failure**cerebral arteriosclerosis*

Date of onset

5/10/34

Other contributory causes of importance:

*fracture left hip**A. Corrus*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. B. Seale

M. D.

(Address)

Union Memorial Hospital

1934

01294

F 01294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2730 Oak St. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2730 Oak St. St., 12-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowedIf married, widowed, or divorced HUSBAND of John P. Singleton (or) WIFE ofDATE OF BIRTH (month, day, year) abt. 1865AGE Years Months Days If LESS than 1 day, hrs. or min. about 69 years8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME Michael Hanen14. BIRTHPLACE (city or town) Baltimore (State or country)15. MAIDEN NAME Mary McDearmont16. BIRTHPLACE (city or town) Ireland (State or country)17. INFORMANT Miss Mary Singleton (Address) 2730 Oak St.18. BURIAL, CREMATION, OR REMOV. New Catholic Place 5/12 Date 193419. UNDERTAKER J. J. Flaherty (Address) 11318 1st St.11834 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 193422. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to May 10, 1934I last saw him alive on May 10, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac DistentionDate of onset 5/10/34

Other contributory causes of importance:

Endocarditis Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B. Leman M. D.(Address) 71 N. Calhoun St.

01295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 01295

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. - mos. - ds. How long in U. S. If of foreign birth 76 yrs. - mos. - ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Southern Ave. St. 27-01 Ward)

2. FULL NAME

(a) Residence: No. 2700 Southern Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) About 1858 AGE Years Months Days If LESS than 1 day, ... hrs. or min. About 76 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Mr. Ryan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Morris

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. P. John Roche (Address) 2700 Southern Ave

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 14, 1934

UNDERTAKER Howard M. Morris (Address) 105 W. ...

FILED 11 18 34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1934, to May 10, 1934

I last saw her alive on May 10, 1934 Death is said to have occurred on the date stated above, at 6 A. M.

The principal cause of death and related causes of importance were as follows:

Mental Impairment, Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) T. J. Bellman M. D.

(Address) Towson Md.

F 01296

01296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Edmondson Ave 16-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1310 Edmondson Ave Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

James Smith, 1889

DATE OF BIRTH (month, day, year)

AGE 45 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lancaster Pa

13. NAME

Armenter Smith

14. BIRTHPLACE (city or town) (State or country)

Lancaster Pa

15. MAIDEN NAME

Mary Perry

16. BIRTHPLACE (city or town) (State or country)

Pa

INFORMANT (Address)

James Smith 1310 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn City Date 5/12/34

UNDERTAKER (Address)

Charles H. Burkett 528 Camden St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to May 10, 1934

I last saw him alive on May 9, 1934. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

May 10, 1934

Other contributory causes of importance:

Myocarditis

April 1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

S. Allen

M. D.

50 Reservoir St

1 1934

NPN

01297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 01297

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Pan American Hospital 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Emma W. Beppeler

(a) Residence: No.

2106 N. Holly St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced

HUSBAND: Mr. Wm. A. Beppeler

(or WIFE of)

DATE OF BIRTH (month, day, year)

9-7-88

AGE

45 yrs.

Months

8

Days

4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town), (State or country)

Germany

12. NAME

Rompf

14. BIRTHPLACE (city or town), (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town), (State or country)

Germany

INFORMANT

Mr. Wm. A. Beppeler

(Address)

2106 N. Holly St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery, Date May 14, 1934

UNDERTAKER

(Address)

John O. Mitchell & Sons

1900 Eastport Place

1934

Huntington Village

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-8-34, 19 to 5-11-34, 19

I last saw her alive on 5-11-34, 19 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Robert H. Beppeler

M. D.

Pan American Hospital

01298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3552 Burnside St. 13-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3552 Burnside Ave. St., 13-61 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced Widowed
(or) WIFE of Moses H. Shaw7. DATE OF BIRTH (month, day, year) Feb 25/18758. AGE Years 57 Months 2 Days 15 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 031

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland
(State or country)13. NAME George Jack14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Bessie Porter16. BIRTHPLACE (city or town) Scotland
(State or country)17. INFORMANT Mr Thomas Russell
(Address) 3552 Burnside Ave.18. BURIAL, CREMATION, OR REMOVAL sat
Place Cath's cemetery Date May 12/193419. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 193422. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1934, to May 10, 1934I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis of stomach

Date of onset

Dec 1931

Other contributory causes of importance:

Name of operation None Date of 7What test confirmed diagnosis? Stomach Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Wm. D. Russell M. D.(Address) 846 W 36 St. Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01299

01299

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Chestnut Hill St., 1st Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 521 Chestnut Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced

HUSBAND of Margaret Graham (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 14th 1858

AGE 75 Years 4 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Florist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

John Graham

14. BIRTHPLACE (city or town) (State or country)

Lanarkshire Scotland

15. MAIDEN NAME

Margaret Inglis

16. BIRTHPLACE (city or town) (State or country)

Peterhead Scotland

INFORMANT (Address)

Maughita Margaret Graham 521 Chestnut Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Vault Date May 14, 1934

UNDERTAKER (Address)

Geo Schillinghaus Monument & Burial Co. 1000 N. Broadway

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to May 11, 1934

I last saw him alive on May 10, 1934. Death is said to have occurred on the date stated above, at 2:42 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension cordis
Arteriosclerosis
Furcal obstruction

Date of onset

2

Other contributory causes of importance:

Myocardial infarction

Name of operation

Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. H. O. Smith

M. D.

(Address)

3429 Chestnut Ave

01300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 Talbott St. 25th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Ann Humphrey(a) Residence: No. 12 Talbott

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced
 HUSBAND (or) WIFE of Greenberry Humphrey

DATE OF BIRTH (month, day, year) May 12 - 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86		11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

A. A. Co.MD

13. NAME

Washington L. Upton

14. BIRTHPLACE (city or town) (State or country)

A. A. Co.MD

15. MAIDEN NAME

Emaline Burgett

16. BIRTHPLACE (city or town) (State or country)

A. A. Co.MD

INFORMANT

Sarah Anderson

(Address)

307 Townsend Ave. Brooklyn

B. BURIAL, CREMATION, OR REMOVAL

Place Elmhurst CemeteryDate May 12 - 1934

UNDERTAKER

(Address)

Wm. Cook
1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 - 193422. I HEREBY CERTIFY, That I attended deceased from May 6 - 1934 to May 10 - 1934I last saw her alive on May 10 - 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Complications from

Other contributory causes of importance:

Dilated heart

Name of operation

No

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19 34

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. Banks
3405 Charlotte

M. D.

1934

F 01301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence No. 2025 N Washington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>—</u>
a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>		
DATE OF BIRTH (month, day, year) <u>7-9-1931</u>		
AGE	Years <u>2</u>	Months <u>13</u>
	Days <u>11</u>	If LESS than 1 day, hrs. or min. <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child of</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>X</u>		
11. Total time (years) spent in this occupation <u>X</u>		

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME (if)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 14 1934

19. UNDERTAKER

(Address) 1217 N Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 193422. I HEREBY CERTIFY, That I attended deceased from April 24 1934 to May 10 1934I last saw him alive on May 10 1934 Death is said to have occurred on the date stated above, at 11:15 m. Baltimore

The principal cause of death and related causes of importance were as follows:

Influenza meningitisDate of onset
4/24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? L. P. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Manes J. Smith

M. D.

(Address)

Johns Hopkins Hosp.

F 01302

01302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. 21-01 St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Cruse

(a) Residence: No. 1002 Denver st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6. If married, widowed, or divorced HUSBAND of Della Cruse (or) WIFE of

DATE OF BIRTH (month, day, year) June 26, 1866

AGE Years Months Days If LESS than 1 day, hrs. or min.
67 10 148. Trade, profession, or particular kind of work done, as spinner, Watchman 062
sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, Unknown
saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 12 1934

UNDERTAKER
(Address)Wm Cook
1217 St Paul st

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY That I attended deceased from September 20 1933 to May 10 1934

I last saw him alive on May 10 1934 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Sept. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Christopher C. Shaw M. D.
Baltimore City Hospitals
(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

1303

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4306 Ridgewood 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.)

2. FULL NAME

(a) Residence: No.

4306 Ridgewood St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color white Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of

Harriet L.

DATE OF BIRTH (month, day, year)

Oct 26-1859

AGE

74

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Killingworth Conn

13. NAME

A. A. Stone

14. BIRTHPLACE (city or town) (State or country)

Killingworth Conn

15. MAIDEN NAME

Rydia C. Everett

16. BIRTHPLACE (city or town) (State or country)

Killingworth Conn

17. INFORMANT

(Address)

Harriet L. Stone
4306 Ridgewood

18. BURIAL, CREMATION, OR REMOVAL

Place

Killingworth Conn

19. UNDERTAKER

(Address)

William Cook
1211 S. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 33 to May 10, 1934I last saw him alive on May 10, 1934 Death is saidto have occurred on the date stated above, at Oct 33 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma prostate
metastases to liver & lungs
R. J. Stone

Other contributory causes of importance:

Date of onset

8 mos
3

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

2-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

1304

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1617 M. Henry* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex *Male* Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*a. If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year)

AGE

9

Months

5

Days

15

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town,
State or country)

13. NAME

14. BIRTHPLACE (city or town,
State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town,
State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Catholic Church* Date *5/14/34*

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1934 to *May 11*, 1934I last saw him alive on *May 11*, 1934 Death is saidto have occurred on the date stated above, at *9:22* m.The principal cause of death and related causes of
importance were as follows:*Pneumonia
Bronchopneumonia*

Date of report

*5/14/34**5/14/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

21934

Res. W. R. C.

F 01305

HEALTH DEPARTMENT—CITY OF BALTIMORE

01305

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *1001* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1514* *Fayette* St., *1001* Ward. (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *January 8, 1934*AGE Years *0* Months *5* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Charles Braddy*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Ruby Wallace*16. BIRTHPLACE (city or town) (State or country) *Baltimore*INFORMANT *Charles Braddy*(Address) *1514 Fayette St*

BURIAL, CREMATION, OR REMOVAL

Place *Not Known*Date *5/12*UNDERTAKER *Robert Brooks & Son*(Address) *Baltimore*

21934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-11-1934*22. I HEREBY CERTIFY, That I attended deceased from *5/5/34* 19 to *5/11/34* 19I last saw him alive on *5/8/34* 1934. Death is said to have occurred on the date stated above, at *11:40 P.* m.

The principal cause of death and related causes of importance were as follows:

Tuberc Pneumonia

Date of onset

5/5/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas Braddy
University Hospital

1306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland, Permit 0-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *954 Forest St* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced HUSBAND of *Elizabeth Butler*7. DATE OF BIRTH (month, day, year) *July 16, 1902*8. AGE Years *32* Months *2* Days *21* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Auto Mechanic*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *D. Carolina*13. NAME *John Rice (deceased)*14. BIRTHPLACE (city or town) (State or country) *D. Carolina*15. MAIDEN NAME *Unknown (deceased)*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Elizabeth Butler Rice* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Mount Zion* Date *May 12, 1934*19. UNDERTAKER *Joseph A. Lively* (Address) *409 91 Mount Street*

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 7, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1934* to *May 7, 1934*I last saw him alive on *May 7, 1934* Death is said to have occurred on the date stated above, at *2:50 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John S. Aubrey* M. D.(Address) *954 Forest St*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *7-01*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *JOHNS HOPKINS HOSPITAL*CITY OF BALTIMORE: (No. *7-01* St., *7-01* Ward)Length of residence in city or town where death occurred *1* yrs. *56* mos. *26* ds. How long in U. S. If of foreign birth? *1* yrs. *56* mos. *26* ds.2. FULL NAME *George Collins*(a) Residence: No. *Mona*

(Usual place of abode)

St., *West Va*Ward *West Va*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M.* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lillian*DATE OF BIRTH (month, day, year) *6-28-90*AGE Years *43* Months *10* Days *14* If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Local Manager*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *686*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *England*13. NAME *George Collins*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Hannah Lesson*16. BIRTHPLACE (city or town) (State or country) *England*7. INFORMANT (Address) *Records*

8. BURIAL, CREMATION, OR REMOVAL

Place *Mona*Date *May 18, 1934*9. UNDERTAKER (Address) *Johns Hopkins Hospital*

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 16, 1934* to *May 12, 1934*I last saw him alive on *May 12, 1934*. Death is said to have occurred on the date stated above, at *3 A. m.*

The principal cause of death and related causes of importance were as follows:

*Rheumatic heart disease
Cardiac hypertrophy
Myocardial infarction
Pleural effusion
Pulmonary infarct*

Date of onset

*4/28/34**5/4/34**4/22/34*

Other contributory causes of importance:

Name of operation *C.T.S.* Date of *May 12, 1934*What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury *May 12, 1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Herbert Eichert*

M. D.

(Address) *Johns Hopkins Hospital*

F 01308

01308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Dudley Ave St. 76-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred: Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3103 Dudley Ave, St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Widowed
If married, widowed, or divorced
HUSBAND of Joseph Maenner
(or) WIFE ofDATE OF BIRTH (month, day, year) Feb. 14th 1852AGE Years Months Days If LESS than
82 2 26 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. at Home
9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. ood
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country) Baltimore
Maryland13. NAME John Sweitzer14. BIRTHPLACE (city or town)
(State or country) Germany15. MAIDEN NAME Vorknoff16. BIRTHPLACE (city or town)
(State or country) GermanyINFORMANT Joseph Bohlmann
(Address) 3103 Dudley AveBURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 14th 1934UNDER-TAKER Frank Lassalle
(Address) 7401 Belair RoadRegistral. W. V. Keenan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 193422. I HEREBY CERTIFY, That I attended deceased from
March 2nd, 1934, to May 10, 1934I last saw him alive on May 9, 1934 death is said
to have occurred on the date stated above, at 11:00 a.m.The principal cause of death and related causes of
importance were as follows:Carcinoma of large
intestine Date of onset
Feb
1930

Other contributory causes of importance:

myocardial infarction May
1934Name of operation gastrostomy Date of _____What test confirmed diagnosis gastrostomy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the
following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? Yes If so, specify(Signed) W. V. Keenan, M. D.(Address) 1 W. Keenan

MAY 1934

01309

HEALTH DEPARTMENT—CITY OF BALTIMORE 309

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 N Mount St., 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 317 N Mount St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (Write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____7. DATE OF BIRTH (month, day, year) Dec 9, 18798. AGE Years 55 Months 5 Days 5 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Md.14. NAME John Scott15. BIRTHPLACE (city or town) (State or country) Md.16. MAIDEN NAME Lophia17. BIRTHPLACE (city or town) (State or country) Md.18. INFORMANT Sophia Poplock(Address) 311 N. Gilmore St.

19. BURIAL, CREMATION, OR REMOVAL

Place Wm. A. W. Co. Date 5/13/3420. UNDERTAKER Samuel T. Hemmley(Address) 318 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193422. I HEREBY CERTIFY, That I attended deceased from Apr 8 1934 to May 10 1934.I last saw him alive on May 7 1934 Death is said to have occurred on the date stated above, at 7 A in.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Hypertension, Atherosclerosis, Intestinal Nephritis

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no specify

(Signed) B. T. Hallock(Address) 1225 Pa Ave

M. D.

1934

Registrar.

1310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 796 W. Franklin St., 17-01 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herbert Sweeney

(a) Residence: No. 796 W. Franklin St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 4 - 1911

AGE 22 Years 23 Months 8 Days 67 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothes

10. Date deceased last worked at this occupation (month and year) 7/3/34 11. Total time (years) spent in this occupation 6 1/2

BIRTHPLACE (city or town) (State or country) Keokuk Iowa

13. NAME Basil Sweeney

14. BIRTHPLACE (city or town) (State or country) Keokuk Iowa

15. MAIDEN NAME Albert A. Sweeney

16. BIRTHPLACE (city or town) (State or country) Catonsville Maryland

DEFORMANT Elmer Sweeney (Address) 707 W. Mulberry

BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem Date 5/13/34

UNDERTAKER Samuel J. Hemphill (Address) 574 N. E. 1st St. Baltimore, Md.

21934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/10/34 to 5/11/34

I last saw him alive on 5/10/34 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Tuberculosis 4 months

(Other contributory causes of importance:)

Name of operation: Pulmonary +++ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

? If so, specify Clothes Cleaner

(Signed) Daniel J. Sweeney M. D.

(Address) 122 W. Lee

✓ F 01311

01311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Parkmont Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME Albert Lawson

(a) Residence: No. 4210 Parkmont Ave. St., 16-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Lawson

DATE OF BIRTH (month, day, year) July 23/1851

AGE Years Months Days 82 9 18 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Ma.

13. NAME Henry S. Lawson

14. BIRTHPLACE (city or town) Balto. (State or country) Ma.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

INFORMANT Mary E. Lawson (Address) 204 E. Luzerne Ave.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Date May 14/34

UNDERTAKER Mrs. C. Miller & Son (Address) 2334 Jefferson St.

FILED 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10/34 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 1934 to May 10 1934

I last saw him alive on May 10 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis
Chronic Interstitial Nephritis

Other contributory causes of importance:

Myocardial Infarction

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? h

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Edw. A. Henson M. D.

(Address) 1000 ...

01312 HEALTH DEPARTMENT—CITY OF BALTIMORE 01312

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., 12 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX- Male 4. Color or Race- White 5. Single, Married, Widowed, or Divorced (write the word)- Widow

6. If married, widow, or divorced, HUSBAND of (or) WIFE of- William Dugent

7. DATE OF BIRTH (month, day, year)- May-21-1853

8. AGE Years 80 Months 11 Days 20 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year)- none 11. Total time (years) spent in this occupation- none

12. BIRTHPLACE (city or town) (State or country)- Balto. Maryland

13. NAME- Charles A. Lutz

14. BIRTHPLACE (city or town) (State or country)- Germany

15. MAIDEN NAME- Susan Jackson

16. BIRTHPLACE (city or town) (State or country)- Eastern Shore Maryland

17. INFORMANT- Mrs. Elsa Dugent (Address)- Royalton Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place- Laurel Ridge Date- May-14-1934

19. UNDERTAKER

(Address)- Stewart Morris, 108 W. Monroe Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)- May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934 to May 11, 1934

I last saw him alive on May 11, 1934 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephros
and Pyelitis
Uremic Coma

Date of onset

May 11/34

Other contributory causes of importance:

Name of operation- Clinical Microscopy Date of

What test confirmed diagnosis- Clinical Microscopy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? - Date of injury - 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)- Dr. L. J. McKim M. D.

(Address)

MAY 12 1934

F 01313

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01313

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.

3110 Rueckert Ave

ST.

WARD

2-FULL NAME

Annelia Fuchs

(Residence in Baltimore: No.

3110 Rueckert Ave

St.; yrs.; mos. ds.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

4-COLOR OR RACE

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)

6-DATE OF BIRTH

7-AGE

If LESS than 1 day,

OCCUPATION:

- (a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

8-BIRTHPLACE

(State or Country),

10-NAME OF FATHER

11-BIRTHPLACE OF FATHER

(State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER

(State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH

17- I HEREBY CERTIFY, That I attended deceased from

that I saw her alive on

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Arterio-Pneumonia

CONTRIBUTORY

Cor. Myocarditis

(Signed) J. S. Silver Bow

112 34 (Address) 1901 E. 1st St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

Baltimore City Cem.

20-UNDERTAKER

Leonard J. Ruck

DATE OF BURIAL

May 11 1934

ADDRESS

5305 Kays

Baltimore

MAY 12 1934

Huntington Williams

191

Registrar.

01314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 12 Ward)Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widow</u>
----------------------	----------------------------------	---

a. If married, widowed, divorced, HUSBAND of (or) WIFE of <u>Robert Allen</u>
--

DATE OF BIRTH (month, day, year) <u>1-22-89</u>	AGE <u>45</u> Years <u>3</u> Months <u>19</u> Days	If LESS than 1 day, hrs. or min.
--	---	----------------------------------

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>Pa.</u>
---	---

10. Date deceased last worked at this occupation (month and year)

13. NAME <u>Mary Campbell</u>	14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>
----------------------------------	--

15. MAIDEN NAME <u>Maud Coulter</u>	16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>
--	--

7. INFORMANT <u>Records</u>	(Address) <u>JOHNS HOPKINS HOSPITAL</u>
--------------------------------	--

8. BURIAL, CREMATION, OR REMOVAL Place <u>Freeland, Balto. Co. May 13, 1934</u>

9. UNDERTAKER <u>E. Leroy Stoffer, Inc.</u>	(Address) <u>125 E. North Ave.</u>
--	---------------------------------------

10. DIED <u>May 12 1934</u>	19 <u>1934</u>
--------------------------------	-------------------

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-193422. I HEREBY CERTIFY. That I attended deceased from 5-9-1934 to 5-11-1934I last saw him alive on 5-11-1934 Death is said to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis Date of onset 5-7-34

Other contributory causes of importance:

Spondyl ScimitisName of operation Cisternal drainage Date of 5-9-34What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Kunkel M. D.(Address) The Johns Hopkins Hospital

F 01315

01315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Baltimore

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1538 Poplar Grove St. 16-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James H. Berry

(a) Residence: No. 1538 Poplar Grove St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced	7. HUSBAND of (or) WIFE of
	Harriett Berry

DATE OF BIRTH (month, day, year) Oct 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
90		5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maine

13. NAME

Edward Berry

14. BIRTHPLACE (city or town) (State or country)

New Brunswick

15. MAIDEN NAME

Mary Stump

16. BIRTHPLACE (city or town) (State or country)

New Brunswick

INFORMANT

(Address)

Mr. Frank Berry
1538 Poplar Grove St.

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Park

Date

5/12

34

UNDERTAKER

(Address)

Jm. S. Barlage
1538 Poplar Grove St.

FILED

1-1334

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1934 to May 11th 1934I last saw him live on May 11th 1934 Death is said to have occurred on the date stated above, at 5:12 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Senility

Name of operation

None Clinical

Date of

What test confirmed diagnosis

Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed

Jm. S. Barlage

M. D.

(Address)

3048 W. North Ave.

F 91316

91316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9114 Duncan St. Ward)

Length of residence in city of town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 9114 Duncan St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Zicha

DATE OF BIRTH (month, day, year) April 24 1878

AGE 46 Years Months Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Berlin, Maryland

13. NAME John Zicha

14. BIRTHPLACE (city or town) (State or country) Berlin, Maryland

15. MAIDEN NAME Katherine Vondrick

16. BIRTHPLACE (city or town) (State or country) Berlin, Maryland

INFORMANT Thomas Vondrick (Address) 9114 Duncan St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date May 14 1934

UNDERTAKER August Paszek (Address) 2403 Calverland St.

SIGNED 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 34

22. I HEREBY CERTIFY That I attended deceased from May 11 1934 to May 11 1934

I last saw him alive on May 11 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of Tongue Date of onset 5/1/34

Other contributory causes of importance:

Erdiche Paszek

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Albert J. Evans M. D. (Address) 801 E. Redwood

HEALTH DEPARTMENT—CITY OF BALTIMORE

317

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Cedar Alley Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 704 Cedar Alley Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5-1926

AGE Years 7 Months 9 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto. Md

13. NAME

Wm. Johnson

14. BIRTHPLACE (city or town) (State or country)

N.C.

15. MAIDEN NAME

Lena Campbell

16. BIRTHPLACE (city or town) (State or country)

N.C.

INFORMANT

Mr W. Johnson
704 Cedar Alley

BURIAL, CREMATION, OR REMOVAL

Place First Zion Cem Date 5/12/34 19

UNDERTAKER

(Address) Cress & Cooper
514 N. Calhoun St.

FILED

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

Other contributory causes of importance:

Convulsions

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signature) Agnes J. Jell M. D.
(Address) 2739 Eastern Ave

D. B. 100-9 01318

F 01318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Ms. Gen. Hospital

St. 11-01 Ward

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred yrs. mos. 6 ds.

2. FULL NAME

Thomas Kelly

(a) Residence: No.

(Usual place of abode)

Cipkin Mo.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

Clara McMuller Kelly

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

72 2 20- 056

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Perryville, Md.

13. NAME

Edwin Kelly

14. BIRTHPLACE (city or town) (State or country)

Cecil County, Md.

15. MAIDEN NAME

Dora Kelly Kelly

16. BIRTHPLACE (city or town) (State or country)

Cecil County, Md.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/12/34

22. I HEREBY CERTIFY, That I attended deceased from 5-6-34, 19 to 5/12/34, 19

I last saw him alive on 5/12/34, 19 Death is said to have occurred on the date stated above, at 12:05 P.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho pneumonia

Other contributory causes of importance:

Arterio sclerosis
gargle Rt. foot

Name of operation

Date of 7/4/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

H. C. Felt M.D. M. D.
Address: Ms. Gen. Hospital

F 01319 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Memorial Hospital 12-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Emory (Addie) Jones.

(a) Residence: No.

Cardiff Md.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emory Jones.		
DATE OF BIRTH (month, day, year) Dec. 23, 1873		
AGE	Years 60	Months 4
	Days 19	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

3. BIRTHPLACE (city or town)
(State or country)

Md.

12. NAME

John Carr

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Anne Crafton

16. BIRTHPLACE (city or town)
(State or country)

Md.

7. INFORMANT

(Address)

Deceased.

8. BURIAL, CREMATION, OR REMOVAL

Place

State Ridge

Date

May 15, 1934

9. UNDERTAKER

(Address)

Walter J. Halbin
Bella Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 10, 1934, to May 12, 1934.

I last saw her alive on May 12, 1934. Death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease.
Coronary thrombosis.

Date of onset

Nov. '33
May 8, '39

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Christ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard Francis

M. D.

(Address)

Union Memorial Hosp.

13 1934

M. D. R. 13 F 01320

F 01320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2 St. 13-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isaac Kahn

(a) Residence: No. 832 Brooks Lane

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year)

AGE 51 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Prussia

13. NAME

Abraham Kahn

14. BIRTHPLACE (city or town) (State or country)

Prussia

15. MAIDEN NAME

Sarah

16. BIRTHPLACE (city or town) (State or country)

Prussia

7. INFORMANT

(Address)

Isaac Kahn 832 Brooks Lane

8. BURIAL, CREMATION, OR REMOVAL

Place

Date May 12, 1934

9. UNDERTAKER

(Address)

Sol Lewinson & Bro 1126 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 11, 1934

I last saw him alive on May 11, 1934. Death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho pneumonia

Other contributory causes of importance:

Chronic alcoholism

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jack J. Singer

M. D.

504 E. North Ave.

13 1934

M. D. F. 01321

F 01321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Goerster Rd.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2609 Goerster Rd.

(Usual place of abode)

Ward. X

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr 10 1932

AGE

Years 2

Months 1

Days 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Priemann

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ruth Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ruth Priemann

(Address) 2609 Goerster Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London, Ohio

Date 5/11/34

19. UNDERTAKER

(Address) 1317 S. Calhoun St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8 1934, to May 12 1934

I last saw deceased alive on May 12 1934 Death is said

to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Measles whooping cough

Date of onset

5/8 4/8?

Other contributory causes of importance:

Broncho-pneumonia

5/10

Name of operation none Date of

What test confirmed diagnosis Clinical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Anthony V. Burkhaus

(Address) 37 S. Calhoun St

M. D.

FILED 13 1934

L. D. B. 2008-1

F 01322

F 01322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Yale Ave. 20-01 Ward)

2. FULL NAME

(a) Residence: No. 317 Yale Ave.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

If married, widowed, or divorced (or) WIFE of Adam Engel

DATE OF BIRTH (month, day, year) May 8th 1877

AGE

Years

Months

Days

If LESS than 1 day... hrs. or min.

57

0

4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto

Md.

13. NAME

John C. Mosbrugger

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Dora L. Engel

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Adam Engel

317 Yale Ave

BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date May 16th 1934

UNDERTAKER

(Address)

Wm. Cook

1217 St Paul St

FILED

13 1934

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31 to May 12, 1934

I last saw her alive on May 5, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic
Arterio Sclerosis
Multiple Emboli
Coronary Embolus

Date of onset

2 1/2 years

Sudden

Other contributory causes of importance:

Name of operation

Physical

Date of

No

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Elias W. Johnson

M. D.

(Address) 3432 Frederick Ave

F 01323

F 01323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____
 (If death occurred in
 a hospital or institu-
 tion, give its NAME
 instead of street and
 number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Shannon Drive ST. 26-01 WARD)2. FULL NAME Emma W. Schmalzer(a) RESIDENCE NO. 3009 Shannon Drive ST. _____ WARD _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

(If non-resident give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female4 COLOR OR RACE White5 Single, Married, Widowed,
or Divorced, (write the word) WidowIf married, widowed, or divorced
HUSBAND of
or) WIFE of George W. SchmalzerDATE OF BIRTH (month, day, and year) March 18, 1868

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Housewife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Baltimore Md10 NAME OF FATHER William Thompson11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore MdInformant
(Address) 3009 Shannon Drive

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 193417 I HEREBY CERTIFY, That I attended deceased from
Dec. 1, 1933 to May 10, 1934that I last saw her alive on May 10, 1934
8:15 P. M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows

Carcinoma of BladderCONTRIBUTORY (duration) 10 yrs. 10 mos. 0 ds.
(Secondary) Chronic Myocarditis
(duration) 1 yrs. 0 mos. 0 ds.
Not known18 Where was disease contracted
if not at place of death?Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Clinical, X-Ray(Signed) Samuel B. Wolfe M. D.5-10, 1934. (Address) 1331 E. North Ave.*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL Oak Lawn

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

Frank V. Pipitone 27.86 Balto

Filed

13 1934

Thurston Williams

M. D. B. 126 **E 01324****F 01324****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH****1. PLACE OF DEATH**CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL)St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.**2. FULL NAME**Marcella Lee(a) Residence: No. 534 N. Eden

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —7. DATE OF BIRTH (month, day, year) 2-11-19328. AGE Years 2 Months 26 Days 29 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —11. Date deceased last worked at this occupation (month and year) —12. Total time (years) spent in this occupation —13. BIRTHPLACE (city or town) (State or country) Md14. NAME Wilton Lee15. BIRTHPLACE (city or town) (State or country) Md16. MAIDEN NAME Ella May Brown17. BIRTHPLACE (city or town) (State or country) Md18. INFORMANT Records(Address) JONES HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place St. Ignace Cemetery Date 5/14 193420. UNDERTAKER Mrs. Charles C. Bailey(Address) 1424 Jefferson St.21. FILED 1934Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (month, day, year) May 10 193422. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 10 1934I last saw her alive May 10 1934. Death is said to have occurred on the date stated above, at 4:50 A m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (bronch.) primary (Date of onset) April 20

Other contributory causes of importance:

Aspirin secondary (nutritional?) ?
Older malice, belated May 4

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

John S. Hecht M. D.
(Address) John Hopkins Hospital

D. 11-1325-1
F 01325

F 01325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Harlem St., Ward 19-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city

2. FULL NAME

Ward.

(If non-resident give city or town and State)

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: Male 2. Color or Race: Col 3. Single, Married, Widowed, or Divorced: Married

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cemetery Date: 5/13/1934

UNDERTAKER (Address)

Mrs. Charles C. Bailey

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I saw him alive on May 9, 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Sudden

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Regular

23. If death was due to external causes (violence) fill in also the following: Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 01326

F 01326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Mercy Hosp. 2701* St. *2701* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced,

HUSBAND of

(name and date of)

Marie Gordon

DATE OF BIRTH (month, day, year)

Sept. 28, 1883

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.*50**7**14*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Army Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Army

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

886

12. BIRTHPLACE (city or town) (State or country)

Pennsylvania

13. NAME

John Gordon

14. BIRTHPLACE (city or town) (State or country)

Scotland

15. MAIDEN NAME

Mary Kemler

16. BIRTHPLACE (city or town) (State or country)

Scotland

INFORMANT (Address)

Hospital Record

17. BURIAL, CREMATION, OR REMOVAL

Placed in *U. S. National*

Date

*5/15**1934*

18. UNDERTAKER

(Address)

Robert Brooks & Son
Callahan & Hollins

19. FILED

*13 1034**Robert Brooks & Son*21. DATE OF DEATH (month, day, year) *May 12, 1934*

22. I HEREBY CERTIFY. That I attended deceased from

*May 12, 1934, to May 12, 1934*I last saw him alive on *May 12, 1934* Death is said to have occurred on the date stated above, at *4:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Woman
Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Cardiomegaly, Edema
*Arteriosclerosis C-V-S**May 12, 1934*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frederick W. Furman, M. D.*(Address) *Mercy Hospital*

M. D. 1934 01327

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATHRegistered No. 59
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
How long in U. S. If of foreign birth? yrs. mos. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Aprt/Linden Ave, Park 13 Ward)2. FULL NAME Elizabeth Himmelrich,
Riviera Aprt.

(a) Residence: No. (Usual place of abode)

St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Samuel Himmelrich,7. DATE OF BIRTH (month, day, year) Dec. 29. 1860.8. AGE Years 73 Months 4 Days 12 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Balto. Md.

12. BIRTHPLACE (city or town) (State or country)

Augustus Rice,

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany,15. MAIDEN NAME Rebecca Steinberg,16. BIRTHPLACE (city or town) (State or country) Balto. Md.17. INFORMANT Mrs. G. Mansbach,
(Address) Riviera Aprt.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. HebrewDate May 13/3419. UNDERTAKER
(Address)David S. Sponheim & Son1907 E. E. St.
Attingham Hill, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th/34, 1922. I HEREBY CERTIFY. That I attended deceased from Dec. 20 1924 to May 11 1934I last saw her alive on May 11 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Diabetes Mellitus
Chronic Myocarditis
HypertensionDate of onset
1924
1924
1924
1924

Other contributory causes of importance:

Cerebral Embolism.
Pulmonary Edema
Wane1932
1933Name of operation Chloroform Date of ChloroformWhat test confirmed diagnosis? Chloroform Where an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

40. If so, specify

(Signed) Eugene J. Sponheim M. D.
(Address) Park 13, BaltimoreFILED
13 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Agnes Hospital
Wilkins & Catton St. 25 Ward

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret A. Peddicord

(a) Residence: No. 1723 Sexton St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed,
or Divorced (write the word)

Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

May 18-1927

AGE

7

Years

Months

1

Days

24

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Schoolgirl

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation.12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

13. NAME

Henry A. Peddicord

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

15. MAIDEN NAME

Margaret A. Niser

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

17. INFORMANT

(Address)

Henry A. Peddicord
1723 Sexton St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Westerly

Date

May 14-1934

19. UNDERTAKER

(Address)

Dr. B. J. H. & Son
1300 E. Baltimore Ave.
Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May - 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

5/11/34

19

to 9/11/34

19

I last saw him alive on 5/11/34

19

Death is said

to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of
importance were as follows:

Rheumatic Heart Disease (acute)

Date of onset

4/1/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John E. Drucker
St. Agnes Hospital

M. D.

FILED

13 1834

U. D. H. 01330

F 01330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *216 S. Caroline* St. *3-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *216 S. Caroline* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of *Esther*

DATE OF BIRTH (month, day, year) *1859*
AGE Years *75* Months *-* Days *-* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Russia*

13. NAME *Louis Gubinsky*

14. BIRTHPLACE (city or town) (State or country) *Russia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) (State or country) *Russia*

INFORMANT *Mrs Esther Gubinsky*
(Address) *216 S. Caroline St.*

BURIAL, CREMATION, OR REMOVAL *Interment Southern ave* Date *5/13* 1934

UNDERTAKER *Sol Levinson*
(Address) *1127 E. Belton St.*

FILED *1934* *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12, 1934*

22. I HEREBY CERTIFY That I attended deceased from *Sept. 15, 1933* to *May 12, 1934*

I last saw him alive on *May 12, 1934* Death is said to have occurred on the date stated above, at *7 a. m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset *Sept 15, 1933*

Other contributory causes of importance:

General Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *Milton H. Purvis* M. D.

(Address) *2310 Eastern Ave*

01331

HEALTH DEPARTMENT—CITY OF BALTIMORE 01331

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-01 St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 120 E 25th St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years 73 Months 8 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Wm B Tilghman

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Barnett Tilghman

16. BIRTHPLACE (city or town) Md (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Injury, 19 to 19

I last saw him alive on Injury, 19 Death is said

to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

5/10/34

Other contributory causes of importance:

Automobile accident 5/10/34

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident 5/10, 1934

Accident, suicide, or homicide Date of injury

Where did injury occur? Charles St. in Union Station

Specify whether injury occurred in industry, in home, or in public

place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph J. Pomeroy

(Address) 2200 E Madison St. Coroner M. D.

Murov

F 01332

F 01332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N. Calvert St. 10-01 Ward)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Moses Leon Murov
Shrewsport, La.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 23-1917

AGE Years 17 Months 2 Days 25 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Shrewsport, La.

13. NAME

Nathan Murov

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

Rebecca Ruback

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Shrewsport, La.

Date 5/13/34

UNDERTAKER

(Address)

Face House, Inc.
1439 E. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1933, to May 12, 1934.

I last saw him alive on May 12, 1934. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Lipoid granulomatosis
(xanthomatosis of bones)

Date of onset

Feb. 1933

Other contributory causes of importance:

malnutrition
Bronchopneumonia

Feb. 1934

May 1934

Name of operation

Biopsy

Date of Nov. 1933

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Thomas P. Sprunt M. D.
(Address) 1035 N. Calvert St.

MAY 13 1934

D. 12649 01333

F 01333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lincoln Hospital* St., *6-06* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Theodore Phillips(a) Residence: No. *123 N. Luzerne Ave.* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *April 26th 1933*AGE Years Months Days If LESS than 1 day, hrs. or min.
1 *15*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Benjamin Phillips*14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*15. MAIDEN NAME *Thelma Kaplan*16. BIRTHPLACE (city or town) (State or country) *Balto. Md.*INFORMANT *Benjamin Phillips*
(Address) *123 N. Luzerne Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Hebrew Burial* Date *5/13/34* 19UNDERTAKER *Jack Lewis Inc.*
(Address) *439 E. Baltimore St.*

11. If

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/11/34* 1922. I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide *accidental* Date of injury *5/8/34* 19Where did injury occur? *Baltimore, Md.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *home*Manner of injury *slipped to floor of*Nature of injury *residence*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

(Address)

M. D.

F 01334

F 01334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2054 Kennedy Ave 9th Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2054 Kennedy Ave, (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F, Color or Race: W, Single, Married, Widowed, Divorced (write the word): Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of: William E Murray

DATE OF BIRTH (month, day, year): Dec 22 1855

AGE: Years 78, Months 4, Days 18, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Kellogg

13. NAME: Corcha Laws

14. BIRTHPLACE (city or town) (State or country): Not known

15. MAIDEN NAME: Mary Euffen

16. BIRTHPLACE (city or town) (State or country): Not known

INFORMANT: Mrs Arthur Swell (Address): 2054 Kennedy Ave

BURIAL, CREMATION, OR REMOVAL

Place of burial: Courthouse Date: 5/14/34

UNDERTAKER: J. A. Taylor (Address): J. A. Taylor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 1, 1934, to May 10, 1934.

I last saw her alive on May 10, 1934. Death is said to have occurred on the date stated above, at 2:40 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic nephritis

Date of onset

4/27/34

5/5/34

Other contributory causes of importance:

Myocardial insufficiency 5/19/34

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed): J. N. Wilson M. D.

(Address): 848 N. 36th

FILED 131934

F 01335

F 01335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-001 1335

PLACE OF DEATH

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 11 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Ward

Ward

(If non-resident give city or town and State)

FULL NAME

(a) Residence: No

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4. Color or hair 1/2 white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 79 Years

Months 11

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If not specify

(Signed)

(Address)

Coroner

13 1934

F.D. 01336

F 01336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs.

mos 23

ds.

How long in U. S. If of foreign birth?

yrs.

mos

ds.

2. FULL NAME

John Fleming

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

Woodbine, Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Amy Fleming

DATE OF BIRTH (month, day, year)

Sept. 5, 1894

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

40

8

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farming

10. Date deceased last worked at this occupation (month and year)

4/21/34

11. Total age (years) spent in this occupation

25

BIRTHPLACE (city or town)
(State or country)Woodbine
Md.

12. NAME

Wm. H. Fleming

14. BIRTHPLACE (city or town)
(State or country)Woodbine
Md.

15. MAIDEN NAME

Susan Mulliney

16. BIRTHPLACE (city or town)
(State or country)Howard Co.
Md.

INFORMANT

(Address)

Amy Fleming
Woodbine, Md.

BURIAL, CREMATION, OR REMOVAL

Place

Morgan Chapel

Date

May 16, 34

UNDERTAKER

(Address)

B. M. Maltby
Woodbine, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/14

1934

22. I HEREBY CERTIFY, That I attended deceased from
4/22 1934 to 5/13 1934

I last saw him alive on 5/13 1934 Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

1. Cerebral Hemorrhages
2. Arteriosclerosis

Date of onset
4/21/34
?

Other contributory causes of importance:

Name of operation

Lumbar

Date of

What test confirmed diagnosis? ~~Postmortem~~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Jos. A. Bely
Mercy Hospital

M. D.

14 1934

Huntington

F 01337

F 01337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Elsinor Ave. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85.4 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth S. Hess

(a) Residence: No. 2612 Elsinor Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced HUSBAND of John Hess

DATE OF BIRTH (month, day, year) Dec. 24, 1848

AGE Years 85 Months 4 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Hiram Ball

14. BIRTHPLACE (city or town) Delaware (State or country)

15. MAIDEN NAME Mary Drummond

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Mr. E. J. Tickner (Address) North & Pa. Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine

Date May 14, 1934

UNDERTAKER (Address)

Wm. J. Tickner & Son J. North & Pa. Ave.

14 1934

Kington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to May 11, 1934

I last saw her alive on May 11, 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

myocarditis - about 3 mo, duration

Other contributory causes of importance:

Chronic interstitial nephritis 1930

Name of operation

None Physical

Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Walter D. Gribb

(Address)

2220 Harrison Blvd.

D.

F 01338

F 01338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *35* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2731 W. North Ave.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write in word) *Single Married*If married, widowed, or divorced HUSBAND or (or) WIFE of *Louise Douglas*DATE OF BIRTH (month, day, year) *April 28, 1874*AGE Years Months Days If LESS than 1 day. hrs. or min. *60* *0* *17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *009*10. Date deceased last worked at this occupation (month and year) *✓* 11. Total time (years) spent in this occupation *✓*BIRTHPLACE (city or town) (State or country) *New York*13. NAME *James G. Douglas*14. BIRTHPLACE (city or town) (State or country) *Scotland*15. MAIDEN NAME *Mary Meekin*16. BIRTHPLACE (city or town) (State or country) *New York*INFORMANT *Hospital Records* (Address)BURIAL, CREMATION, OR REMOVAL *May 4, 1934* 3XUNDERTAKER *Thy. [unclear]* (Address) *North*

FILED

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) *May 11, 1934*2. I HEREBY CERTIFY, That I attended deceased from *2-25, 1934* to *5-11, 1934*I last saw him alive on *5-11, 1934* Death is said to have occurred on the date stated above, at *4:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Lung Abscess

Date of onset

1-6(?)

Other contributory causes of importance:

*Chronic Bronchitis*Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. Robinson* M. D.(Address) *Mary Hosp*

14 1934

F 01339

F 01339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1953 Edmondson Ave ST. 20-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susannah D. Neugent

(a) RESIDENCE NO. 1953 Edmondson Ave ST. _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Neugent

DATE OF BIRTH (month, day, and year) July 26 1857

AGE Years 76 Months 9 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER David Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Margaret Dearholt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant George W. Neugent (Address) 1953 Edmondson Ave

16 DATE OF DEATH (month, day, and year) May 13 1934

17 I HEREBY CERTIFY, That I attended deceased from March 17th, 1934, to May 13th, 1934, that I last saw her alive on May 6th, 1934, and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY Chronic Interstitial Nephritis (Secondary)

(duration) 4 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. B. Warner, M. D.

(Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL London Park Cemetery

DATE OF BURIAL May 16 1934

20 UNDERTAKER Chas. S. Black 742 W. North Ave

ADDRESS

Filed 14 May 17 1934 City of Baltimore

M. F 01340

F 01340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 27-01 Ward)

Length of residence in city or town where death occurred 16 yrs. 108 mos. 108 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harold Webster

(a) Residence: No.

4916 Litchfield

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Feb. 15/1915

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

19

2

27

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Turnace

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Tinder 086

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME

Thomas H. Webster
Md.14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Eliza E. McKinn

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

(Address)

Eliza E. McKinn
4916 Litchfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore

Date

May 14, 1934

19. UNDERTAKER

(Address)

Philip Herwig Sons
2016 Yorkland Dr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1934, to May 11, 1934

I last saw him alive on May 11, 1934. Death is said
to have occurred on the date stated above, at 10:15 P. M.The principal cause of death and related causes of
importance were as follows:

Date of onset

1. Labor pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

M. D.

BALTIMORE, MD.

F 01341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01341

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 N. Wolfe St., 8-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John W. Henderson

(a) Residence: No. 1638 N. Wolfe (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Henderson

7. DATE OF BIRTH (month, day, year) Dec 7-1858

8. AGE Years 75 Months 5 Days 5 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather 058

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.

13. NAME Harry C. Henderson, Sr.

14. BIRTHPLACE (city or town) Alexandria, Va.

15. MAIDEN NAME Sarah E. S. Taub

16. BIRTHPLACE (city or town) Baltimore, Md.

17. INFORMANT Harry C. Henderson (Address) 1638 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cont Date May 14 1934 34

19. UNDERTAKER Geo. W. Ziskler (Address) 17376 Beyer St.

20. FILED 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 5, 1934, to May 12, 1934.

I last saw him alive on May 11, 1934. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Pneumonia

Date of onset

May 5,

Other contributory causes of importance:

Atherosclerosis Chronic Disease Nephritis Myocarditis

?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. T. Lumsden M. D.

(Address) 718 N. Patterson St. and

F 01343

F 01343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John T. Hill(a) Residence: No. *4703**Roland Ave.*

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-----------------------	------------------------------	--

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

Sept. 19, 1857

8. AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.*26**7**23*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Steel Business*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Balto, Md.*

13. NAME

*Samuel Hill*14. BIRTHPLACE (city or town)
(State or country)*Ireland*

15. MAIDEN NAME

*Mary McKinney*16. BIRTHPLACE (city or town)
(State or country)*Ireland*

17. INFORMANT

(Address)

*Hospital Records
Union Memorial Hospital*

18. BURIAL, CREMATION, OR REMOVAL

Place

*London Park*Date *May 14, 1934*

19. UNDERTAKER

(Address)

*John O. Mitchell & Sons
1905 Eutaw Place*

20. FILED

Hastings Police, etc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

*May 11, 1934 to May 12, 1934*I last saw him alive on *May 12, 1934* Death is saidto have occurred on the date stated above, at *8:30 A.M.*The principal cause of death and related causes of
importance were as follows:*Ruptured appendix
Localized Peritonitis*

Date of onset

5-8-34

Other contributory causes of importance:

*Pneumonia - lobes - right
Diabetes Mellitus
Arteriosclerosis with Hypertension*

Date of onset

5-5-34

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

*Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France*

M. D.

(Address) *Union Memorial Hospital*

✓ F 01344

M. I. F 01344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* 103-01)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *col.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years Months Days If LESS than 1 day, hrs. or min.
*? (50-60)*9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore ?*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *Dinah ?*16. BIRTHPLACE (city or town) (State or country) *?*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *5/24*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9* 19 *34*22. I HEREBY CERTIFY. That *I* attended deceased from *April 18* 19 *34* to *May 9* 19 *34*I last saw *her* alive on *May 9* 19 *34*. Death is said to have occurred on the date stated above, at *3:30 P.* m.

The principal cause of death and related causes of importance were as follows:

*Thrombosis
Hypertension
Bronchopneumonia*

Date of onset

*?**?*

Terminal

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01345

F 01345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3733.E.Lombard St., 26-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Jennie Wesley

(a) Residence: No. 3733.E.Lombard St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

a. If married, widowed, or divorced
HUSBAND of Robert Wesley
(or) WIFE of

DATE OF BIRTH (month, day, year) May.14. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	27	27	

8. Trade, profession, or particular kind of work done, as spinner, housewife, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Pennsylvania
(State or country)

13. NAME George Mohra

14. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)INFORMANT Robert Wesley (Husband)
(Address) 3733.E.Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date May 15 1934

UNDERTAKER

(Address)

L. J. Zeller INC
4413 S. State St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May.11. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1934 to May 12, 1934

I last saw her alive on May 12, 1934 Death is said to have occurred on the date stated above, at 7:45 AM m.

The principal cause of death and related causes of importance were as follows:

Chronic asthmatic bronchitis

Date of onset
some
years
ago.

Other contributory causes of importance:

Myocardial insufficiency

May
12,
1934

Name of physician No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) DR. I. B. BRONUSHAS, M. D.

(Address) 3087 O'DONNELL ST.

FILED

MAY 14 1934

M. D. B. **F 01346**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **46**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **3508** **Claremont Ave.** St. **76-01** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME **George Billing**

(a) Residence: No. **3508. Claremont** St., **26** Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **male** 4. Color or Race **write** 5. Single, Married, Widowed, or Divorced (write the word) **married**

6. If married, widowed, or divorced **HUSBAND of Katherine Billing**
(or) WIFE of

7. DATE OF BIRTH (month, day, year) **March. 19. 1863**

8. AGE **71** Years **1** Months **22** Days **21** If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, **Merchant**
sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, **Furniture Buss**
saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Germany**
(State or country)

13. NAME **unknown**

14. BIRTHPLACE (city or town) **Germany**
(State or country)

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (city or town) **Germany**
(State or country)

17. INFORMANT **Katherine Billing (Wife)**
(Address) **3508. Clairmont. St**

18. BURIAL, CREMATION, OR REMOVAL **Holy Redeemer** Date **May 15** 19**34**

19. UNDERTAKER **Will & Zeiler INC**
(Address) **403 V St**

20. FILED **14 1004**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May. 10** 19**34**

22. I HEREBY CERTIFY, That attended deceased from **May 2** 19**34** to **May 10** 19**34**.
I last saw him alive on **5/10** 19**34**. Death is said to have occurred on the date stated above, at **10.15** Pm

The principal cause of death and related causes of importance were as follows:

Cancer of the prostate gland
(prostatectomy)

Other contributory causes of importance: **Electrolytic edema**
chronic myocarditis

Date of onset **1 yr**

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Augustus J. Sisk** M. D.

(Address) **33238 Baltimore**

M. D. B. 1934

01347

HEALTH DEPARTMENT—CITY OF BALTIMORE

RE 01347

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 21-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Olive Price

(a) Residence: No.

916 Warner

St.

Ward,

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed,
or (Divorced) (write the word) D5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 16. DATE OF BIRTH (month, day, year) 12-5-947. AGE Years 39 Months 5 Days 6 If LESS than
1 day, 0 hrs. or 0 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.H.W.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Into deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) H. Car

13. NAME

Unknown14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address) Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place mt cal any Ct Date 5/14/34

19. UNDERTAKER

(Address) Isaiah L Brown + Son
108 W. Montgomery St

20. FILER

AVW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 8, 1934, to May 11, 1934.I last saw her alive on May 11, 1934. Death is said
to have occurred on the date stated above, at 2:00 m.The principal cause of death and related causes of
importance were as follows:Intestinal Obstruction
Hyperaemic Thrombosis, Ileum
Bangrene Ileum

Date of onset

??

Other contributory causes of importance:

Pyometra Uteri - (12 yrs)
Dissecting
Intestinal AdhesionsName of operation Pericentesis; Ileostomy Date of 5/12/34What test confirmed diagnosis? ops Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-

lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specify(Signed) Isaiah L Brown M. D.(Address) Johns Hopkins Hospital

M. D.

F 01348

F 01348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *817 Edmondson Ave.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *11* Months Days If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*13. NAME *W. G. Gandy*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*15. MAIDEN NAME *W. G. Gandy*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md.*17. INFORMANT *Rosie Lawson*(Address) *817 Edmondson Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *5/14* 192*8*19. UNDERTAKER *Samuel T. Gandy*(Address) *512 W. Biddle St.*20. FILED *AVW*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-11-34*, 1922. I HEREBY CERTIFY. That I attended deceased from *3-14-34*, 19, to *5-11-34*, 19.I last saw him live on *5-11-34*, 19. Death is said to have occurred on the date stated above, at *3:30* p.m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury... 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. Gandy* M. D. (Address) *President Hospital*

F 01349

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01349

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

Dead on arrival at
Hopkins Hospital

City of BALTIMORE: (No. 16)

St. 7-01 Ward)

(If death occurred in a
hospital or institution,
give its NAME instead
of street and number and
fill out No. 18.)

2-FULL NAME

Charles Boy

(Residence in Baltimore: No. 612 N. Bond st

St. 7 Yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

Male

4-COLOR OR RACE

Colord

5-Single, Married, Widowed,
or Divorced.
(Write the word.)
M.

6-DATE OF BIRTH

(Month)

(Day)

(Year)

7-AGE

55

Yrs.

mos.

ds.

If LESS than 1 day,

hrs. or min.?

8-OCCUPATION

(a) Trade, profession, or particular
kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

Labor

9-BIRTHPLACE

(State or Country)

Va

10-NAME OF
FATHER

unknown

11-BIRTHPLACE
OF FATHER

(State or Country)

unknown

12-MAIDEN NAME
OF MOTHER

unknown

13-BIRTHPLACE
OF MOTHER

(State or Country)

unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bettie Tonbrer

(Address)

612 N. Bond st

15-

Filed

14 1934

Hastington Williams, M.D.
Registrar

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH

May

10

1934

(Month)

(Day)

(Year)

17-

I HEREBY CERTIFY That I took charge of the
remains described above, held an inquiry
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said inquiry
find that said deceased came to death
topsy or inquiry.)
on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
General Arteriosclerosis
Cardiac Hypertrophy

(Duration) Yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(Signed)

5/12/34

193 (Address)

(Coroner)

508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means of Injury; and (2) whether Accidental,
Suicidal, or Homicidal.18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Trau-
sients, or Recent Residents).

At place of death Yrs. mos. ds. State Yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mount Auburn cemetery

May 14 1934

20-UNDERTAKER

Edward Bryan

ADDRESS

1631 Orleans

M. D. P. 1934

F 01351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01351

108

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* St. *Ward*)Length of residence in city or town where death occurred *14* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *924 N. Calvert* St., *Ward*

(Usual place of abode)

Ward.

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Malvern F. Diggs*6. DATE OF BIRTH (month, day, year) *May 6, 1882*7. AGE Years *52* Months *0* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At home*10. Date deceased last worked at this occupation (month and year) *May 14, 1933*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Bridgeton, N.J.*13. NAME *John L. Bozarth*14. BIRTHPLACE (city or town) (State or country) *N.J.*15. MAIDEN NAME *Sarah E. Cutler*16. BIRTHPLACE (city or town) (State or country) *N.J.*17. INFORMANT *Malvern F. Diggs* (Address) *924 N. Calvert St.*18. BURIAL, CREMATION, OR REMOVAL Place *Hampton Va* Date *May 14, 1933*19. UNDERTAKER *Wm. Cook* (Address) *1217 St. Paul St.*20. FILED *100-100000-100000*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 13, 1934*22. I HEREBY CERTIFY That I attended deceased *from* *May 11, 1934* to *May 13, 1934*I last saw *her* alive on *May 12, 1934* Death is said to have occurred on the date stated above, at *2:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

*5-9-34**over*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *James T. Fisher*(Address) *Union Memorial Hospital*

M. D.

F 01352

F 01352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *25-91* Ward)Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *600 S Chapel St* St., *15* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND <i>John M. Tucker Sr.</i> (or) WIFE <i>Mary Tucker</i>		
7. DATE OF BIRTH (month, day, year) <i>May 1845</i>		
8. AGE <i>89</i>	Years <i>89</i>	Months <i>0</i>
		Days <i>0</i>
		If LESS than 1 day. <i>0</i> hrs. or <i>0</i> min.

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. <i>Mechanic</i>	11. Total time (years) spent in this occupation <i>30</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Litch Bros</i>	
10. Date deceased last worked at this occupation (month, year) <i>1930</i>	

12. BIRTHPLACE (city or town, State or country)
*Galesville Md*13. NAME
*Unknown*14. BIRTHPLACE (city or town, State or country)
*Unknown*15. MAIDEN NAME
*Unknown*16. BIRTHPLACE (city or town, State or country)
*Unknown*17. INFORMANT
(Address) *John M. Tucker Sr.
174 Franklin St*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *5/14* 19*34*19. UNDERTAKER
(Address) *Wm. Cook
1214 S. Paul St*20. *1934* *Huntington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>May 13</i> 19 <i>34</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Jan 16</i> 19 <i>34</i> to <i>May 12</i> 19 <i>34</i>
I last saw him alive on <i>May 12</i> 19 <i>34</i> . Death is said to have occurred on the date stated above, at <i>7:30 A.M.</i>
The principal cause of death and related causes of importance were as follows: <i>Myocarditis</i>
Date of onset <i>?</i>

Other contributory causes of importance: <i>Arterio sclerosis</i>	Date of onset <i>?</i>
--	---------------------------

Name of operation
*Cremial*What test confirmed diagnosis? *Cremial* Was there an autopsy? *-*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? *-* Date of injury *-* 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *-*Nature of injury *-*24. Was disease or injury in any way related to occupation of deceased?
No

If so, specify

(Signed) *W. H. Beer* M. D.(Address) *205. Per South*

01353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 01353

32-001
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 N. Eutam St. 11-21 Ward)

2-FULL NAME

(a) RESIDENCE NO. 906 N. Eutam St. 11-21 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds.(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race Negro Single, Married, Widowed, or Divorced, (write the word) MarriedIf married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl MitchellDATE OF BIRTH (month, day, and year) 1889AGE Years Months Days IF LESS than 1 day.....hrs. or.....min.
45

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Suffolk(State or country) Va.10 NAME OF FATHER Warwick Mitchell11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

Informant
(Address) Pearl Mitchell
906 N. Eutam StFiled 4-19-34

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 19 3417 I HEREBY CERTIFY, That I attended deceased from April 9, 19 34, to May 11, 19 34, that I last saw him alive on May 11, 19 34, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

General acute miliary tuberculosis(duration)yrs. 1 mos. 12 ds.CONTRIBUTORY
(Secondary)

(duration)yrs.mos.ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of May 11Was there an autopsy? NoWhat test confirmed diagnosis? Med. and Laboratory(Signed) Wm H. Watts(Address) 515 N. Wilmington, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR

Date of Burial

MT Auburn5/14 19 34

20 UNDERTAKER

Daniel Easton

ADDRESS

916 Penma

01354

HEALTH DEPARTMENT—CITY OF BALTIMORE

01354

CERTIFICATE OF DEATH

113

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Baltimore City Hospital 3-01*)Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Meade(a) Residence: No. *703 S. Caroline*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced
HUSBAND of *June*
(or) WIFE of *June*

DATE OF BIRTH (month, day, year)

AGE *60* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

*Records
Balt City Hosp.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross A.R. Co

Date

May 15

1934

19. UNDERTAKER

(Address)

*John G. Denny
715 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 11* 19*34*I HEREBY CERTIFY, That I attended deceased from *May 8* 19*34* to *May 11* 19*34*I last saw him alive on *May 11* 19*34* Death is said to have occurred on the date stated above, at *2:15* A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Emphysema
Atherosclerosis, generalized
malnutrition*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*J. P. Magill**Balt City Hosp*

M. D.

14 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01355

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 N. Lakewood Ave. St. 6-01 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME LEONHARD ROSSMEISL

(a) Residence: No. 157 N. Lakewood Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of A. Blanche Rossmeisl (or) WIFE of

DATE OF BIRTH (month, day, year) October 28, 1889

AGE Years Months Days 44 6 12 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Anton Rossmeisl

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs. A. B. Rossmeisl (Wife) 157 N. Lakewood Ave. (Address)

BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery

Date May 14, 1934

HENRY SANDER & SONS, INC. Undertaker (Address) Baltimore St. & Broadway.

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1230 P. M.

The principal cause of death and related causes of importance were as follows:

Strangulation by Hanging
Suicide

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 5/11 Date of injury 5/11, 1934

Where did injury occur? 157 N. Lakewood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D. Coron

01356

HEALTH DEPARTMENT—CITY OF BALTIMORE 01356

CERTIFICATE OF DEATH 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 W Baltimore St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1501 W Baltimore St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

4. If married, widowed, or divorced HUSBAND of Catherine Whitfield (or) WIFE of

5. DATE OF BIRTH (month, day, year) Dec 21 1869

6. AGE Years 64 Months 4 Days 2 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Shipping Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Baltimore (State or country) Md.

12. NAME James Whitfield

13. BIRTHPLACE (city or town) Md. (State or country)

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) Md. (State or country)

16. INFORMANT Mrs James J. Whitfield

(Address) 1501 W Baltimore St

17. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 15, 1934

18. UNDERTAKER Harry H. Witake

(Address) 1101 E. Lombard Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934 to May 13, 1934

I last saw him alive on May 13, 1934 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Acute cardiac dilatation & pulmonary edema

Date of onset

Other contributory causes of importance:

Chronic myocarditis Possibly septicemia

Syr

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Gudro E. Palus

M. D.

(Address)

47, Julian Ave.

174 1934

H. H. Witake, Registrar

01857

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01857

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 E Pratt St. St., 3-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Esther Grennell(a) Residence: No. 1634 E. Pratt St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Singlea. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Aug 27 1917AGE 17 Years 38 Months 19 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) md13. NAME Albert Grennell14. BIRTHPLACE (city or town) St Mary Co
(State or country) md15. MAIDEN NAME Sarah Morgan16. BIRTHPLACE (city or town) St Mary Co
(State or country) mdINFORMANT Sarah Grennell
(Address) 1634 E Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Resting Cn. Date May 15 1934

UNDERTAKER

(Address)

Wendell J. Russell
304 E. Eden St.
14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. P. McPherson
(Address) 1305 N. Patterson Park

Coroner

M. D.

F 01358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)Length of residence in city or town where death occurred 6 yrs. 1928—1934. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. Bertha H. Daywalt.(Usual place of abode) 49 S. Fulton Ave. St., 1934 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, name of HUSBAND of Joseph Daywalt.DATE OF BIRTH (month, day, year) February 17, 1910AGE Years 24 Months 7 Days 25 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straw hat worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 08 6BIRTHPLACE (city or town) (State or country) Howard Co. Md.13. NAME Arnold Gilsash.14. BIRTHPLACE (city or town) (State or country) Germany.15. MAIDEN NAME Carla Hoefler.16. BIRTHPLACE (city or town) (State or country) Germany.INFORMANT Joseph Daywalt. (husband)
(Address) 2813 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place St. Johns.Date 5-15-34UNDERTAKER (Address) 2 C. H. G. in Baltimore

FILED

14 1934

Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934, 1922. I HEREBY CERTIFY. That I attended deceased from 19 to 19I last saw h..... alive on 19. Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis, Sepsis.
Criminal abortion.
Unknown.

Date of onset

Other contributory causes of importance:

Name of operation Autopsy & inquiry Date of Yes.What test confirmed diagnosis? Yes.23. If death was due to external causes (violence) fill in also the following: Yes.Accident, suicide, or homicide? Yes. Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

11/12/34

(Address)

101 S. Charles St.

Coroner

M. D.

M. D. F 01263

F 01359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1215 Chatham St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) —5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —6. DATE OF BIRTH (month, day, year) 9-26-317. AGE Years 2 Months 7 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Norman Finch14. BIRTHPLACE (city or town) (State or country) N Car15. MAIDEN NAME Pattie Short16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ch Date May 10 1934

19. UNDERTAKER

(Address) 2015 Mc Elder St

20. DEATH

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 193422. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 11 1934I last saw her alive on May 11 1934. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

T.B. meningitisDate of onset 5/1?

Other contributory causes of importance:

Pulmonary Tbc

Feb.?

Name of operation

Date of

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Spec.—9-30—A. & Co. 250 UH
E 01360**F 01360****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH.**

✓ 23

1. PLACE OF DEATHCITY OF BALTIMORE: (No. 3405 Paton ave. ST. 27-01 WARD)REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)**2. FULL NAME**Mary F. Allen**(a) RESIDENCE NO.**3405 Paton ave.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnthony Allen Sr.6 DATE OF BIRTH (month, day, and year) Feb. 14th. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	27	20	

8 OCCUPATION OF DECEASED(a) Trade, profession or particular kind of work House-keeper D70(b) General nature of industry, business, or establishment in which employed (or employer) House-wife(c) Name of employer Homw-work.9 BIRTHPLACE (city or town)
(State or country)Petersburge, Va.

10 NAME OF FATHER

William Morgan

11 BIRTHPLACE OF FATHER (city or town)

Va.

(State or country)

12 MAIDEN NAME OF MOTHER

Unknown13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Va.14 Informant Carrie Johnson (Daughter)
(Address) 305 N. Delaware Ave.Atlantic City, N.J.

15

Filed

19

14 1934**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH (month, day, and year) 5-11-'34

17

I HEREBY CERTIFY. That I attended deceased from
April 15th, 1934 May 11th, 1934that I last saw her alive on May 11th, 1934and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation
(Mitral Ins.)

About

(duration) 2 yrs. mos. ds.CONTRIBUTORY Ch. Interstitial
Nephritis Abt. (duration) 2 yrs. mos. ds.18 Where was disease contracted
if not at place of death?At Place of D.

Did an operation precede death?

None Date of

Was there an autopsy?

Physician Exam. Urn analysis

What test confirmed diagnosis?

(Signed) Walter J. Jackson M. D.19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

Wm. Calhoun CemeteryMay 14 1934

20 UNDERTAKER

Archibald G. Laddis 24th St. Baltimore

F 01361

F 01361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 Pear St., 17-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Arthur E. Johnson(a) Residence: No. 952 Pear

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

4. Color	5. Single, Married, Widowed, or Divorced (write the word)
<u>White</u>	<u>Single</u>

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb 3-1934

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.398. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in the
occupationNoneBIRTHPLACE (city or town)
(State or country)Baltimore
Robert Johnson

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

May 14, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said
to have occurred on the date stated above at _____ m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Lobar pneumonia
5 days

Other contributory causes of importance:

Name of operation Regulation Date of 12-2

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

M. D.

Robert Johnson
Coroner

FILE

14 1934

0388

01362 HEALTH DEPARTMENT—CITY OF BALTIMORE 01362

CERTIFICATE OF DEATH

34✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *56* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1302* *Tarson* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*a. If married, widowed, or divorced
HUSBAND of *Marjand (dead)*
(or) WIFE ofDATE OF BIRTH (month, day, year) *July 23, 1860*AGE *73* Years *79* Months *20* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Norway*13. NAME *Henry*14. BIRTHPLACE (city or town) (State or country) *Norway*15. MAIDEN NAME *Sophia Ellen*16. BIRTHPLACE (city or town) (State or country) *Norway*7. INFORMANT (Address) *Records
Balt City Hospital*

8. BURIAL, CREMATION, OR REMOVAL

Place *St. Olaf*Date *May 15, 1934*9. UNDERTAKER (Address) *Wm Cook
1217 SE Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 13* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *April 2* to *May 13* 19*34*I last saw him alive on *May 13* 19*34*. Death is said to have occurred on the date stated above, at *4:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
to Congestive Failure
Porte Infarction*

Date of onset

*6 hrs?**new*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Phazel
Balt. City Hosp.*

M. D.

MAY 14 1934

01263 HEALTH DEPARTMENT—CITY OF BALTIMORE 01263

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Clement St., 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced

HUSBAND OF

(or) WIFE OF

Anna B. Hauer

6. DATE OF BIRTH (month, day, year) July 12, 1856

7. AGE Years 77 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Free man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1934, to May 13, 1934.

I last saw him alive on May 13, 1934. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, why

Signed) M. D.

(Address) 1319 Light St.

14 1934

Registrar

M. D. R. 1268

F 01364

F 01364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITALSt., 11-01 Ward)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Edmond

St., _____ Ward.

(a) Residence: No.

305 W. Biddle

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

black

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

10/6/37

7. AGE

Years

Months

Days

29

If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

Robt- James

14. BIRTHPLACE (city or town) (State or country)

Va

MOTHER

15. MAIDEN NAME

Hannah White

16. BIRTHPLACE (city or town) (State or country)

Va

17. INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Med College

Date

May 14, 1934

19. UNDERTAKER

(Address)

Johnston & McNamee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 5, 1934

22.

I HEREBY CERTIFY. That I attended deceased from

May 3 34, 1934 to May 5, 1934I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
(secondary)
(to measles)

Date of onset

April 30, 1934

Other contributory causes of importance:

measlesApril 1, 1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Arthur H. Hurd, M.D.

(Address)

Johns Hopkins HospitalFILED
MAY 14 1934

RECORDED

F 01365

F 01365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Wm Wallace Collison*(a) Residence: No. *313 S Mount*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

a. If married, widowed, or divorced

HUSBAND of *Helena* (or) WIFE of *(dead)*DATE OF BIRTH (month, day, year) *Oct. 21, 1854*

AGE

79

Years

Months

6

Days

19

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *Charles W Collison*14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Emily Andrews*16. BIRTHPLACE (city or town) *Ind.* (State or country)INFORMANT *Reads*(Address) *Balt. City Hosp*17. BURIAL OR CREMATION *Interment*Place *Interment of Mt*Date *11/14/34*19 *34*18. UNDERTAKER *Edmond A. Miller*(Address) *1111 N. E. St. Baltimore, Md.*FILED *11/14/34*19 *34*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Dec 26, 1931* to *May 10, 1934*I last saw him alive on *May 10, 1934* Death is saidto have occurred on the date stated above, at *12:30 P.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Atherosclerosis

Date of onset

?

?

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19 *34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Phagiel*(Address) *Balt. City Hosp.*

M. D.

1366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01266

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)Length of residence in city or town where death occurred *17* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Richard Rodgers(a) Residence: No. *248 W Biddle*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)

widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

*Ida**(Dead)*

6. DATE OF BIRTH (month, day, year)

Feb - 4, 1881

7. AGE

5-3

Years

Months

Days

If LESS than 1 day... hrs. or min.

*3**5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0 21

12. BIRTHPLACE (city or town) (State or country)

New Orleans La.

13. NAME

John Rodgers

14. BIRTHPLACE (city or town) (State or country)

La.

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

La.

17. INFORMANT

(Address)

Records Bal. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md*Date *May 14* 19*54*

19. UNDERTAKER

(Address)

CONFIDENTIAL

20. FILED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 9* 19*54*22. I HEREBY CERTIFY, That I attended deceased from *May 8* 19*54* to *May 9* 19*54*I last saw him alive on *May 9* 19*54* Death is said to have occurred on the date stated above, at *1:50 p.m.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
congestive failure
Heart disease, hypertensive*

Date of onset

*2 wks
?*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed)

Phagil

(Address)

Bal. City Hosp.

M. D.

04367

HEALTH DEPARTMENT—CITY OF BALTIMORE

Baltimore City Hospitals
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19-01)

Length of residence in city or town where death occurred 20 yrs.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 33 Colhoun

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX Female 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

21. DATE OF DEATH (month, day, year) May 10, 1934

I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to May 10, 1934.

5a. If married, widowed, or divorced, (or) WIFE of Carter Marshall

last saw him alive on May 10, 1934, Death is said to have occurred on the date stated above, at 11:20 AM.

6. DATE OF BIRTH (month, day, year) March 26, 1864

7. AGE Years 70 Months 1 Days 14 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Coronary & Cerebral Artery & Regional Nerve Lesions

Date of onset

1933?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

?

11. Total time (years) spent in this occupation ?

Other contributory causes of importance:

Anemia Secondary

?

12. BIRTHPLACE (city or town) (State or country) Germany

Name of operation

None

Date of

5

13. NAME

Phu Kienast

What test confirmed diagnosis?

Was there an autopsy?

No

14. BIRTHPLACE (city or town) (State or country) Germany

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

15. MAIDEN NAME

Charlotte Duval

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

17. INFORMANT

(Address)

Hospital Director

Manner of Injury

Nature of Injury

18. BURIAL, CREMATION, OR REMOVAL

Place

Date May 14, 1934

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

19. UNDERTAKER

(Address)

Baltimore City

(Signed)

(Address)

E. R. Brown

M. D.

FILED

1934

368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* St. *19-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *74* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Emma Mergenthaler Stauf
(*Emma Mergenthaler Stauf*)St., *Explanade Apts* ard.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
----------------------	----------------------------------	---

6. If married, widowed, or divorced

(or) WIFE of

William A. Strauff

DATE OF BIRTH (month, day, year)

Feb 11, 1860

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*74**3**3*

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Louis C. Sackmayer

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Pauline Kerner (KOERNER)

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Deceased

8. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

5/15

1934

9. UNDERTAKER

(Address)

Henry W. Meats and Son
802 N. Calver Street

FILED

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 8

1934

to

May 14

1934

last saw him alive on

May 14

1934

Death is said

to have occurred on the date stated above, at *6:10* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Interiorlechia

Date of onset

May 6

Other contributory causes of importance:

*Bronchopneumonia**May 11*

Name of operation

Date of

What test confirmed diagnosis? *Cerebral* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hospital

F 01369

01369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. 22-21 St. 22-21 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Bill Austin

(a) Residence: No. 334 Henrietta st. St. _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Beatrice
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1889

7. AGE Years 44 Months 5 Days 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) North Carolina
 (State or country)

13. NAME Bill Austin

14. BIRTHPLACE (city or town) Unknown
 (State or country)

15. MAIDEN NAME Ida Morris

16. BIRTHPLACE (city or town) North Carolina
 (State or country)

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place University of Md Date May 14 1934

19. UNDERTAKER Christopher C. Shaw
 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from April 30 1934 to May 10 1934

I last saw him alive on May 10 1934 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Aug. 1933

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____
 (Signed) Christopher C. Shaw M. D.
 (Address) Baltimore City Hospitals

14 1934

0393

01370

F 01370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *20-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2244 West Schenck Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
6 wks 0 1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Unusual of Md* Date *May 14, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-12-1934*

22. HEREBY CERTIFY, That I attended deceased from

4/27/1934 to *5/12/1934*I last saw him alive on *5/12/1934*. Death is saidto have occurred on the date stated above, at *6:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAY 14 1934

118
 0503
 118
 0503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 04372

04372

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Ken Oak Road St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Madora Wagner

(a) Residence: No. 2409 Ken Oak Road
(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Aug 18, 1859

7. AGE Years 74 Months 8 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Augustus Wagner

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Susan Gettler

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Miss Susan M. Wagner (Address) 2409 Ken Oak Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 15, 1934

19. UNDERTAKER Wm J. Ticker & Son (Address) North + Calver

20. FILED

4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1934, to May 13, 1934.

I last saw him alive on May 18, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, arteriolosclerosis, Hypertension, cholelithiasis, uremia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Chas. W. Legumery, M. D.
9 E. Chas St.

M. D.

01373

HEALTH DEPARTMENT—CITY OF BALTIMORE 01373

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Funeral Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Moscoe #1 Cottage A

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1934

7. AGE Years Months Days If LESS than 1 day, 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)13. NAME Nathan Moscoe14. BIRTHPLACE (city or town) Baltimore Md. (State or country)15. MAIDEN NAME Hettie Simon16. BIRTHPLACE (city or town) Baltimore Md. (State or country)17. INFORMANT Nathan Moscoe (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W. Med College Date May 14 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archie Robert Cohen M. D.(Address) Funeral Hospital

4 1934 0397

01374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Simi Hospital St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Moscoe #2
3602 College Cr.

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) _____5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, 8 hrs. or min. 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Nathan Moscoe14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Hettie Simon16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)17. INFORMANT Nathan Moscoe

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's CollegeDate May 14, 1934

19. UNDERTAKER _____

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? he

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Archie Robert Cohen

M. D.

(Address) Simi Hospital

4 1934

0398

Archie Robert Cohen
Registrar.

F 01375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2655 Edmonson ST. 10 WARD)2. FULL NAME Sarah Jane Chaney(a) RESIDENCE NO. 2655 Edmonson ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds.How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced, (write the word) Widowed5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Chaney6 DATE OF BIRTH (month, day, and year) Apr 15, 1844

7 AGE

91 Years10 Months29 Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) San Antonio, Texas
(State or country)10 NAME OF FATHER Doval

11 BIRTHPLACE OF FATHER (city or town)

(State or country) San Antonio, Texas12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant C. Howard Thibault
(Address) 2655 Edmonson

15

4 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14 193417 I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to May 13, 1934.
That I last saw her alive on May 12, 1934and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
and Emphysema
"old age"

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 6 yrs. 1 mos. 1 ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? clinicalSigned B. S. French, M.D.1/3, 1934 (Address) 2379 Arundel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

Ashbury M.E. Cemetery

20 UNDERTAKER

Berryman & Sons

DATE OF BURIAL

May 16, 1934

ADDRESS

Riverton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01376

01376

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Aged Mens Home

CITY OF BALTIMORE: (No. _____)

1400 W Lexington

19-01 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Alfred Heath

(a) Residence: No. _____

1400 W Lexington

St., _____

Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

Apr 5, 1849

7. AGE

85 Years

Months

1

Days

79

If LESS than 1 day, _____ hrs or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

England

13. NAME

Thomas Heath

14. BIRTHPLACE (city or town) (State or country)

England

15. MAIDEN NAME

Mary Lee

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

Mary E Forest

(Address)

1400 W Lexington

18. BURIAL, CREMATION, OR DISPOSAL

Place London Park Date May 16, 1904

19. UNDERTAKER

F. Vernon Lechner

(Address)

1532 Hollins

4-1834

Registrar.

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 14, 1904

22. I HEREBY CERTIFY, That I attended deceased from

May 10, 1904

to May 14, 1904

I last saw him alive on May 13, 1904 death is said to have occurred on the date stated above, at 3A, M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset

5/13/04

Other contributory causes of importance:

Chronic Myocarditis 2 yrs.

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____

Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____

(Address) _____

Chas B. Rogers, M.D.
1115 St Paul St. City

01377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Fleet St St. 2-01 Ward)Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2001 Fleet St St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Julia Siemek (or) WIFE of7. DATE OF BIRTH (month, day, year) unknown8. AGE Years Months Days If LESS than 1 day... hrs. or min. 729. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland13. NAME John Siemek14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Julia Siemek (Address) 2001 Fleet St18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date May 15, 193419. UNDERTAKER J. W. Ozgowski (Address) 1430 E. Calver Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY. That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1305 N. Holliston St Coroner

14-1934

01378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01378

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Moreland St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: Harry H. Levy 708 Moreland St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of hair White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, name of HUSBAND or WIFE of Leona M.6. DATE OF BIRTH (month, day, year) Jan 21 18707. AGE Years 44 Months 3 Days 32 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08610. Date deceased last worked at this occupation (month and year) Jan 21 187012. BIRTHPLACE (city or town) New York
(State or country) Russia13. NAME Rubin Levy14. BIRTHPLACE (city or town) Russia
(State or country) Russia15. MAIDEN NAME Leona M. Levy16. BIRTHPLACE (city or town) 1708 Moreland
(State or country)7. INFORMANT (Address) Leona M. Levy8. BURIAL, CREMATION, OR REMOVAL Reburied 5/15 1934
Date9. UNDERTAKER (Address) John R. Kestel10. FILED 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 193422. I HEREBY CERTIFY, That I attended deceased from May 13 1934 to May 13 1934I last saw him alive on Inquiry 1934. Death is said to have occurred on the date stated above, at 086 m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Rudden

Other contributory causes of importance:

Name of operation Regulation Date of 05What test confirmed diagnosis? Autopsy Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Smith M. D.(Address) Coroner

01379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 N. Baltimore St. Ward 131)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2705 N. Baltimore St., Ward 131 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Married
 6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John L. Cushman

6. DATE OF BIRTH (month, day, year) Apr 28 1865

7. AGE 70 Years Months 5 Days 17
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Joseph Cushman

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. NAME John L. Cushman

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Dr. Joseph M. St. John

18. BURIAL, CREMATION, OR REMOVAL 2705 N. Baltimore St. Date May 15 1934

19. UNDERTAKER F. B. Karmann

(Address) 1202 Calvert Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/34

22. I HEREBY CERTIFY, That I attended deceased from 5/14/34 to 5/14/34
 last saw him alive on 5/14/34 Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration 5/12

Other contributory causes of importance: Chronic Intestinal Angitis 3 yr

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: none Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify none

(Signed) David Miller M. D. (Address) 1500 N. Broadway

41934

M. F. 01380

F 01380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 108

1. PLACE OF DEATH *St. Louis Hospital*CITY OF BALTIMORE: (No. *Belmont Avenue* St. *25* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME *Mrs. Margaret E. Lurren*(a) Residence: No. *Linden Ave. Beltsville* Md. St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *April 18 - 1928*7. AGE *6* Years *—* Months *—* Days *25* If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation *Ind*

12. BIRTHPLACE (city or town) (State or country) _____

13. NAME *Charles E. Lurren*14. BIRTHPLACE (city or town) (State or country) *Balto. Md*15. MAIDEN NAME *Mildred C. Weber*16. BIRTHPLACE (city or town) (State or country) *Balto. Md*17. INFORMANT *Aunt - Miss Prot. Weber*(Address) *Linden Ave. Beltsville, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Agnes Catholic* Date *May 17, 1934*19. UNDERTAKER *George L. Ashcraft*(Address) *1000 N. Broadway, Balto.*Y 15 1934 *Thurston Williams, M.D.* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-14-1934*22. I HEREBY CERTIFY, That I attended deceased from *4-26-1934* to *5-14-1934*I last saw *her* alive on *5-14, 1934*. Death is said to have occurred on the date stated above, at *5:18* p. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Basilar Lobar Pneumonia *4/20/34*

Other contributory causes of importance:

Bilateral Emphysema *5/18/34*
Pneumococcus Peritonitis *?*Name of operation *Therapeutic* Date of *5/19/34*What test confirmed diagnosis *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*If so, specify *None*(Signed) *John C. Dunbar* M. D.(Address) *St. Agnes Hospital*

01381

S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01381

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Pulaski ST. 20-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

August Heintz

(a) RESIDENCE NO.

322 S. Pulaski ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

life yrs. mos. ds.

How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

married

If married, widowed, or divorced

HUSBAND of
WIFE of

Mrs. Dorothea Heintz

DATE OF BIRTH (month, day, and year)

Dec. 23, 1852

AGE

Years

81

Months

24

Days

20

If LESS than
1 day, hrs.
or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer)

R R

(c) Name of employer

B + O

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

10 NAME OF FATHER

Geo. L. Heintz

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Kohler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Germany

14

Informant

(Address)

Mrs. Dorothea Heintz
322 S. Pulaski St.

15

Y 15 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1934

17

I HEREBY CERTIFY, That I attended deceased from

Aug. 24, 1928, to May 13, 1934,

that I last saw him alive on May 13, 1934

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

CONTRIBUTORY
(Secondary)

(duration) 5 yrs. 9 mos. ds.

Senile arterio-sclerosis

(duration) 5 yrs. 5 mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry C. White, M. D.

5-14-34 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

London Park Cemetery

May 16 1934

20 UNDERTAKER

Geo L Schwab

ADDRESS

2101 Frederick Ave

F 01382

F 01382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319-Harford Rd. St. 8-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Madelena J. Dersch

(a) Residence: No. 2319-Harford Rd. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced, (write the word) Married

6a. If married, widowed, or divorced HUSBAND of John N. Dersch (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/11/1883

7. AGE Years 50 Months 10 Days 2 If LESS than 1 day or less than 1 min. XXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Theo. Kaufmann

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Josephine Kremer

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT John N. Dersch (Address) 2319-Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 5/10/34

19. UNDERTAKER (Address) 135 ...

20. 15 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to May 13, 1934

I last saw her alive on 5/12/34. 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Exhaustion + acute

Date of onset

Other contributory causes of importance:

Gastric & Pyloric with Hepatic metastases

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ...

(Address) ...

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 2414-E. Fairmount Ave. St. 6-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Sasek

(a) Residence: No.

2414-E. Fairmount Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Single (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 8/16/18837. AGE Years 50 Months 8 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE, MD.
(State or country)13. NAME Albert Sasek14. BIRTHPLACE (city or town) Bohema
(State or country)15. MAIDEN NAME Eliza ?16. BIRTHPLACE (city or town) Bohema
(State or country)17. INFORMANT Alfred Leost
(Address) 2414-E. Fairmount Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/16/3419. UNDERTAKER
(Address) George J. Roth, Jr.

20. REGISTRY

Statington, Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 193422. I HEREBY CERTIFY, That I attended deceased from May 9 1934 to May 13 1934I last saw him alive on May 13 1934 Death is said to have occurred on the date stated above, at 1:30 P.

The principal cause of death and related causes of importance were as follows:

Diabetes
Mellitus

Date of onset

Other contributory causes of importance:

Chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Guafar C. Thumy M. D.
(Address) 16 N. Kennerd Ave

F 01384

HEALTH DEPARTMENT—CITY OF BALTIMORE

01384

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Baltimore City Hospital* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Clarence Challand*

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, X hrs.
or min.*5-7**11**—*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*none**037*

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

Richard S. Morris

14. BIRTHPLACE (city or town) (State or country)

Baltimore

MOTHER

15. MAIDEN NAME

Therese V. Roberts

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

*Records
Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Baltimore 5/15/34

19. UNDERTAKER

(Address)

*George J. Ruth Inc
1725 Maryland W. Ave*

20. FILED

*1934
Huntington Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 2 1934* to *May 12 1934*I last saw him alive on *May 12 1934* Death is saidto have occurred on the date stated above, at *34 p m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*auricular fibrillation
Heart disease rheumatic
Hemiplegia, 18. due to old
cerebral embolus*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

T. Shavel

M. D.

(Address)

Balt City Hosp

F 01386 HEALTH DEPARTMENT—CITY OF BALTIMORE F 01386

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 434 Somerset St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 434 Somerset St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to May 11, 1934

I first saw her alive on May 11, 1934. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Ch. Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Calvin She Anupia

(Address)

11134 Caroline St

M. D.

51934

Registrar

M. F 01387

Wujek

F 01387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospitals - 01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *221* *Madison* St., *Madison* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Unmarried*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Josephine (dead)*6. DATE OF BIRTH (month, day, year) *Jan. 1, 1862*7. AGE Years *72* Months *4* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Poland*
(State or country)13. NAME *Jacob*
14. BIRTHPLACE (city or town) *Poland*
(State or country)15. MAIDEN NAME *?*
16. BIRTHPLACE (city or town) *?*
(State or country)17. INFORMANT *Records*
(Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL
Place *Holy Rosary* Date *May 16, 1934*19. UNDERTAKER *John M. Weber*
(Address) *401 S. Chester St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Sept 10, 1930* to *May 12, 1934*I last saw him alive on *May 12, 1934* Death is said to have occurred on the date stated above, at *1:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial infarction
Arteriosclerosis

Date of onset

2 yrs

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Pharmacol*(Address) *Balt City Hosp*

M. D.

15 1934

F 01388

F 01388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 950 N. Chester ST. 7-01 WARD)

2. FULL NAME

Mary E. Spingenstein

(a) RESIDENCE NO.

(Usual place of abode)

950 N. Chester

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female White

Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10 = 1866

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

67

6

3

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

House Work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Co
(State or country)

10 NAME OF FATHER

Carl Spingenstein

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Elizabeth Spand

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

14 Informant

(Address)

Charles Spingenstein
950 N. Chester St

15

15 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 - 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 6, 1934, to May 13, 1934

that I last saw her alive on May 12, 1934

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

Walter W. White Jr.

M. D.

May 14, 1934

(Address)

2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Baltimore Cemetery

May 15 1934

20 UNDERTAKER

ADDRESS 1203

Henry Lutz

N. Broadway

F 01389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. moa. da. How long in U. S. If of foreign birth 19 yrs. moa. da.

2. FULL NAME

Sadie Ross(a) Residence: No. 2415 Collington Ave. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Max

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>60</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Harry

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Hinda

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Hospital Read

18. BURIAL, CREMATION, OR REMOVAL

Place Public Burial Date 5/14/34 19

19. UNDERTAKER (Address)

Jack Lewis Inc.
1439 E. Pratt St.

20. FILED

Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 12 1934 to May 14 1934I last saw him alive on May 14 1934 Death is saidto have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia - Type ?
Cerebral Hemorrhage
Hemiplegia
Hypertension

Date of onset

5-13-345-14-345-11-34?

Other contributory causes of importance:

Arteriosclerosis
Cardiac Hypertrophy
Diabetes Mellitus???

Name of operation

Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Albert J. Hunsicker, M. D.
Sinai Hospital

F 01390

M F 01390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov 25 1903*7. AGE Years *30* Months *5* Days *11* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. *Shut-Metal*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Worked at*
10. Date deceased last worked at this occupation (month and year) *June*
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Tenn*13. NAME *William Faith*14. BIRTHPLACE (city or town) (State or country) *Tenn*15. MAIDEN NAME *Bent-Carden*16. BIRTHPLACE (city or town) (State or country) *Tenn*17. INFORMANT *Mr. William Faith* (Address) *Chatanoga Tenn*18. BURIAL, CREMATION, OR REMOVAL *Chatanoga Tenn May 15 1934*19. UNDERTAKER *John Q. Mitchell & Son* (Address) *1900 Centaw Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 6 1934*

22. I HEREBY CERTIFY, That deceased from

to 19

I last saw him alive on *May 6* Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows

Accident
Fractured Skull Leg and arm severed from body

Other contributory causes of importance:

Name of operation *Regular* Date of *May 6 1934*What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external cause, fill in also the following: *Accident*

Accident, suicide, or homicide, or other cause of injury, 1934

Where did injury occur? *R.R. Tunnel*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place *R.R. Tunnel*Manner of injury *Struck by Engine in Tunnel*Nature of injury *Struck by Engine in Tunnel*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. B. Smith* M. D.(Address) *Coroner*

MAY 15 1934

Registrar.

M. D. F 01391

F 01391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 E. Madison St. 14001 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Nemec

(a) Residence: No. 2118 E. Madison St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 47

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Joseph Nemec

14. BIRTHPLACE (city or town) Austria (State or country)

15. MAIDEN NAME Antonia Hanus

16. BIRTHPLACE (city or town) Austria (State or country)

17. INFORMANT Joseph Nemec (Address) 2118 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 16, 1934

19. UNDERTAKER Frank Cvach & Son (Address) 1906 Ashland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12/34 19

22. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1934, to May 12, 1934

I last saw him alive on May 12, 1934 Death is said to have occurred on the date stated above, at 9.30 PM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1924
Intestinal tuberculosis 1932

Other contributory causes of importance:

Myocarditis Chronic 1932

Name of operation Date of

What test confirmed diagnosis X-Ray as there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts Bldg

Y 15 1934

F 01392

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01392

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

1826 E. Oliver St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Elizabeth Seim

(a) Residence: No.

1816 E. Oliver St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Frederick W. Seim

6. DATE OF BIRTH (month, day, year)

Jan 19/ 1861

7. AGE

73

Years

Months

Days

25

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

FATHER

13. NAME

Henry Herche

14. BIRTHPLACE (city or town)
(State or country)

Germany

MOTHER

15. MAIDEN NAME

Marie Rita Ritz

16. BIRTHPLACE (city or town)
(State or country)

Germany

17. INFORMANT
(Address)Frederick W. Seim
1816 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial

Date May 16, 1937

19. UNDERTAKER
(Address)

John J. Green

20. REGD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13/34, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to

19

Death is said

I last saw h. alive on

about noon

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

M. D. F 01393

F 01393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospital 601 Ward)

Length of residence in city or town where death occurred 22 mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Kasema

6. DATE OF BIRTH (month, day, year)

7. AGE 44 Years 10 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Russia Indef. Date May 16, 1934

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1934

I HEREBY CERTIFY That I attended deceased from May 9, 1934 to May 13, 1934

I last saw him alive on May 13, 1934 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, pneumococcus.

Date of onset

9 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was a disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

01394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01394

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Linwood St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas E. Mickinson(a) Residence: No. 708 S. Linwood St., 1 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of S. L. Mickinson6. DATE OF BIRTH (month, day, year) Dec 15 18597. AGE 74 Years 5 Months 13 Days If LESS than 1 day, hrs. 25 or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter at 8909. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barrett & Howard10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Baltimore (State or country) 13. NAME Samuel Mickinson14. BIRTHPLACE (city or town) Baltimore (State or country) Md.15. MAIDEN NAME Mary A. Brien16. BIRTHPLACE (city or town) Ireland (State or country) 17. INFORMANT S. L. Mickinson (Address) 708 S. Linwood Ave18. BURIAL, CREMATION, OR REMOVAL Place Cath. Bur. Date May 16 193419. UNDERTAKER Lilly & Ziller Inc (Address) 403 S. J. Wood St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 193422. I HEREBY CERTIFY, That I attended deceased from June 3, 1931 to May 13, 1934I last saw him alive on May 10, 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset years agoOther contributory causes of importance: Myocardial insufficiency 4 days agoName of operation Physical signs of death Date of What test confirmed diagnosis? Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify DR. I. B. BRONUSHAS M.D.(Signed) DR. I. B. BRONUSHAS M. D.(Address) 3037 O'DONNELL ST.

MAY 15 1934

Registrar

01395

✓ F 01295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. *1737 M^e Park St.* Ward *46*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1737 M^e Park St.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *R* 5. Single, Married, Widowed or Divorced (write the word) *Married*5a. If married, widowed or divorced HUSBAND of *Emma Baker* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1871*7. AGE *63* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter, Pub*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*

10. Date deceased last worked at this occupation (month and year)

11. Total time (year) spent in occupation *style*12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

FATHER

13. NAME *Joseph Baker*14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)

MOTHER

15. MAIDEN NAME *Rosina Saffron*16. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)17. INFORMANT *Emma Baker* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery* Date *5-16* 19*34*19. UNDERTAKER *Geo. H. Hollora* (Address) *1631 Grandville Ave.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/13/34*22. I HEREBY CERTIFY, That I attended deceased from *1/19/34* 19 to *7/13/34* 19I last saw him alive on *7/17/34* 19 Death is said to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related cause of importance were as follows:

Per Cyanosis *1/13/34*
Metam

Other contributory causes of importance:

Name of operation *Cholecystectomy* Date of *7/13/34*What test confirmed diagnosis *Cholecystectomy*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *7/13/34* 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *A. L. Ellis* M. D.
(Address) *534 N. ...*

MAY 15 1934

01396 9 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002 E 01396

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JONES HOPKINS HOSPITAL

St. 7-01 Ward)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

George Tellman

(a) Residence: No. 1640 E Monument St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 5/15/1906

7. AGE Years 27 Months 11 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Md (State or country)

13. NAME Levi Tellman

14. BIRTHPLACE (city or town) Md (State or country)

15. MAIDEN NAME Amanda Pitts

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT

(Address) JONES HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cemetery

19. UNDERTAKER

(Address) 818 Broadway

20. FILLED

MAY 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934, to May 12, 1934.

I last saw him alive on May 12, 1934 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance are as follows:

Septicemia
Pulmonary abscess
Pyarthrosis left elbow

Date of onset May 8

151

100

Other contributory causes of importance:

Name of operation Incision abscess hollow Date of May 9

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. R. Krueger, M. D.

(Address) 1000 Broadway

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

01397

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11-01 Ward)Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Hester Chatman(a) Residence: No. 417 Orchard

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) widow5a. If married, widowed, or divorced HUSBAND of Mrs. N. Peterson Sr. (or) WIFE of6. DATE OF BIRTH (month, day, year) 18687. AGE 66 Years 65 Months 0 Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Samuel Tyler14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Priscilla Brown16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Records

(Address)

JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL IntermentDate 5/15 193419. UNDERTAKER Bernard P. Murphy

(Address)

818 Drug Store

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 193422. I HEREBY CERTIFY, That I attended deceased from April 23 1934, to May 13 1934.I last saw her alive on May 13 1934. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon with metastases to peritoneum and omentum
Intestinal ObstructionDate of onset 19314-23-34

Other contributory causes of importance:

Name of operation Proctectomy + Biopsy Date of 4-24-34What test confirmed diagnosis? Procty Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 1900Where did injury occur? 0 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place 0Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? NoIf so, specify 0(Signed) John Hopkins Hospital(Address) John Hopkins Hospital

M. D.

MAY 15 1934

F 01399 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108 ✓

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24-01Length of residence in city or town where death occurred 21 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frances Deloris Higdon.(a) Residence: No. 207 E. Heath St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 3, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

John T. Higdon.

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

15. MAIDEN NAME

Alice Smith.

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.17. INFORMANT Alice Smith. (mother)
(Address) 207 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem.Date Thurs. AM Mar 17, 1934

19. UNDERTAKER

(Address) 3418 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased (from

I last saw him alive on _____, 19____, to _____, 19____. Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of _____What test confirmed diagnosis Inquiry. Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. H. Finckh(Address) 1017 E. Charles St.

Coroner

M. D.

115 1934

M. D. F 01400

F 01400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hospital St. 13-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *38* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *843 9th St* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, name of husband or wife of *Geo H. Warner*6. DATE OF BIRTH (month, day, year) *Aug 20/1882*7. AGE Years *51* Months *8* Days *24* If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Wm. Washington* (State or country) *md.*

FATHER

13. NAME *James E. Ayers*14. BIRTHPLACE (city or town) *md.* (State or country)

MOTHER

15. MAIDEN NAME *Anna V. Benson*16. BIRTHPLACE (city or town) *md.* (State or country)

17. INFORMANT

Geo H. Warner
(Address) *843 9th St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Woodlawn Cmt.* Date *May 17/34*

19. UNDERTAKER

Walter Davis
(Address) *3418 Chestnut Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-14-1934*22. I HEREBY CERTIFY, That I attended deceased from *May 2* 19*34* to *May 14* 19*34*I last saw her alive on *May 14* 19*34*. Death is said to have occurred on the date stated above, at *1:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Melanotic Carcinoma of the
Myocardial failure*

Date of onset

May 3-4

Other contributory causes of importance

*Intestinal Distention**May 9-10*

Name of operation Date of

What test confirmed diagnosis? *biopsy* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *John E. Van Natta* M. D.(Address) *Univ Hospital*

FILED

15 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01401

CERTIFICATE OF DEATH

X 210-002

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ernest Edward Myers(a) Residence: No. 8 Hawthorne Ave., Pikesville Balto. Co. Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓6. DATE OF BIRTH (month, day, year) Feb 28, 19187. AGE Years 16 Months 2 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dwings Mills.

FATHER

13. NAME Ernest B. Myers14. BIRTHPLACE (city or town) (State or country) Glasgow, Pa. Balto. Co., Md

MOTHER

15. MAIDEN NAME Leah M. Jones16. BIRTHPLACE (city or town) (State or country) Balto. Md17. INFORMANT Ernest B. Myers(Address) 8 Hawthorne Ave., Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Flower Grove Date May 17, 193419. UNDERTAKER Albert W. Greig of(Address) 440 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

injury 19 to 19. I last saw him alive on injury 19. Death is saidto have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull

Date of onset

Other contributory causes of importance:

Automobile AccidentName of operation noneDate of ✓What test confirmed diagnosis none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: accident Date of injury 5/14, 1934Accident, suicide, or homicide accident Date of injury 5/14, 1934Where did injury occur? Randall Ave. n. Blade Ave (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place that accidentManner of injury Struck by auto whileNature of injury walking along the road.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Joseph P. Henry

Coroner M. D.

(Address) 2100 E. Madison

5 1934

F 01402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01402

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 876 St. John's Court, 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Josephine Johnson (Nee Spriggs)

(a) Residence: No.

(Usual place of abode)

876 St. John's Court, Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6a. If married, widowed, or divorced
 HUSBAND of Freeman Johnson
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hra. or min.
	42	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville, Md.

13. NAME Bennett Spriggs

14. BIRTHPLACE (city or town) (State or country) Sykesville, Md.

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Sykesville, Md.

17. INFORMANT Marie Spriggs (Sister)
1108 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

May 13, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1/34, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Pulm. Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Coroner

M. D.

151934

0401

F 01403

01403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 E. Fort Ave 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 44 E. Fort Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1, 1862

7. AGE Years 71 Months 9 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Father's Name Charles W. Wroten

14. BIRTHPLACE (city or town) (State or country) Dorchester Mass

15. MAIDEN NAME Mother's Name Charlotte W. Wroten

16. BIRTHPLACE (city or town) (State or country) Dorchester Mass

17. INFORMANT (Address) Elizabeth W. Wroten 44 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Place and Cemetery Date May 17, 1934

19. UNDERTAKER (Address) G. H. August & Sons 31 E. Fort Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 9, 1934, to May 14, 1934. I last saw him alive on May 14, 1934. Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic.

Date of onset Dec 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St., Balto., Md.

15 1934

F 01404

01404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Palapra St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1413 Palapra St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of John W. Norfolk (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11, 1861

7. AGE Years 72 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Branch

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME I don't know

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John S. Norfolk (Address) 43 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date May 16, 1934

19. UNDERTAKER A. H. MacEwan (Address) 43 E. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from Feb. 5, 1934 to May 14, 1934

I last saw him alive on May 13, 1934. Death is said to have occurred on the date stated above, at 5:29 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular renal disease

Other contributory causes of importance:

Uræmia

Date of onset

Feb. 5, 1934

2 weeks duration

Name of operation Date of

What test confirmed diagnosis? p. f. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Deibel

(Address) 124-26 Howard St

Registrar

15 1934

F 01405

01405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No South Baltimore General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herman M. Ricketts, Jr.

(a) Residence: No. 1019 Eriscoe St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

13. NAME Herman M. Ricketts, Sr.

14. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

15. MAIDEN NAME Barbara Schmedes.

16. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.17. INFORMANT Barbara Ricketts. (mother)
(Address) 1019 Eriscoe St.

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeem Church 5/12/34

19. UNDERTAKER

(Address) 675 Washington Ave

5 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

Accidental Lysol poisoning.

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury May 12/34

Where did injury occur? Drank Lysol.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Drank Lysol.

Nature of injury Lysol poisoning.

24. Was disease or injury in any way related to occupation of deceased?

(Signature)

5/15/34 (Address) 1017 E. Charles St.

Coroner

M. D.

F 01406

01406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Dead on arrival at
Hopkins Hospital

St.

Ward

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Betty Marshall Stevens

(a) Residence: No.

800 N. Wolfe

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

black

5. Single, Married, Widowed,
or Divorced (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Camp Stevens

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.

about 60

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Former Domestic

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

037

Va, Probably
Norfolk12. BIRTHPLACE (city or town)
(State or country)

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

Dr. Rayner Browne

caroline & madison Sts

18. BURIAL, CREMATION, OR REMOVAL

Place

Date May 15, 1934

19. UNDERTAKER
(Address)

J 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

April 28/34

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h... alive on... 19... Death is said
to have occurred on the date stated above, at... m.The principal cause of death and related causes of
importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Brown
(Address) 508 E. Madison

M. D.

01407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01407

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. Frederick St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 3 S. Frederick St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 51 1 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown America

13. NAME unknown Wilcox

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

Date May 15, 1934

9. UNDERTAKER

(Address)

10. FILED

5 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis unknown Date of onset

Other contributory causes of importance:

Acute dilatation of heart probably alcoholic? Sudden

Name of operation History Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) James M. Fenton M. D. (Address) 700 C Chase Coroner

01408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01408

285184

CERTIFICATE OF DEATH

✓ 23

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1201 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Rice(a) Residence: No. 7138 Oak St St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 7/15/19337. AGE Years Months Days If LESS than 1 day, hrs. or min.
9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Evelyn Rice

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's College Date May 15 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 9 193422. I HEREBY CERTIFY, That I attended deceased from May - 6th 1934 to May - 9 1934I last saw him alive on May - 9 1934 Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis 2 weeks?
Miliary tuberculosis 4 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) James S. Hest M. D.(Address) John Hopkins Hosp

Registrar.

01410

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01410

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *38 E. Hill* St., *22-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *38 E. Hill St.* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of *Emma M. Hanes*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *12/6/65*

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Michael J. Hanes*14. BIRTHPLACE (city or town) *Ireland*
(State or country)15. MAIDEN NAME *Barab. O'Bea*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *Miss Emma Hanes*
(Address) *38 E. Hill St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral* Date *3/16* *34*19. UNDERTAKER *J. Hanes*
(Address) *16318 1st St.*20. FILED *H. H. Hanes* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/13* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *May 1* 19*33* to *May 12* 19*34*I last saw him alive on *May 11* 19*34* Death is said to have occurred on the date stated above, at *7:35 p.m.*

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Other contributory causes of importance:

Pneumothorax -

Name of operation Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Clarence E. Mader*(Address) *8300 Garrison Blvd*

M. D.

no

15 1934

01411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Montford Ave. St. 8-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bernadine Scholdholt

(a) Residence: No. 1817 N. Montford Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Wm. A. Scholdholt

6. DATE OF BIRTH (month, day, year) Apr. 4, 1864

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

70

1

10

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ruthen
(State or country) Germany

13. NAME Bernard Ballhorn

14. BIRTHPLACE (city or town) Ruthen
(State or country) Germany

15. MAIDEN NAME Fredericka Tussen

16. BIRTHPLACE (city or town) Ruthen
(State or country) Germany17. INFORMANT Mrs. Harry Chetelat
(Address) 4303 LaSalle Ave.18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date 5/17/34, 1919. UNDERTAKER Leonard J. J. J.
(Address) 5305 Harford Rd.

5-1834

Registrar.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1934, to May 14, 1934

I last saw h. alive on May 14, 1934 Death is said to have occurred on the date stated above, at 1:25 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum

Date of onset

1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. L. Wilkinson, M. D.
5713 Belair Rd.

M. D.

F 01412

Anna M. Miller

F 01412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Montpelier St. St. 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Miller

(a) Residence: No. 1134 Montpelier St. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John F. Miller (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6-1853

7. AGE Years 80 Months 8 Days 57 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER 13. NAME Martin Huebner 14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER 15. MAIDEN NAME Catherine Diethorn 16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Elizabeth Smith (Address) 1518 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Cem. Date May 16/34 19

19. UNDERTAKER Mrs. G. Miller (Address) 2334 Jefferson St.

AY 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 13, 1934. I last saw alive on May 11, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

Apr 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Wilhelm Frey, M. D.

(Address) 1928 Pennsylvania Ave

F 01413

F 01413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 McEldery St. St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME

(a) Residence: No. 2409 McEldery St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of William Gaken
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 29-1884

7. AGE Years 50 Months 2 Days 16 If LESS than 1 day..... hrs. or..... min. 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 039

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Charles L. Pasterfield

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Caroline Schrarder

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Gertrude Gaken (Address) 2409 McEldery St.

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date May 17/34, 19

19. UNDERTAKER Mrs. E. Miller (Address) 2334 Jefferson St.

20. FILED

16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 30, 1933, to May 13, 1934

I last saw her alive on May 11, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory cause of importance:

General Peritonitis
Consequence of Ulcer

Name of operation Hysterectomy Date of April 1, 1933

What test confirmed diagnosis? Section Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Miller, M. D.

(Address) 2311 Canton St.

F 01414

F 01414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Gwynns Falls Pkwy, Pkwy)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lena A. Hofmeister

(a) Residence: No. 1621 Gwynns Falls Pkwy, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, name of husband or wife of William Hofmeister

6. DATE OF BIRTH (month, day, year) Feb 8th 1859

7. AGE Years 75 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Richard Reinhold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose Badenhop (Address) 2310 Edman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 16th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th 193422. I HEREBY CERTIFY That I attended deceased from Feb 1st 1934 to May 14th 1934I last saw him alive on 4th 1934 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach 2-233

Other contributory causes of importance:

Exhaustion

Name of operation Gastric Extentomy Date of operation

What test confirmed diagnosis? Operative there in autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Thos C. Wade M. D.

(Address) 719 Med Arts Bldg

M. D. R. F 01415

F 01415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 North Howard St. 27-001)

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 2 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 402 North Howard St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Saville McCormick

7. DATE OF BIRTH (month, day, year) Feb. 18, 1857

8. AGE Years 77 Months 2 Days 26 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. Copy Engraver 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

13. NAME John M. McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wallace M. McCormick

18. BURIAL, CREMATION, OR REMOVAL Place of Burial Date 5/17/34

19. UNDERTAKER (Address) 1217 N. Holladay St. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 14, 1934. Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency 7/33 with 1st section Mitral Insufficiency 2 8/19/34 Pleural Effusion right chest 5/9/34

Other contributory causes of importance: Coronary Artery Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. Harry Porter M. D. (Address) 4522 Roland Ave

FILED 1934

19 Registrar

F 01416

F 01416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yes. mos. ds.

2. FULL NAME

(a) Residence: No. 681 W Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>Richard F. (dead)</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Sept 25 1856</u>		
7. AGE <u>77</u>	Years <u>7</u>	Months <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER	13. NAME <u>Oliver Chard</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>
	15. MAIDEN NAME <u>Kenneth Andrews</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Ind.</u>

17. INFORMANT Reeds
(Address) Back City Hosp18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul Date May 16 193419. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 17 1934
 I last saw her alive on May 17 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Coronary failure
Myocardial infarction
Hypertension

Date of onset

5 years
?
?

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) I. P. Hargis M. D.(Address) Back City Hosp

AY 16 1934

M. D. F 01417

F 01417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *15-01* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2023* Ridgehill Blvd.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* Color *White* Race *Married* Single, Married, Widowed, Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of *George J. McAllister*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Apr 29 1874*

7. AGE

Years *60*Months *0*Days *16*If LESS than
1 day. hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *037*12. BIRTHPLACE (city or town) (State or country) *Fredrick Md*

FATHER

13. NAME *John Schaffer*14. BIRTHPLACE (city or town) (State or country) *Fredrick Md*

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *George J. McAllister*(Address) *2023 Ridgehill Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Protestant* Date *5/17*19. UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 13 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 3:58 a.m.

The principal cause of death and related causes of importance were as follows:

Scarlet fever

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *X.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Acc* Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. D. Hargrave*

Coroner

M. D.

(Address) *1305 N. Patterson Park*

M. D. B. 1934

Daisy B. Fly

F 01419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-01 Ward)Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 537 U. Central Ave. Ward. 5-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Black 5. Single, Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-947. AGE 40 Years 3 Months 03 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) North Carolina (State or country)13. NAME Will Sawyer14. BIRTHPLACE (city or town) North Carolina (State or country)15. MAIDEN NAME Therese16. BIRTHPLACE (city or town) North Carolina (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Sturges Date 5-17th 193419. UNDERTAKER Byzant Marie (Address) 1218 N. E. 1st St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-193422. I HEREBY CERTIFY, That I attended deceased from 4-24-1934 to 5-13-1934I last saw him alive on 5-13-1934 Death is said to have occurred on the date stated above, at 2:52 p.m.

The principal cause of death and related causes of importance were as followq:

Mitral stenosis & insufficiency Subacute appendicitis Date of onset Dec. 1933

Other contributory causes of importance:

Name of operation Appendectomy Date of 5-26-34What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 19 Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) W. J. Gregg M. D. (Address) 1218 N. E. 1st St

OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1934

F 01420

F 01420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. *11* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *17 Melrose ave Catonsville Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Wesley Quarles* (or) WIFE of *Wesley Quarles*6. DATE OF BIRTH (month, day, year) *10/3/1907*7. AGE Years *26* Months *7* Days *12* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Gov.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Bolton Md.* (State or country)13. NAME *Bernice Ryan*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Laura Bond*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *Wesley Quarles* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wheaton St. Cem.* Date *5/17/1934*19. UNDERTAKER *Samuel T. Hensley* (Address) *578 W. 13th St.*

Huntington Hillman, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/13*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *5/4*, 19*34*, to *5/13*, 19*34*I last saw him alive on *5/13*, 19*34* Death is said to have occurred on the date stated above, at *2:30* a.m.

The principal cause of death and related causes of importance were as follows:

Acute subarachnoid hemorrhage
*Pneumonia*Date of onset *2 weeks*

Other contributory causes of importance:

*Pneumonia**10 days*Name of operation *Subarachnoid hemorrhage* Date of *5/13/34*What test confirmed diagnosis *autopsy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Burns*(Address) *Baltimore City Hosp.*

M. D.

F 01421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Park Ave. St. 14-01 Ward)

Registered No. 124-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary J. F. Heinekamp

(a) Residence: No. 1904 Park Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of William Heinekamp (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17, 1859

7. AGE Years 75 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Marischen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helena Nagle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Francesca King (Address) 1904 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Now Cathedral Cem. date May 17 1934

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED 161834

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1927 to May 1934

I last saw her alive on May 14 1934. Death is said to have occurred on the date stated above, at 12.10 PM

The principal cause of death and related causes of importance were as follows:

Organic Heart disease

Date of onset

1924 about

Other contributory causes of importance:

Hypertrophy of liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify (Signed) Leonard E. Brach M. D.

(Address) 2229 St. Paul St.

F 01422

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01422

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 306 Southway, Guilford ST. 12-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

William B. Wheeler

(a) RESIDENCE NO.

306 Southway, Guilford

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced

HUSBAND of Florence Ward Wheeler
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) November 23, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Robert Wheeler

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lydia A. Standiford

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland14 Informant Mrs. Florence Ward Wheeler
(Address) 306 Southway, Guilford

15

AY 10 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1934

17

I HEREBY CERTIFY, That I attended deceased from

June 6, 1931, May 13, 1934

that I last saw him alive on Feb 6, 1934

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

of the coronary corner

(duration) 2 yrs. mos. ds.

18 Where was disease contracted
(Secondary)18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) R. R. Goody

19 34 (Address) 1003 West Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Greenmount Cemetery

UNDERTAKER

Joseph H. Cook

DATE OF BURIAL

May 16 1934

ADDRESS
1003 West
Baltimore St.

01423

HEALTH DEPARTMENT—CITY OF BALTIMORE 01423

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Harford av. Ward 10-21)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Helen Beatrice Stainback(a) Residence: No. 833 Harford av. St., _____ Ward. 0
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Jul. 19307. AGE Years 4 Months 3 Days _____ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sparrows, Pa.
(State or country) ma13. NAME Wm Lee Stainback14. BIRTHPLACE (city or town) Wm
(State or country)15. MAIDEN NAME Alberta Cavines16. BIRTHPLACE (city or town) Wm
(State or country)17. INFORMANT Alberta Standtack
(Address) 833 Harford av.

18. BURIAL, CREMATION, OR REMOVAL

Place Int Caloy Date May 16-34

19. UNDERTAKER

(Address) Robert Williams
1515 Mt. Vernon St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193422. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 14, 1934I last saw her alive on May 12, 1934. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

measles

Date of onset

5-7

Other contributory causes of importance:

Toxemia4 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If not, specify _____

(Signed) J. Edward Fisher M. D.(Address) 16128 Monument St.

MAY 16 1934

01424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 61424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Robert St. 14-01131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 531 Robert St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *John. Queen* (or) WIFE of6. DATE OF BIRTH (month, day, year) *1867*7. AGE Years *67* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Richmond Va.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Nancy Thompson*16. BIRTHPLACE (city or town) (State or country) *Virginia*17. INFORMANT *Louise W. Queen* (Address) *531 Robert St.*18. BURIAL, CREMATION, OR REMOVAL Place *St. John's May 17, 1934*19. UNDERTAKER *St. John's* (Address) *1001 Carrollton*20. FILED *16 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Jan 1 - 1934 to May 14, 1934*I last saw him alive on *May 13, 1934* Death is said to have occurred on the date stated above, at *6:05 a.m.*

The principal cause of death and related causes of importance were as follows:

Chr. Valvular Heart disease Date of onset *Sept 1930*

Other contributory causes of importance:

Chr. Interstitial nephritis Date of onset *Sept 1933*Name of operation *none* Date of *—*What test confirmed diagnosis? *Physical Examination* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *James Brown* M. D. (Address) *1663 W. North Ave*

F 01425

F 01425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Wegworth Lane,

CITY OF BALTIMORE: (No. Lakeland

St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Gable

(a) Residence: No. Wegworth Lane, Lakeland St., Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Henry C. Gable (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1890

7. AGE Years 43 Months 11 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County (State or country) Md.

13. NAME Bradley C. Davis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Jennie Painter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Henry Gable (Address) 2501 Wegworth Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 17, 1934

19. UNDERTAKER John O. Mitchell & Sons, Inc. (Address) 1900 Eutaw Place

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 May 14, 1934

I last saw her alive on May 14, 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Erythroides
Dysentery
Other intestinal upsets

Date of onset

Other contributory causes of importance:

Gulman, Redmond

Name of operation Date of

What test confirmed diagnosis Clinist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) No. 100, specify No. 100, specify M. D.

(Address) 2151 Wilkens Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 01426

F 01426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *744 Kennox St.*ST. *13-01* WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

William Henry Harrison Stevenson

(a) RESIDENCE NO.

744 Kennox St

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *86* yrs. mos.

How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

widowed

5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Not C. Burton Stevenson*

6 DATE OF BIRTH (month, day, and year)

Jan 1, 1848

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*86**4**13**14*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Manufacturer of machinery

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer *Owner of business*

9 BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

Edgar Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore

12 MAIDEN NAME OF MOTHER

Mary C. Mikbourne

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore

14

Informant
(Address)*Mr Mikbourne Stevenson**744 Kennox St.*

15

Filing

St. John's Hospital

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 14 1934

17

I HEREBY CERTIFY, That I attended deceased from

*Jan 17 1933 to May 14 1934.*that I last saw him alive on *May 14 1934*and that death occurred, on the date stated above, at *9:00 P. m.*

The CAUSE OF DEATH* was as follows:

Angina Pectoris(duration) *1* yrs. *4* mos. ds.

CONTRIBUTORY

Acute Cardiac dilatation

(Secondary)

Tubercular(duration) *12* hrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *Charles Stewart* M. D.*5/14 1934 (Address) 738 E. 28th St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*Loudon Park Cemetery**May 16 1934*

UNDERTAKER

ADDRESS

John O. Mitchell & Son 1940 Easton Place

TION is very important. See instructions on back of certificates.

01427

HEALTH DEPARTMENT—CITY OF BALTIMORE 427

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.)

BALTIMORE, MD.

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. 17 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Harry E. Redmiles

(a) Residence: No.

Seven, Maryland

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

6. If married, widowed, or divorced

HUSBAND of

Laura Redmiles

7. DATE OF BIRTH (month, day, year) May 1, 1868

8. AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

66

0

13

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Locomotive Engineer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Penna. R.R.

11. Date deceased last worked at this occupation (month and year)

Apr. 19 34

12. Total time (years) spent in this occupation 40 yrs

13. BIRTHPLACE (city or town) (State or country)

Seven Md.

FATHER

14. NAME

Richard Redmiles

15. BIRTHPLACE (city or town) (State or country)

A. G. Co. Md.

MOTHER

16. MAIDEN NAME

Margaret Lowman

17. BIRTHPLACE (city or town) (State or country)

A. G. Co. Md.

18. INFORMANT

Mrs. Laura Redmiles

(Address)

Seven Md.

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral

Date May 17, 1934

20. UNDERTAKER

(Address)

Wm. J. Tickner & Son

Baltimore Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to May 19, 1934.

I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

1. Anterior scleritis (general)
2. Chronic myocarditis & cardiac hypertrophy dilatation and fibrillation
3. Cerebral vascular accident 5-6-34
4. Pulmonary edema (terminal)

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? autopsy? yea

23. If death was due to external cause (violence) fill in also following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Asmiller M. D.

(Address) ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1934

F 01428

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01428

CERTIFICATE OF DEATH

✓ 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Aliceanna St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Valenty Czariski(a) Residence: No. 1724 Aliceanna St. 2-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Johanna Czariski (or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE 86 Years 86 Months Days If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland (State or country)13. NAME Martin Czariski14. BIRTHPLACE (city or town) Poland (State or country)15. MAIDEN NAME Mary Lipska16. BIRTHPLACE (city or town) Poland (State or country)17. INFORMANT Johanna Czariski (Address) 1724 Aliceanna St.18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date May 17 193419. UNDERTAKER W. O. Gajewski (Address) 1934 Stanton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193422. I HEREBY CERTIFY, That I attended deceased from 1934 to 1934I last saw him alive on May 14, 1934 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

acute myocardial failureOther contributory causes of importance: SenilityName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. O. Gajewski M. D. Address 1305 N. Falkland St.

MAY 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01429

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5607 Govane Ave. St., 201 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

2. FULL NAME

(a) Residence: No. 5607 Govane Ave. St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Louise Emerson (or) WIFE of Louise Emerson6. DATE OF BIRTH (month, day, year) Feb 22 18817. AGE Years 73 Months 2 Days 22 If LESS than 1 day, ____ hrs. or ____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Balto13. NAME John Moore14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME John Madduffy16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mrs. Louise Moore (Address) 5607 Govane Ave18. BURIAL, CREMATION, OR REMOVAL Holy Redeemers May 17, 1934 Place _____19. UNDERTAKER W. Wiedefeld (Address) 914 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193422. I HEREBY CERTIFY, That I attended deceased from April 27, 1934, to May 14, 1934I last saw him alive on May 14, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
On the right
On the leftDate of onset
1930
1930
1930

Other contributory causes of importance:

Central HemiplegiaMay 2

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify: _____

(Signature) D. H. Bishop

M. D.

(Address) 501 Chardon Ave

OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1934

F 01430 HEALTH DEPARTMENT—CITY OF BALTIMORE F 01430

CERTIFICATE OF DEATH

Registered No. **94-001**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **723 E. 22nd** St., **9-01** Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William Hartman

(a) Residence: No. **723 E. 22nd** St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **Marrued**

6a. If married, widowed, or divorced
HUSBAND of **Alice F.**
(or) WIFE of

6. DATE OF BIRTH (month, day, year) **June 1/1883**

7. AGE Years **50** Months **11** Days **14** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. **City Sewerage**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Dept-Balto. City**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **186**

12. BIRTHPLACE (city or town) **Baltimore, Md.**
(State or country)

13. NAME **Charles Hartman**

14. BIRTHPLACE (city or town) **Germany**
(State or country)

15. MAIDEN NAME **Anna Steinberg**

16. BIRTHPLACE (city or town) **Germany**
(State or country)

17. INFORMANT **Alice F. Hartman**
(Address) **723 E. 22nd St**

18. BURIAL, CREMATION, OR REMOVAL
Place **Baltimore** Date **May 16, 1934**

19. UNDERTAKER **Wm. H. Green**
(Address) **108 E. North**

MAY 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May 14/34** 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:
Probably Organic Angina Pectoris

Date of onset

??

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy **NO**

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

2F 9532
01431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01431

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. 322 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-17-137. AGE Years 20 Months 9 Days 27 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Y H12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

Ervin Bowley14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

Susan Cornish16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

Recordo
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

Date May 17, 1934

19. UNDERTAKER

(Address)

Edw. Brown
1111 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 2, 1933 to May 14, 1934I last saw her alive on May 14, 1934 Death is saidto have occurred on the date stated above, at 4:15 A.

The principal cause of death and related causes of importance were as follows:

Tbc of lungs & peritonaeum

Date of onset

7 Dec1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Pharmaceutical Pilgrimage

(Address)

Johns Hopkins Hospital

M. D.

MAY 16 1934

F 01432

HEALTH DEPARTMENT—CITY OF BALTIMORE F 01432

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St. 6-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 302nd Bond St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Parents of deceased

18. BURIAL, CREMATION, OR REMOVAL

Place buried cemetery Date May 17, 193419. UNDERTAKER (Address) Edw. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-34, 1922. I HEREBY CERTIFY, That I attended deceased from 5-5-34, 19, to 5-14-34, 19.I last saw her alive on 5-14-34, 19. Death is said to have occurred on the date stated above, at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

not determined

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

William Paul Jones M. D.
President Hospital (Address)

OCCUPATION is very important. See instructions on back of certificate.

MAY 16 1934

01433

HEALTH DEPARTMENT—CITY OF BALTIMORE

01433

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1840 Coke Alley St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Charles Jackson (or) WIFE of		
6. DATE OF BIRTH (month, day, year) Aug 12-1862		
7. AGE 71	Years 72	Months 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic		11. Total time (years) spent in this occupation 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-34

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1934 to 5-13 1934

I last saw her alive on 5-12-34 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance are as follows:

Acute Myocarditis
& Endocarditis
with Acute
Interstitial Nephritis
Other contributory causes of importance:
Acute Nephritis

Date of onset

5/7/34

Name of operation: Signs & Symptoms Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Cable

(Address) 324 Arisquith St.

MAY 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE **RE01434****01434**

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2018 N. North Ave.* St. *15* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *60* yrs. mos. ds. How long in U. S. If of foreign birth *60* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2018 N. North Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HIS BRAND of *Catharine Flanagan*6. DATE OF BIRTH (month, day, year) *Sept. 30, 1857*7. AGE Years Months Days *24* If LESS than 1 day, hrs. or min. *25*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Contractor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Daniel Brennan*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Margaret Flanagan*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Mrs. Catharine Brennan* (Address) *2018 N. North Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *May 17, 1934*19. UNDERTAKER *Martin J. Baker & Sons* (Address) *1827 N. North Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *November 1, 1923* to *May 14, 1934*I last saw him alive on *May 14, 1934* Death is said to have occurred on the date stated above, at *7 a. m.*

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

11/33

Other contributory causes of importance

*Artificial Stomach**6/31*

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

1711 N. Fulton Ave.

M. D.

MAY 16 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01435

CERTIFICATE OF DEATH

95-002 F 01435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Hollins

St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. McKewen

(a) Residence: No. 1133 Hollins

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1st, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54		1	13	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Arthur McKewen

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Sarah E. Fahey

16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Joseph F. Cross
(Address) 1133 Hollins, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mrs. C. Thelma Date 5/18 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1933 to 5/14 1934

I last saw her alive on 5/13 1934 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic
cardio-vascular
disease

Date of onset

(?)

Other contributory causes of importance:

Heart Block
with Stones Above
Atrium

3/8/34

Name of operation Date of

What test confirmed diagnosis? Sugar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

1324 W. Lombard St.

M. D.

See instructions on back of certificate. OCCUPATION is very important.

MAY 16 1934

F 01436

F 01436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 N. Pulaski St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elias Greenwood

(a) Residence: No. 1806 N. Pulaski St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sarah -

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66				

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country)

Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Wife
1806 N. Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Not known Date 5-16-1934

19. UNDERTAKER (Address)

Hester & Sons
1339 E. Baltimore St.

10-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-34, 19

22. I HEREBY CERTIFY That I attended deceased from

January 30 to May 15, 1934. I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease 1933

Other contributory causes of importance:

Name of operation. None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Ben. Samuels D.

(Address) 2128 W. North Ave.

M. D. F 126

F 01437

Hirschauer

F 01437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD.

St. 27-17 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Male Infant Hirschauer

(a) Residence: No. 4704 Hampden Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 14, 1934

7. AGE Years 0 Months 0 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

13. NAME Victor Joseph Hirschauer

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Edna Marie Foucek

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT Victor J Hirschauer (Address) 4704 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bally Cam Date 5/16/34

19. UNDERTAKER Geo M. Fink Hon (Address) 811 N. W. Ave

FILED

16-1934

Huntington P. Hirschauer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 14, 1934, to May 15, 1934.

I last saw him alive on May 15, 1934. Death is said

to have occurred on the date stated above, at 9:02 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Dystocia (frustrated labor)
2. Intracranial hemorrhage

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

M. D.

01438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospital 10-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Walter Davis

(a) Residence: No.

731

Greenmount Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Unmarried
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

?

6. DATE OF BIRTH (month, day, year)

?

7. AGE 50	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

?

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

087

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

North Carolina

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

?

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)
(State or country)

?

17. INFORMANT

(Address)

Records
Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md

Date May 16th 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from
March 13, 1934 to May 13, 1934I last saw him alive on May 13, 1934 Death is said
to have occurred on the date stated above, at 4:20 A.M.The principal cause of death and related causes of
importance were as follows:Cerebral hemorrhage, right
hemiplegia, left

Date of onset

2 hrs.

Hypertension
Hypertension

?

?

Other contributory causes of importance:

over

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. P. Magill

M. D.

(Address)

Balt City Hosp

16 1934

1105

01439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Lucien P. Oliver(a) Residence: No. *1801 Madison Ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced HUSBAND of *Alberta* (dead) (or) WIFE of6. DATE OF BIRTH (month, day, year) *July 24, 1882*7. AGE Years *51* Months *9* Days *18* If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Georgia*13. NAME *Henry*14. BIRTHPLACE (city or town) (State or country) *Ga.*15. MAIDEN NAME *Lucy Jones*16. BIRTHPLACE (city or town) (State or country) *Ga.*17. INFORMANT *Rianda* (Address) *Balt City Hosp.*18. BURIAL, CREMATION, OR REMOVAL Place *University of Md* Date *May 16, 1934*

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 12, 1934*22. I HEREBY CERTIFY, That deceased died from *May 8, 1934, to May 12, 1934*I last saw him alive on *May 12, 1934* Death is said to have occurred on the date stated above, at *8:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage

Date of onset

2 days

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *T. P. Magriel* M. D.(Address) *Balt City Hosp.*

16 1934

0406

APR

REGISTRAR

F 01440

01440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Road 18-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *106 S. Arlington Ave*

(Usual place of abode)

Ward. *0*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word)
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 18th 1932*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>1</i>	<i>7</i>	<i>21</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>none</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>000</i>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) *Balto Ind*
(State or country)13. NAME *Arthur Flaxcomb*14. BIRTHPLACE (city or town) *Balto Ind*
(State or country)15. MAIDEN NAME *Augusta Stevens*16. BIRTHPLACE (city or town) *Balto Ind*
(State or country)17. INFORMANT *Augusta Flaxcomb*
(Address) *106 S. Arlington*18. BURIAL, CREMATION, OR REMOVAL
Place *London Park* Date *May 17, 1934*19. UNDERTAKER *E. Schloppman*
(Address) *1039 Hanover St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16th 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 5th 1934* to *May 16th 1934*I last saw her alive on *May 16th 1934* Death is said to have occurred on the date stated above, at *5:15 A.M.*

The principal cause of death and related causes of importance were as follows:

*Measles
Pneumonia*Date of onset
*5/4/34
5/4/34*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Samuel E. Bogard* M. D.
(Address) *Sydenham Hospital*

6 1934

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

01441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis Ciaffoni

(a) Residence: No.

707 Lloyd

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Italian 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Cusira Ciaffoni (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 4, 1887

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

46

7

11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

13. NAME

Basso

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Cesarina Felice

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 17, 1934

19. UNDERTAKER

(Address)

Hendell J. Murphy 314 S. Calver St.

FILED

16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to May 15, 1934

I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 4:00 A. M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia with
Empyema

Date of onset

4 wks

2 wks

Other contributory causes of importance:

Name of operation Thoracotomy

Date of 5/17/34

What test confirmed diagnosis?

clinical + X-ray

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Barnes, M. D.
Mercy Hospital

01442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01442

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *34* yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

William Kelly(a) Residence: No. *513 E Monument St* - St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *N* 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *3/15/34*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
72 *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *Thomas Kelly*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Mary*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Prop. record*18. BURIAL, CREMATION, OR REMOVAL Place *St. Vincent* Date *3/16*19. UNDERTAKER (Address) *J. J. Kelly*

16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/15* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

4/11 19*33* to *3/15* 19*34*I last saw him alive on *3/15* 19*34* Death is saidto have occurred on the date stated above, at *4:40am*

The principal cause of death and related causes of importance were as follows:

Angina pectoris by pathology?

Other contributory causes of importance:

*Prostate tumor, Post operative shock, edema*Name of operation *suprapubic cystoscopy*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. R. Borman* M. D.(Address) *Bolton City*

F 01443

F 01443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1829 N. Spring* St., *9-01* Ward)Length of residence in city or town where death occurred *15* yrs. *5* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1829 N. Spring* St., *9-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced
HUSBAND of *John Wenson*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *4/10/1880*7. AGE Years *54* Months *1* Days *7* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Co. Md.*
(State or country)13. NAME *Geo. W. Bond*14. BIRTHPLACE (city or town) *Harford Co. Md.*
(State or country)15. MAIDEN NAME *Rebecca Moore*16. BIRTHPLACE (city or town) *Md.*
(State or country)17. INFORMANT *John Wenson*
(Address) *1829 N. Spring St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Zion Cem. Longran* Date *5/17/1934*19. UNDERTAKER *Samuel J. Hemmley*
(Address) *528 W. Biddle St.**Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14, 1934*22. I HEREBY CERTIFY. That I attended deceased from *March* 19*34* to *May 14* 19*34*I last saw him alive on *May 13* 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

March 1934

Other contributory causes of importance:

Carcinoma Breast (l.)
*marked edema**14 yrs*Name of operation *none* Date ofWhat test confirmed diagnosis? *Physical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

R. J. Young

M. D.

16 1934

OCCUPATION is very important. See instructions on back of certificate.

v. 8 3

F 01444

01444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Locust St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1627 Locust St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed
 5a. If married, widowed, or divorced RUSHAND of Mary Wiseman (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1857

7. AGE Year 83 Months 7 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) 1627 Locust St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 17, 1934

19. UNDERTAKER

(Address) 1627 Locust St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. HEREBY CERTIFY, That I attended deceased from May 13, 1934 to May 18, 1934

I last saw him alive on May 13, 1934 Death is said to have occurred on the date stated above, at 14. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Long Duration

Date of onset

Other contributory causes of importance:

Broncho Pneumonia May 5

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) A. J. Harky

(Address) 1524 Cypress

M. D.

16 1934

01445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01445

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
 CITY OF BALTIMORE: (No. St. 16-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Luke Palmer

(a) Residence: No. 1220 S. Highland ave. St. Ward.
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
 HUSBAND of Dorothy Palmer
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1885

7. AGE Years 48 Months 1 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptoner, Laborer
 sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, Unknown
 saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (city or town) North Carolina
 (State or country)

13. NAME Albert L. Palmer

14. BIRTHPLACE (city or town) North Carolina
 (State or country)

15. MAIDEN NAME Celeste Palmer

16. BIRTHPLACE (city or town) North Carolina
 (State or country)

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5/18 1934

19. UNDERTAKER John J. Hudson
 (Address) 2811 Hudson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to May 15, 1934

I last saw him alive on March 15, 1934. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Jan.
 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) Meyer W. Jacobson M. D.
 (Address) Baltimore City Hospitals

16 1934

01446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01446

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Drury Lane St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth 70 yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 427 Drury Lane St., 18-01 Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed or divorced HUSBAND of Frederick Frederick (or) WIFE of6. DATE OF BIRTH (month, day, year) July 19 18467. AGE Years 87 Months 9 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Frederick14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mr John G Drummond (Address) 427 Drury Lane18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date May 17, 193419. UNDERTAKER Chas. E. Black (Address) 742 W. North Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193422. I HEREBY CERTIFY, That I attended deceased from September, 1929, to May 15, 1934I last saw her alive on May 14, 1934. Death is said to have occurred on the date stated above, at 11¹⁵ m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

1929

Other contributory causes of importance:

Name of operation noDate of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. S. Hardaway
4810 Belair Rd.

M. D.

16 1934

See instructions on back of certificate. OCCUPATION is very important.

F 01447 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 01447

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME MISS ALMA L. STEPHENS

(a) Residence: No. 1631 NORTH AVE, E, St., 01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 29, 1881

7. AGE Years 52 Months 4 Days 17 If LESS than 1 day, 16 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middletown (State or country) Maryland

13. NAME Hiram S. Stephens

14. BIRTHPLACE (city or town) Middletown (State or country) Maryland

15. MAIDEN NAME Nettie Herbert

16. BIRTHPLACE (city or town) Middletown (State or country) Maryland

17. INFORMANT Mrs. E. G. Hall (Address) 1631-N. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown, Md. Date 5/17/34

19. UNDERTAKER

(Address) 1635-Harford Ave.

161934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 13, 1934 to May 15, 1934

I last saw her alive on May 15, 1934 Death is said

to have occurred on the date stated above, at 7:15 Pm

The principal cause of death and related causes of importance were as follows:

Pneumococci Meningitis 5/13/34

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed Autopsy Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide none Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. H. Magness
St. Joseph's Hospital
Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

F 01448

F 01448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Bon Secours Hospital

CITY OF BALTIMORE: (No.

Baltimore Md.

St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred -- yrs. -- mos. 21 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Mr. Joseph J. Hock

(a) Residence: No.

7 Mont Rose Ave Catonsville Md.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Veronica Kennedy

6. DATE OF BIRTH (month, day, year) Jan. 23, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Arundel Corp. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Illchester
(State or country) Maryland

13. NAME George A. Hock

14. BIRTHPLACE (city or town) -----
(State or country) Germany

15. MAIDEN NAME Christina Birkmeyer

16. BIRTHPLACE (city or town) -----
(State or country) Germany17. INFORMANT Mrs. Veronica K. Hock
(Address) 7 Montrose Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 5/18 3419. UNDERTAKER Henry W. Meares and Son
(Address) 805 N. Calvert Street

20. DIED

Y 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/26/34, 19, to 5/15, 1934

I last saw him alive on 5/15, 1934. Death is said

to have occurred on the date stated above, at 4:00 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Duodenal Ulcer & Hemorrhage.

Other contributory causes of importance:

Post Operative Shock.
Myocardial Failure.

Name of operation Gastroenterostomy Date of 5/11/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes. If so, specify

(Signed) Alpha H. Crowther M. D.

(Address) Bon Secours Hosp.

F 01449 HEALTH DEPARTMENT—CITY OF BALTIMORE F 01449

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town)

811 N. Arlington St., 16-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Ann Jones

(a) Residence: No.

811 N. Arlington St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb 28-1935

7. AGE Years *1* Months *3* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

13. NAME

John Chase

14. BIRTHPLACE (city or town) (State or country)

N.C.

15. MAIDEN NAME

Catherine Campbell Jones

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Elizabeth Ann Jones
811 N. Arlington St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Not known*Date *May 17, 1935*

19. UNDERTAKER

(Address)

E. L. Wilson
1000 Brantley Ave.

20. FILED

19

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on *Friday*, 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:

Pneumonia

Name of operation *Prostatectomy* Date of operationWhat test confirmed diagnosis? *Prostatectomy* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: assault, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Cobner

M. D.

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

7-1934

F 01450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01450

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sinai Hospital

CITY OF BALTIMORE: (No.)

St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Wittick

(a) Residence: No. 2366

McCullough St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

March 13/1920

7. AGE

14

Years

Months

2

Days

23

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Jacob Wittick

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rebecca Miller

16. BIRTHPLACE (city or town) (State or country)

Russia

17. INFORMANT (Address)

Samuel Seligofsky
586 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Workmen Indemnity Date May 17, 1934

19. UNDERTAKER (Address)

S. L. Lumsden
1127 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 27, 1934, to May 16, 1934

I last saw him alive on May 15, 1934. Death is said

to have occurred on the date stated above, at 7¹⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever

Acute Pericarditis +

Effusion

Rupture in suff. v

Mitral in suff. stenosis

Other contributory causes of importance:

Cardiac insufficiency

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. G. Levens

M. D.

(Address)

Sinai Hospital

MAY 17 1934

19

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5812 Park Heights ave. 27-01 WARD)

2—FULL NAME

(a) RESIDENCE NO. 5812 Park Heights ave. WARD(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) widow5a If married, widowed, or divorced Late William
(or) husband6 DATE OF BIRTH (month, day, and year) 18447 AGE Years 90 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Russia
(State or country)10 NAME OF FATHER William11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)14 Informant Louis Jaffe
(Address) 23150 E. Ave.

AY 17 1934 15 Registrar

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16th 193417 I HEREBY CERTIFY, That I attended deceased from Feb, 1934, to May 15, 1934, that I last saw her alive on May 11th, 1934, and that death occurred, on the date stated above, at 7 A m. The CAUSE OF DEATH* was as follows:Carcinoma StomachCONTRIBUTORY chron (duration) unknown yrs. mos. ds.
(Secondary) Endocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? noWhat test confirmed diagnosis? Physical & clinical exam
(Signed) C. B. Furor, M. D.5-16, 1934 (Address) 4936 Park Hgts ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

W. H. Men Circle CemeteryMay 17 1934

20 UNDERTAKER

S. L. Henson BrADDRESS 1127 E
Baltimore

M. F. 01452

F 01452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Paca St., 77-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 613 S. Paca St., 77-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) May 18947. AGE Years 40 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07012. BIRTHPLACE (city or town) (State or country) Essex Co. Va13. NAME Page Campbell14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Louisa16. BIRTHPLACE (city or town) (State or country) Va17. INFORMANT Lucile Valins(Address) 613 S. Paca

18. BURIAL, CREMATION, OR REMOVAL

Place St. Cabery Date May 17, 193419. UNDERTAKER James A. Hayes(Address) 142 W. Hill St.20. FILE NO. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 193422. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to May 14 1934I last saw him alive on May 13, 1934 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia & R. B.

Date of onset

May 1, 1934

Other contributory causes of importance:

No otherName of operation NONE Date of May 14, 1934What test confirmed diagnosis? Microscopic Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury May 14, 1934Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Hester M. D.(Address) 717 N. Mount St.

01453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01453

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.)
CITY OF BALTIMORE: (No. 19-01 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Williams (Goode)

(a) Residence: No. 1385 W. Franklin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of Sadie Williams
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7, 1899 ?

7. AGE Years 34 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 223
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westinghouse Elec.
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Catherine Good

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date May 19, 1934

19. UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Lincoln St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 7, 1934 to May 15, 1934

I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Feb.

1934

Other contributory causes of importance:

Name of operation Date of Clin. Was there an autopsy Yes

What test confirmed diagnosis Clin.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Jacobson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

MAY 17 1934

B 01454

F 01454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (City)

Baltimore City Hospital 19-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds.

How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

James M. C. Clair

(a) Residence: No. 1315

Edmundson Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of

Elizabeth

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 31 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

South Carolina

13. NAME

Renee M. Clair

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Margaret

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

Records Bald City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date May 19, 1934

19. UNDERTAKER

Mrs Kate L. Williams

(Address)

3221 Schroeder St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1934

22. I HEREBY CERTIFY, That deceased from May 11, 1934, to May 12, 1934

I last saw him alive on May 12, 1934 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, tuberculous? 3 wks?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If no, specify

(Signed)

T. Phagel

M. D.

(Address)

Bald. City Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAY 17 1934

F 01455

HEALTH DEPARTMENT—CITY OF BALTIMORE

01455

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 3-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No

9 W. Randall St. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Bessie G. Riedel

6. DATE OF BIRTH (month, day, year)

Sept. 3, 1900

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

33812

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Fireman 192

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Balto. City Fire Dept.

10. Date deceased last worked at this occupation (month and year)

Sept. 1934

12. BIRTHPLACE (city or town) (State or country)

Balto.

FATHER

13. NAME

Christy Riedel

14. BIRTHPLACE (city or town) (State or country)

Balto

MOTHER

15. MAIDEN NAME

Matilda Seisuss

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

Bessie G. Riedel
9 W. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar HillDate May 18, 1934

19. UNDERTAKER

(Address)

Mrs. Mrs. John W. Riedel & Son
201 W. Fayette St.

20. FILED

MAY 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1934

to

May 15, 1934I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at May 15, 1934 m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation

none

Date of

May 15, 1934What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 5/15, 1934Where did injury occur? Gold + Division St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Street AccidentManner of injury Auto he was riding onNature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify killed while working

(Signed)

Joseph Pokorny

Coroner

M. D.

(Address) 2100 E. Madison St.

M. D.

F 01456

F 01456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 Leverton Ave. 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Norman P. Bohnenstengel

(a) Residence: No. 3423 Leverton Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Child6. DATE OF BIRTH (month, day, year) Nov 1, 19327. AGE Years 1 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Albert Bohnenstengel14. BIRTHPLACE (city or town) (State or country) md.15. MAIDEN NAME Carrie Patterson16. BIRTHPLACE (city or town) (State or country) md.17. INFORMANT Albert Bohnenstengel (Address) 3423 Leverton Ave

18. BURIAL, CREMATION, OR REMOVAL

Mary Sampson Date May 18, 193419. UNDERTAKER Chenoweth (Address) 3415-17 Chestnut Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 193422. I HEREBY CERTIFY, That I attended deceased from May 7th 1934, to May 16 1934I last saw him alive on May 16 1934. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis
Broncho pneumonia
Cardiac failure
Pruritus

Other contributory causes of importance:

Malnutrition

Date of onset

5-8-345-15-345-16-34Name of operation none

Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury none

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? none If so, specify(Signed) J. T. Clark M. D.(Address) 5016 Greenleaf Road

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 17 1934

F 01457

Spec. 7-17-26 A Co. 200 Hks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01457

1-PLACE OF DEATH

City of BALTIMORE: (No. *507 S Paca*2-FULL NAME *Shirley Tyson*(a) RESIDENCE NO. *507 S Paca*

(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds.REGISTERED NO. *22-01*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. *Ward*

(If non-resident give city or town and State)

How long in U. S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced. (write the word)

*Female White**Single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Child*

6 DATE OF BIRTH (month, day, and year)

Nov 12, 1933

7 AGE

Years

Months

Days

IF LESS than
1 day hrs.
or min..*6**4*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Child

9 BIRTHPLACE (city or town)

(State or country)

*md.*10 NAME OF FATHER *Clarence Tyson*

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

*md.*12 MAIDEN NAME OF MOTHER *Louise Baker*

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

md.

14

Informant
(Address)*Clarence Tyson
507 S Paca St.*

15 Filed

Thurston P. P. P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 16 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 9, 1934, to May 16, 1934

that I last saw her alive on

May 16, 1934

and that death occurred, on the date stated above, at

2:50 p.m.

The CAUSE OF DEATH* was as follows:

*Pertussis*CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

Bronchopneumonia

(duration)

yrs.

mos.

2 ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

John H. Hadowshy M. D.

(Address)

516 19th St. 612 West Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

*St. Mary's Hospital**May 18, 1934*

20 UNDERTAKER

Address

*Chenoweth**3615 Chestnut*

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 17 1934

F 01458

F 01458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 E. Chase St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lorenia Belle Cole

(a) Residence: No. 1014 E. Chase St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Edwin W. Cole (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6th 1863

7. AGE Years 70 Months 10 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year) Jan 1933

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Aquilla M. Jones

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Elizabeth Slade

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Edwin W. Cole

(Address) 1014 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 19th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to May 15, 1934

I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Left Breast

Date of onset

1932

Other contributory causes of importance:

Secondary Anemia 1933

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Edgar J. Sandbrook M. D.

(Address) Medical Dept 13129

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAY 17 1934

F 01459

F 01459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Maryland General Hospital*
 CITY OF BALTIMORE: (No. *9-01* St. *9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1/2* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Mr. Charles T. Sheets*

(a) Residence: No. *1720 N. Caroline St.* Ward. *9-01*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced, (write the word) *Widowed*

5a. If married, widowed, or divorced, give name of *Widowed*
 HUSBAND of *Emily Gimper*

6. DATE OF BIRTH (month, day, year) *Feb 19, 1868*

7. AGE Years *66* Months *2* Days *27* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sailor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bakery*

10. Date deceased last worked at this occupation (month and year) *7/94* 11. Total time (years) spent in this occupation *66*

12. BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

13. NAME *Thomas A. Sheets*

14. BIRTHPLACE (city or town) *Maryland*
 (State or country)

15. MAIDEN NAME *Frances Barnett*

16. BIRTHPLACE (city or town) *Maryland*
 (State or country)

17. INFORMANT *Thomas A. Sheets*
 (Address) *3703 Chatham Rd*

18. BURIAL, CREMATION, OR REMOVAL *London, Md.* Date *5/18/34*

19. UNDERTAKER *Wm. G. G. G.*
 (Address) *1217 N. Paul St.*

20. REGISTERED *177 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/16/34*

22. I HEREBY CERTIFY, That I attended deceased from *5/16/34* 19... to *5/16/34* 19...

I last saw him alive on *5/16/34* 19... Death is said to have occurred on the date stated above, at *2:40* A.M.

The principal cause of death and related causes of importance were as follows:

*Chronic Hypertension
 Hypertensive Cardio-vascular Disease
 Hypostatic Pneumonia*

Date of onset *1916*

5/16/34

Other contributory causes of importance:

Chronic Passive Congestion

Name of operation *Prostatic Resection* Date of *5/14/34*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Wm. G. G. G.*
 (Address) *1217 N. Paul St.*

See instructions on back of certificate.

F 01460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01460

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. *810 Burgundy St.* *22-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

(a) RESIDENCE NO. *810 Burgundy St.* Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *life* yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

16 DATE OF DEATH (month, day, and year)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years

Months

Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

15 Filed

19

17 I HEREBY CERTIFY, That I attended deceased from *April 16, 1933* to *May 15, 1934* that I last saw *him* alive on *May 15, 1934* and that death occurred, on the date stated above, at *5:00* m.

The CAUSE OF DEATH* was as follows:

Carcinoma Base of Tongue & Larynx

CONTRIBUTORY (Secondary)

(duration) *2* yrs. mos. da.(duration) *1* yrs. *1* mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed) *Whiteheadsky* M. D.(Address) *642 West Blvd*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 17 1934

M. D. F 01461

F 01461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-002

1. PLACE OF DEATH

Presbyterian Eye & Ear Hospital

CITY OF BALTIMORE: (No. 1017 E Balto Md St. 14-81)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Joy Tutt

(a) Residence: No. 701 Small St.

(Usual place of abode)

St., Ward. X

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29 1927

7. AGE Years 6 Months 4 1/2 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto Md

FATHER

13. NAME

William Tutt

14. BIRTHPLACE (city or town) (State or country)

7a

MOTHER

15. MAIDEN NAME

Berrie Montgomery

16. BIRTHPLACE (city or town) (State or country)

Bt Md

17. INFORMANT

(Address)

Joy Tutt

18. BURIAL, CREMATION, OR REMOVAL

Place

Mount Airy

Date May 17, 1938

19. UNDERTAKER

(Address)

John H Owens 338 Polk St

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute myocardial failure from Ether Anesthesia

Accidental

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 5/14 Date of injury 5/14 1938

Where did injury occur? Presbyterian Eye Hosp

Specify whether injury occurred in industry, in home, or in public place

Public Hosp

Manner of injury Cardiac Failure

Nature of injury Under Anesthesia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. P. Herregomo

Coroner

M. D.

(Address)

1305 N. Talbot St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 17 1938

F 01462

F 01462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Hydenham Hospital* Ward)Length of residence in city town where death occurred *Life* mos. *0* How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3132 Foster Ave.* Ward. *26*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on May 16th, 1934 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Otitis Media
Bilateral Mastoiditis
Streptococcus Meningitis

Other contributory causes of importance:

Name of operation Bilateral Mastoidectomy of 5/18/34

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

MAY 17 1934

Registrar

F 01463

F 01463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E Biddle St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1513 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Mary E Wiesenbach</u> (or) WIFE of <u>Mary E Wiesenbach</u>		
6. DATE OF BIRTH (month, day, year) <u>May 15 1881</u>		
7. AGE <u>53</u>	Years	Months
		Days
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 15 1934</u>
	11. Total time (years) spent in this occupation <u>Retired</u>

12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>
--

FATHER	13. NAME <u>Wiesenbach</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

MOTHER	15. MAIDEN NAME <u>Wiesenbach</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>

17. INFORMANT (Address) <u>Daughter Mrs. Sheate</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>London Park</u> Date <u>Oct 19th</u> 19 <u>34</u>

19. UNDERTAKER (Address) <u>Georges Stollin & Sons</u> <u>Monument & Disguish Sts</u>
--

FILE <u>11 1934</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <u>May 16 1934</u>	22. I HEREBY CERTIFY that I attended deceased from <u>May 16 1934</u> to <u>May 16 1934</u> I last saw him alive on <u>May 16 1934</u> Death is said to have occurred on the date stated above, at <u>9 p</u> m.
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The principal cause of death and related causes of importance were as follows:

<u>Cardiac</u>	Date of onset
<u>Metastasis</u>	<u>2</u>
<u>Uraemia</u>	<u>3</u>
<u>cap</u>	<u>3</u>

Other contributory causes of importance:

Name of operation <u>Clinical</u>	Date of <u>NO</u>
What test confirmed diagnosis <u>Clinical</u>	Was there an autopsy? <u>NO</u>
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>NO</u> Date of injury <u>NO</u> 19 <u>34</u>	
Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place <u>NO</u>	
Manner of injury <u>NO</u>	
Nature of injury <u>NO</u>	

24. Was disease or injury in any way related to occupation of deceased? <u>NO</u>	Signed <u>H. A. Meyer</u> M. D. (Address) <u>1031 N. Caroline St.</u>
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CAUSE OF DEATH is plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. 01464

E 01464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 N. Appleton St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1503 N. Appleton St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed or divorced HUSBAND of (or) WIFE of None		

6. DATE OF BIRTH (month, day, year) 1971

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63				

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work	11. Total time (years) spent in this occupation 037
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. B. Hoffman

(Address) 839 White Lock

18. BURIAL, CREMATION, OR REMOVAL

Place 1439 E. Pratt St.

Date 5/17/34. 19

19. UNDERTAKER Jack Lewis

(Address) 1439 E. Pratt St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1930 to May 10, 1934.

I last saw her alive on May 16, 1934. Death is said to have occurred on the date stated above, at 7:45 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset

May 16 1934

Other contributory causes of importance:

general arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Milton H. Currier, M. D.

(Address) 2320 Gutter Pl.

AY 17 1934

Huntington Williams, Jr.

M. D. B.

F 01465

F 01465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Since Hospital* St., *1-01* Ward)Length of residence in city or town where death occurred *35* yrs. *1* mo. *1* da. How long in U. S. If of foreign birth? *35* yrs. *1* mo. *1* da.

2. FULL NAME

(a) Residence: No. *3101 Elliott St.* St., *1-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *John*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1880*7. AGE Years *54* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Charleston S.C.*13. NAME *Isaac Solomon*14. BIRTHPLACE (city or town) (State or country) *New York*15. MAIDEN NAME *Alice*16. BIRTHPLACE (city or town) (State or country) *Charleston S.C.*17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Union Cemetery* Date *7/17/34* 1919. UNDERTAKER *John K. Lewis*
(Address) *1439 E. Pratt St.*20. FILED *17* 1934

Registrar.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *7/16/34* 1922. I HEREBY CERTIFY, That I attended deceased from *March 18*, 19*34*, to *May 16*, 19*34*I last saw her alive on *May 16*, 19*34*. Death is said to have occurred on the date stated above, at *12:45* A.M.

The principal cause of death and related causes of importance were as follows:

Angiosarcoma of spleen
Ulcer
Bronchopneumonia

Date of onset

*5-10-34**5-12-34*

Other contributory causes of importance:

Name of operation *Splenectomy* Date of *5-9-34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Charles H. H. H.* M. D.(Address) *Since Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 01466

F 01466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Simai Hospital* St., *76-01* Ward)Registered No. *46*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *328 S. Drew* St., *46* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
5a. If married, widowed, or divorced HUSBAND of <i>Louisa B. Kahler</i> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>May 5th 1874</i>		
7. AGE <i>60</i>	Years <i>0</i>	Months <i>10</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Wood Planer</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Copierage</i>
10. Date deceased last worked at this occupation (month and year) <i>May 3, 1934</i>		11. Total time (years) spent in this occupation <i>1 year</i>
12. BIRTHPLACE (city or town) <i>Beth. Co.</i> (State or country) <i>Maryland</i>		
13. NAME <i>Jacob D. Kahler</i>		
14. BIRTHPLACE (city or town) <i>Beth. Co.</i> (State or country) <i>Maryland</i>		
15. MAIDEN NAME <i>Mary Schuler</i>		
16. BIRTHPLACE (city or town) <i>Beth. Co.</i> (State or country) <i>Maryland</i>		
17. INFORMANT <i>Louisa B. Kahler</i> (Address) <i>328 S. Drew St.</i>		
18. BURIAL, CREMATION, OR REMOVAL Place <i>Oak Lawn</i> Date <i>May 19, 1934</i>		
19. UNDERTAKER <i>Fred. J. Schuler</i> (Address) <i>7401 Blair Road</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 15*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *May 4* - *May 15*, 19*34* to *May 15*, 19*34*

I last saw him alive on *May 15*, 19*34*. Death is said to have occurred on the date stated above, at *11:30* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronaria Head Punctures 1934
Pneumonia May 15 1934

Other contributory causes of importance:

Name of operation *Exploratory* Date of *5-12-34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. J. Schuler* M. D.(Address) *3507 Fair Ave*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

MAY 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01467

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 E Chase St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 29 yrs. 0 mos. 0 ds.

2. FULL NAME

Josiah Wilson Deffenbaugh(a) Residence: No. 1740 E Chase St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah Louise Deffenbaugh6. DATE OF BIRTH (month, day, year) Oct 18 18897. AGE 44 Years 6 Months 27 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 20yr 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Bedford Pa13. NAME John Deffenbaugh14. BIRTHPLACE (city or town) (State or country) Bedford Pa15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Josie Deffenbaugh18. BURIAL, CREMATION, OR REMOVAL 1740 E Chase19. UNDERTAKER Parliament Cemetery Date May 18, 193420. UNDERTAKER (Address) 1203 N. Broadway21. REGISTRAR May 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193422. I HEREBY CERTIFY, That I attended deceased from 1924 to May 15, 1934I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Heart Block

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.(Address) 500 Park Ave. New York

F 01468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Carroll St. St., 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. McKay

(a) Residence: No. 1137 Carroll St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Gretchen Fox McKay (nee Struths) (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14, 1853.

7. AGE Years Months Days / If LESS than 1 day, hrs. or min. 80 6 7 29

8. Trade, profession, or particular kind of work done, as spinner, clerk, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60 9

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME McKay

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Gretchen McKay (Address) 1137 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 18, 1934

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to May 15, 1934

I saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 10:25 AM

The principal cause of death and related causes of importance were as follows:

Auricular Fibrillation Broncho-pneumonia

Date of onset

1 1/2 wks ago

Other contributory causes of importance:

Bronchitis

1 month ago

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Horn & Kates, M. D.

(Address) 523 Platt St.

F 01469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01469

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Russell St. St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Samuel Samson Harris. (C)

(a) Residence: No. 1105 Russell St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If ~~widowed~~, ~~XXXXXXX~~ HUSBAND of Laura Harris. (C)

c. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 65 Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Solomon G. Harris. (C) son. (Address) Sandy Point, A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Pin. 5-18-34

19. UNDERTAKER James A. Harris (Address) 142 W. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis Inquiry Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt M. D. Coroner (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

MAY 17 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01470

01470

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Provident Hosp. 11-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Brown

(a) Residence: No.

1216 McLeulloh

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 30 1902

7. AGE

Years 32

Months 3

Days 14

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

970

12. BIRTHPLACE (city or town, State or country)

Prince George's

FATHER

13. NAME

Louis Fleet

14. BIRTHPLACE (city or town, State or country)

Prince George's

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town, State or country)

Prince George's

17. INFORMANT

(Address)

Ben Fleet
1216 McLeulloh

18. BURIAL, CREMATION, OR REMOVAL

Place

Mount Auburn

Date

May 18 1934

19. UNDERTAKER

(Address)

Joseph A. Buckley
409 N. Market St.

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 14 1934

22. I HEREBY CERTIFY That I attended deceased from

I last saw him/her on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Autopsy & Inquest
Ruptured tubes
Pregnancy

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

J. A. Buckley

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

171934

F 01471

F 01471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Inf.* ST. *5-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Mrs. Clara Brown

(a) RESIDENCE NO.

Mont Alto Pennsylvania.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos

ds.

3 How long in U. S. if of foreign birth?

yrs.

mos

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Feb 16, 1872

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*62**3**1*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country)

Leona.

10 NAME OF FATHER

Lumb Frank-

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Pennsylvania

12 MAIDEN NAME OF MOTHER

L. Spear

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Pennsylvania

14

Informant

(Address)

*Church Home & Infirmary
Baltimore, Md.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from

*May 14, 1934, to May 17, 1934*that I last saw her alive on *May 17, 1934*and that death occurred, on the date stated above, at *1.30 A. M.*

The CAUSE OF DEATH* was as follows:

*Thrombosis, hepatic (subacute)
Thrombosis, mesenteric (acute)
Myocarditis, chronic.*

(duration)

yrs.

mos

ds.

CONTRIBUTORY (Secondary)

Arteriosclerosis, general.

(duration)

yrs.

mos

ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

Yes.

What test confirmed diagnosis?

(Signed)

David H. Andrew.

M. D.

, 19

(Address)

Church Home & Infirmary.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*St. John's, Leona.**St. John's Inc.**M. W. Jacobs**per Ida Sarrar**Size 13 1/2**4385 Baltimore**Mont Alto**72*

AY 17-1934

Huntington Williams, M.D.

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 01472

F 01472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE

Providence Hosp. St. 11-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Hunter

(a) Residence No.

931 Druid Hill St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

Color or Race

Cool

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

1895

7. AGE

39

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Va

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Mary Barnes 931 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion

Date May 17 1934

19. UNDERTAKER (Address)

E Roy Owens 1002 Blanton Ave

20. FILED

1934

Baltimore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 to 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Homicide
Stomachache due to
pistol wound of
lung and heart

Other contributory causes of importance:

Name of operation

Date of

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Luck
Coroner
M. D.

F 01473

F 01473 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 12-01* Ward)Length of residence in city or town where death occurred *About* 4 yrs. mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Miss Olivia Heyde (Margaret Olivia Heyde)(a) Residence: No. *Mount Vernon*

(Usual place of abode)

Red St., Green Hall Apartments

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) *June 8 1901*7. AGE *32* Years Months *11* Days *9* - If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nurse*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0-8*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ind*
(State or country)13. NAME *Eugene Heyde*14. BIRTHPLACE (city or town) *Ind Pa.*
(State or country)15. MAIDEN NAME *Eleanor Stirling*16. BIRTHPLACE (city or town) *Ind*
(State or country)17. INFORMANT *Miss M. Eleanor Stirling*
(Address) *1501 N. Bond Street*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Cemetery* 5/19 193419. UNDERTAKER *Wentley U. Peoples & Son*(Address) *805 N. Calver St.*

20. FILED

17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-17-1934*22. I HEREBY CERTIFY, That I attended deceased from *4-30*, 1934 to *5-17*, 1934.I last saw her alive on *5-17-1934*. Death is said to have occurred on the date stated above, at *4:22* A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung, lft

Date of onset

3

Other contributory causes of importance:

Exploration of chest lft
*Post-op. shock**5-16-34*Name of operation *Exploration of chest lft* Date of *5-16-34*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Richard Francis*(Address) *Union Memorial Hosp.*

M. D.

F 01474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01474

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) m

5a. If married, widowed, or divorced

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 58 Years 10 Months 14 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

FATHER

MOTHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 1934 to May 17 1934

I last saw him alive on May 17 1934 Death is said

to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency Date of onset May 1934

Congestive, acute

Chronic nephritis - acute 1930

Other contributory causes of importance:

Chronic myocarditis 1929

Mitral stenosis - insufficiency ?

Cardiovascular renal disease ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rollin C. Hudson M. D.

(Address) Towson, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y 171934

01475

HEALTH DEPARTMENT—CITY OF BALTIMORE 01475

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secourse Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Hazel Bertha Rider(a) Residence: No. 2020 Ridgehill Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced ****
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov. 19, 19337. AGE 0 Years 5 Months 28 Days 27 If LESS than 1 day, specify in min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Raymond Rider14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Violet Wink16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mr. Raymond Rider
(Address) 2020 Ridgehill Ave18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date May 19, 193419. UNDERTAKER George J. Ruppel
(Address) 1735 Maryland Ave20. Washington Village, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 193422. I HEREBY CERTIFY, That I attended deceased from Inquiry 19. 19I last saw him alive on 19 19. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Acute cholera Infantum

Date of onset

1 day

Other contributory causes of importance:

NoneName of operation Inquiry Date of noWhat test confirmed diagnosis Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) J. R. L. Volpert M. D.(Address) 16 So Broadway

OCCUPATION is very important. See instructions on back of certificate.

171934

F 01476 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Chapel St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 807 N Chapel St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of <u>John D. Kratzer</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>Feb 7 1876</u>		
7. AGE <u>58</u> Years <u>3</u> Months <u>7</u> Days	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>097</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME John White14. BIRTHPLACE (city or town) (State or country) Serway15. MAIDEN NAME May Klesner16. BIRTHPLACE (city or town) (State or country) Serway17. INFORMANT Margaret Howard

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeem(Date) May 19

19. UNDERTAKER Charles E. Cochrane

(Address) 1166 Calhoun

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 34 to May 16, 1934

I last saw her alive on May 15, 1934 Death is said

to have occurred on the date stated above, at 115 N. 4

The principal cause of death and related causes of importance were as follows:

Carcinoma

Uterus & Intestines

Other contributory causes of importance:

Intestinal absorption

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Cook M. D.

(Address) 413 N. Washington

Information should be carefully supplied. All should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Y 1 1 1934

01477

HEALTH DEPARTMENT—CITY OF BALTIMORE

year '7

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Found Floating in the

CITY OF BALTIMORE: (No.)

Harbor Foot Frederick St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph H. Murphy

(a) Residence: No.

Atlanta Ga.

St.,

Ward.

(Usual place of abode)

(if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 47				

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Unknown
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Unknown
	10. Date deceased last worked at this occupation (month and year)	Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Atlanta Georgia

FATHER

13. NAME

Unknown Murphy

14. BIRTHPLACE (city or town) (State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery

Date May 17, 1934

19. UNDERTAKER

(Address)

James M. Henton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on Investigation Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accidental drowning
Sudden

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Micro as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

James M. Henton

M. D.

Coroner

(Address)

700 E. Chen

OCCUPATION is very important. See instructions on back of certificate.

FILED

MAY 17 1934

19

Registrar.

F 01478

01478

HEALTH DEPARTMENT—CITY OF BALTIMORE *Grav 6*CERTIFICATE OF DEATH *V 183*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of New Kirk* St., *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Unknown* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Unknown*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Unknown*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *45 years*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Unknown*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Public Cemetery*Date *May 17*

1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 11*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Probable Accidental
bruised

Other contributory causes of importance:

Name of operation Date of *76*What test confirmed diagnosis? *Next* Was there an autopsy? *76*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Yes* Date of injury *5/11*, 19*34*Where did injury occur? *Foot of New Kirk*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Public Place*Manner of injury *Full one bound*Nature of injury *bruised*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*(Signed) *W. H. G. M. D.*(Address) *1305 N. Patterson Park*

7 1934

Registrar.

STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 01479

01479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No *Provident Hospital* ST. *27-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Peter Jackson

(a) RESIDENCE NO.

4402 St George Ave

(Usual place of abode)

ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred

mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year) *5-16-34*

7 AGE

Years

Months

Days

If LESS than
1 day, 3 hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

Joseph John Jackson

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

Mortense Mitchell

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

Mortense Jackson

(Address)

4402 St George Ave.

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *5-16-34*

17

I HEREBY CERTIFY, That I attended deceased from

5-16-34 to *5-16-34*that I last saw him alive on *5-16-34*and that death occurred, on the date stated above, at *10 P.m.*

The CAUSE OF DEATH* was as follows:

*Premature (5 1/2 months)
(Inevitable abortion)*

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

Calvin B. BeCompt

M. D.

19

(Address)

Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

*University of Md**May 17 1934*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificates.

54

Y 17 1934

0469

F 01480

F 01480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-004

1. PLACE OF DEATH

CITY OF BALTIMORE

Baltimore City Hospital 8-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Engle

(a) Residence: No. 1827 N. Dallas St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1855

7. AGE Years 78 Months 9 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Beverly Engle

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME ? Murphy

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Records Bald City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery May 19, 1934 (Place)

19. UNDERTAKER J. D. Waples - Son (Address) 1500 E. Calver Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY. That I have examined the deceased from March 18, 1934 to May 16, 1934

I last saw him alive on May 16, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral diplegia = imbecility

Bronchopneumonia

Other contributory causes of importance:

Senility

Date of onset

Life 2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Phasiel M. D.

(Address) Bald City Hosp

1934

01481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01481

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2686 St. Benedict St. Ward 20-01)Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 2686 St. Benedict St. Ward —.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Carrie B. Baker 1913
WIFE of —6. DATE OF BIRTH (month, day, year) March 29, 18737. AGE 62 Years 1 Months 25 Days 26 If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town, State or country) Fredericksburg Virginia13. NAME John H. Baker14. BIRTHPLACE (city or town, State or country) Fredericksburg Virginia15. MAIDEN NAME Carrie E. Thorpe16. BIRTHPLACE (city or town, State or country) Va.17. INFORMANT Virgie Rockel(Address) 2686 St. Benedict St.18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg, Va. Date 11/2/24, 192419. UNDERTAKER F. B. Hipbert & SonSee Undertaker's License20. FILED 17 1934 Washington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193422. I HEREBY CERTIFY. That I attended deceased from Apr 1, 1934, to May 15, 1934.I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Indeterminate (Myocardial infarction)
Arteriosclerosis
Essential hypertension
Senility

Other contributory causes of importance:

Chronic KidneyName of operation — Date of —What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Robert O. Mace M. D.(Address) 2510 Union Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 17 1934

F 01482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01482

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6502 Rosemont Ave. St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

2. FULL NAME

Margaret C. Nickles

(a) Residence: No. 6502 Rosemont Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Charles H. Nickles (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14 - 1868

7. AGE Years 65 Months 8 Days 11. Total time (years) spent in this occupation 2 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Petersburg Va. (State or country)

13. NAME Charles F. Koneberger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Eliz. Bloess

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Palmer H. Knecht (Address) 6502 Rosemont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date May 18th 1934

19. UNDERTAKER John J. Connelly (Address) 3rd.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1933, to May 16, 1934

I last saw him alive on Dec 12, 1934. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis June 1933

Other contributory causes of importance:

Myocardial Infarction May 12

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) E. H. Benjamin, M. D.

(Address) 1110 W. Orleans Ave.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Y 171934

F 01483

F 01483 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 522 E St. (Usual place of abode)St. Ward. Sparrows Pt. Rd. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/8/19307. AGE Years 3 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.13. NAME Leonard Forsythe14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Mary E. Vinson16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lak. Lawn Cem. Date 5/18 1934

19. UNDERTAKER

(Address) John G. Connelly

20. FILED

Y 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-16 193422. I HEREBY CERTIFY, That I attended deceased from May-12 1934 to May-16 1934I last saw her alive on May-16 1934 Death is said to have occurred on the date stated above, at 150 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5/13

Other contributory causes of importance:

? Septicemia
? PericarditisName of operation AppendectomyDate of 5/12/34

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If no specify

(Signed)

(Address)

Edward S. Stafford
Johns Hopkins Hospital

M. D.

01484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 91484

✓ 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Pronounced dead at
Mercy Hospital St. 7-61 W 4d

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Albert Stewart Colton

(a) Residence: No. 10 24 4 3 and

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)

Male

White

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth W. Colton

6. DATE OF BIRTH (month, day, year)

Oct 31 1878

7. AGE

Years

Months

Days

If LESS than
1 day...hra.
or...min.

55

6

2/16

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Compositor

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Ind. Color Printing

10. Date deceased last worked at
this occupation (month and
year)

1934

11. Total time (years)
spent in this
occupation

28

12. BIRTHPLACE (city or town)
(State or country)

Baltimore

FATHER

13. NAME

Alfred Colton

14. BIRTHPLACE (city or town)
(State or country)

unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)
(State or country)

unknown

17. INFORMANT

(Address)

Elizabeth W. Colton

18. BURIAL, CREMATION, OR REMOVAL

Place

Baltimore Cemetery

Date

May 21 1934

19. UNDERTAKER

(Address)

Glaschilling & Sons

1126 E. Myer Avenue

Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

last saw him alive on

Investigation

Death is said

to have occurred on the date stated above, at

m.

The principal cause of death and related causes of
importance were as follows:

Myocardial infarction

Date of onset

Other contributory causes of importance:

Coronary Thrombosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) James M. Taylor

Coroner

M. D.

(Address)

707 E. Charles

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

Y 171934

M. D. B.

F 01485

F 01485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28-01* St. *Ward*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *306 Reedfield W* St., *Ward*.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 15, 193X*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *2*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balt Md*13. NAME *William Benjamin Dinsmore*14. BIRTHPLACE (city or town) (State or country) *Ohio*15. MAIDEN NAME *Anna Margaret Hansen*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT (Address) *Mother*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Park* Date *May 18, 1934*19. UNDERTAKER (Address) *J. B. Skiffert & Son*20. *1200 East Air Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 193X*22. I HEREBY CERTIFY, That I attended deceased from *May 15, 193X* to *May 17, 193X*I last saw him alive on *May 17, 193X* Death is said to have occurred on the date stated above, at *7:30 P. M.*

The principal cause of death and related causes of importance were as follows:

Idiopathic Mononucleosis (congenital anomaly of liver)

Other contributory causes of importance:

Myocardial failure Pulmonary edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Frank T. Morris* M. D.(Address) *1129 Calver St.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1934

F 01486

F 01486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4739 Reisterstown Road, 27-01 Ward)Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Constance Lee Wright,(a) Residence: No. 4739 Reisterstown Road St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----6. DATE OF BIRTH (month, day, year) January 8, 19227. AGE Years 12 Months 4 Days 8 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ool

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster Md.
(State or country)13. NAME Chester W. Wright.14. BIRTHPLACE (city or town) Cumberland Md.
(State or country)15. MAIDEN NAME Marie A. Lowe,16. BIRTHPLACE (city or town) Carroll Co. Md.
(State or country)17. INFORMANT Chester W. Wright(Address) 4739 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Meadow Branch Cem. MAY 19 193419. UNDERTAKER Geo W Little(Address) 2700 Edmondson Ave.MEDICAL CERTIFICATE OF DEATH MAY 16 193421. DATE OF DEATH (month, day, year) 1922. I HEREBY CERTIFY, That I attended deceased from May 14 1934 to May 16 1934I last saw her alive on May 16 1934 Death is said to have occurred on the date stated above, at 4:45 P.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5-13-34

Other contributory causes of importance:

Acute "Infantile" since birth1-8-22Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify (Signed) John D. Bulbert

M. D.

(Address) 3608 Legonia Av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 18 1934

N. F 01487

F 01487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S. Clinton

St., 76-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie A. Carter,

(a) Residence: No. 201 S. Clinton

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

5a. If married, widowed, or divorced
HUSBAND of Allan D. Carter,
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 20, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	25		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Ernest L. Schroeter,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Gunlach,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Allan D. Carter
(Address) 201 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL MAY 18 1934
Place Baltimore Date 19

19. UNDERTAKER Geo. W. Suttle
(Address) 2700 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 15 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sep 2, 1931, to May 15, 1934.

I last saw h. or alive on May 14, 1934. Death is said

to have occurred on the date stated above, at 5:41 a.m.

The principal cause of death and related causes of importance were as follows:

Chorea
interic.

Other contributory causes of importance:

Name of operation Cerebral Glycerin Date of Sep 3, 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. M. M. D.

(Address) 3015 Ellwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1934

F 01488

F 01488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

Evelyn Hornberger(a) Residence: No. *3105 Dillon St.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*George A. Hornberger*6. DATE OF BIRTH (month, day, year) *May 7 1912*

7. AGE

Years

Months

Days

If LESS than
1 day,.....hrs.
or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

New Jersey

FATHER

13. NAME

Edgar Hann

14. BIRTHPLACE (city or town) (State or country)

N. J.

MOTHER

15. MAIDEN NAME

Anna H. Camp

16. BIRTHPLACE (city or town) (State or country)

N. J.

17. INFORMANT

(Address)

George A. Hornberger
3105 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place *Schwartz Cem.*Date *May 17 1934*

19. UNDERTAKER

(Address)

George L. Meyer Jr.
512 Walling St.

MAY 18 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH 16

21. DATE OF DEATH (month, day, year) *May 17 1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h. — alive on....., 19..... Death is said

to have occurred on the date stated above, at *8:45* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Peritonitis
from self induced abortion

Other contributory causes of importance:

Name of operation.....

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George A. Hornberger Jr.
*1305 N. Walling St.*M. D.
Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly entered. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. E. 01489

F 01489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Gorsuch St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1144 Gorsuch St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15-1844

7. AGE

Years 89

Months 10

Days 12

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John M. Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT

(Address) 1144 Gorsuch St

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial Park May 19, 1934

19. UNDERTAKER

(Address) 1217 S. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1934 to May 17, 1934

I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Pulmonary edema

Name of operation

Date of

What test confirmed diagnosis? hist Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

MAY 18 1934

F 01490

F 01490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)Registered No. *7*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *19* mos. *19* da.How long in U. S. If of foreign birth? yrs. *19* mos. *19* da.

2. FULL NAME

(a) Residence: No. *1025 Mc Donough St.*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *10/27/1933*7. AGE Years *1* Months *13* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *M.D.* (State or country)13. NAME *Thomas Hamilton*14. BIRTHPLACE (city or town) *V.A.* (State or country)15. MAIDEN NAME *Dora Brent*16. BIRTHPLACE (city or town) *V.A.* (State or country)17. INFORMANT *Thomas Hamilton* (Address) *1025 Mc Donough St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Asbury cemetery* Date *May 18, 1934*19. UNDERTAKER *Edwin Bryan* (Address) *1691 Orleans St*20. DATE OF DEATH (month, day, year) *May 16, 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 10, 1934* to *May 16, 1934*I last saw him alive on *May 16, 1934* Death is saidto have occurred on the date stated above, at *1:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Measles
Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Raymond E. Boardman* M. D.(Address) *Sydenham Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

181934

M. D. 1934
F 01491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01491

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Longwood Road St., 70-61 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Tolson

(a) Residence: No. 6 Longwood Road St., Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Wilson		

6. DATE OF BIRTH (month, day, year) Nov. 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	4	

OCCUPATION	8. Trade, profession, or particular kind of work done, as applier, sawyer, bookkeeper, etc. Attorney-at-law
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Ins. Co.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John C. Tolson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ettie Ringold

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ruth W. Tolson
(Address) 6 Longwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Ridge Day 19, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from about 2 yrs. - May 16, 1934

I last saw him alive on May 16, 1934 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
119 M To 6:40 P.M.

Date of onset

Other contributory causes of importance:

Primary attack,
about 2 yrs. ago; symptomatic
recovers.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify:

(Signed) Lemuel L. Clark M. D.

(Address) 41 Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1934

F 01492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01492

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Gwynns Falls Parkway ST. 15-01 WARD)

2-FULL NAME

Nannie Rebecca Soper

(Residence in Baltimore: No. 3308 Gwynns Falls Parkway, Balto. St.: 40 yrs., mos. da.)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female 4-COLOR OR RACE. White 5-MARITAL STATUS. Widowed (Write the word.)

6-DATE OF BIRTH. Nov 11, 1870 (Month) (Day) (Year)

7-AGE. 63 yrs. 6 mos. 6 da. If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None (b) General nature of industry, business, or establishment in which employed (or employer). Retired

9-BIRTHPLACE. State or Country. Baltimore Maryland

10-NAME OF FATHER. John D. Childs

11-BIRTHPLACE OF FATHER. State or Country. Baltimore Maryland

12-MAIDEN NAME OF MOTHER. Sophronia Jones

13-BIRTHPLACE OF MOTHER. State or Country. Baltimore Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Nellie M. Keller

(Address) 2920 Fern Hill Ave.

15-

Filed 11/10/1934 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. Nov 17, 1934 (Month) (Day) (Year)

17-I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to May 17, 1934, that I saw her alive on May 17, 1934, and that death occurred, on the date stated above, at 6:17 PM. The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary) (Duration) ... yrs. ... mos. ... da.

(Signed) R. O. Sellman M. D. (Address) Towson, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL.

Arundel Ridge Cemetery May 19, 1934

20-UNDERTAKER ADDRESS

John O. Mitchell Bros 1700 Eutaw Place

Every item of information should be carefully supplied. All should be stated exactly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1934

M. D. F 01493

F 01493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Princeton Hospital St. 14-01* Ward *5*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *38 Richmond, Fatenville, Md.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *W. S. Reed*
(or WIFE of)6. DATE OF BIRTH (month, day, year) *1887*7. AGE Years *47* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *W. S. Reed*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *W. S. Reed*16. BIRTHPLACE (city or town) *Maryland*
(State or country)17. INFORMANT *Jane Forman*
(Address) *38 Rich Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Western Star* Date *May 20, 1939*19. UNDERTAKER *Mrs. Katie R. Williams*
(Address) *322 N. Schneider St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-17-34*, 1922. I HEREBY CERTIFY. That I attended deceased from *5-12-34*, 19 to *5-17-34*, 19I last saw him alive on *5-17-34*, 19 Death is said to have occurred on the date stated above, at *5:55 A. M.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William H. [Signature]* M. D.(Address) *Princeton Hospital*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

MAY 18 1939

F 01494

F 01494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *541 Hoffman* ST. *17-01* WARD)

2. FULL NAME

(a) RESIDENCE No.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

colored

5 Single, Married, Widowed, or Divorced, (write the word)

divorced

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*William Brady*

6 DATE OF BIRTH (month, day, and year)

1889

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*62*

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work*Domestic*(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Cabert Co
md*

10 NAME OF FATHER

Boon

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

md

12 MAIDEN NAME OF MOTHER

Bethida

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

md

14

Informant

(Address)

*Mary Washington**541 Hoffman St.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

5/15/34

17

I HEREBY CERTIFY, That I attended deceased from
3/12, 19*34*, to *5/15*, 19*34*that I last saw him alive on *5/14*, 19*34*and that death occurred, on the date stated above, at *10 A* m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis(duration) yrs. *2* mos. *3* ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

B. J. Watkins

M. D.

5/16, 19*34*

(Address)

*1225 Penna Ave**State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL*Mt - Auburn*

DATE OF BURIAL

May 18, 1934

20 UNDERTAKER

Mrs. Katie R. Williams

ADDRESS

Schroeder St

MAY 18 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F. 01495 HEALTH DEPARTMENT—CITY OF BALTIMORE 01495

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N Schroeder St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 202 N Schroeder St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Major Lincoln (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 23 1897

7. AGE 36 Years 8 Months 22 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Charles Broaden 14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Maggie Young 16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Maggie Wilson (Address) 1031 No Carrollton St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 18, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Inquiry, 1934. Death is said to have occurred on the date stated above, at 2:40 P. M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart May 15 1934

Other contributory causes of importance:

Been treated for about 6 months for valvular lesions of the heart. Syphilitic determination Name of operation Inquiry Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Joseph L. Valentine M. D. (Address) 16 So Broadway

F 01498 HEALTH DEPARTMENT—CITY OF BALTIMORE 01496

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town)

University Hospital 18-01 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Jesse Ross

(a) Residence: No.

800 W. Fairmount Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 33 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Ross 14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Chew 16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Spence (Address) 1122 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 19, 1934

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Snowden St

20. FILER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to stab wound of heart

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Injury 5-13, 1934

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Stabbed with knife

Nature of injury Hand of

24. Was disease or injury in any way related to occupation of deceased? No

If specify

(Signed) Eugene Zellers M. D.

(Address) 2739 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6-01 Ward)Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 14 N. Cuhley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucia Boglia6. DATE OF BIRTH (month, day, year) Sept 21, 18807. AGE Years 53 Months 7 Days 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction10. Date deceased last worked at this occupation (month and year) 5/15/34 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or country) Italy13. NAME Anthony Boglia14. BIRTHPLACE (city or town) (State or country) Italy15. MAIDEN NAME Antonio Oddono16. BIRTHPLACE (city or town) (State or country) Italy17. INFORMANT Angela Boggia
(Address) 316 4 Kenwood Ave18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 19, 193419. UNDERTAKER Frank V. Pipitone
(Address) 8818 E. Baltimore St20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 193422. I HEREBY CERTIFY, That I attended deceased from to , 1934I last saw h. alive on Investigation Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fracture base of Skull 4th

Other contributory causes of importance:

Hemorrhage in BrainName of operation no Date of What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: accident Date of injury 5/15, 1934Accident, suicide, or homicide? no Where did injury occur? 1101 Key Highway Co
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place IndustryManner of injury fall from bench onNature of injury Cement floor Fracture Skull24. Was disease or injury in any way related to occupation of deceased? no If so, specify(Signed) James M. Fenton Coroner M. D.(Address) 700 E. Chase

OCCUPATION is very important. See instructions on back of certificate.

F

01498

HEALTH DEPARTMENT—CITY OF BALTIMORE

01498

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *12 S. Calhoun* St. *14-01* Ward)Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *12 S. Calhoun* St., *14-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Robert L. Penland*6. DATE OF BIRTH (month, day, year) *Aug 21-1879*7. AGE Years *59* Months *5* Days *16* If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Jessie Bradley*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Myrtle Clark*(Address) *12 S. Calhoun St*

18. PLACE OF DEATH OR REMOVAL

Place *Home* Date *5-19-1934*19. UNDERTAKER *Robert Brooks & Son*(Address) *Calhoun & Hollins St*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-17* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *2-17* 19*34* to *5-17* 19*34*I last saw her alive on *5-15* 19*34* Death is said to have occurred on the date stated above, at *11 A* m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardis
Renal Disease

Date of onset

Other contributory causes of importance:

*Diabetes Mellitus*1926
(7)Name of operation *none*

Date of

What test confirmed diagnosis? *Signa* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

M. D. Dupeyron

M. D.

(Address) *1324 W Lombard St*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 18 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01499

CERTIFICATE OF DEATH

36 F 01499

1. PLACE OF DEATH

South Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No.

St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

23

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Earl F. Davis

(a) Residence: No.

705 E. 22nd St.

St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widow, or divorced, name of HUSBAND of (or wife of) Marie Davis

6. DATE OF BIRTH (month, day, year)

Jan 11, 1894

7. AGE

Years

Months

Days

If LESS than

40

4

6

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machineist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Baltimore Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Johnstown Pa

13. NAME

Luther J. Davis

14. BIRTHPLACE (city or town) (State or country)

Johnstown Pa

15. MAIDEN NAME

Annie Murphy

16. BIRTHPLACE (city or town) (State or country)

Johnstown Pa

17. INFORMANT

Mr. F. J. Willner

(Address)

433 Rosebank Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Paten Cem Bldg. Date May 20, 1934

19. UNDERTAKER

Wm. J. Tickner & Son

(Address)

North & Pa Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/17/34

19

22. I HEREBY CERTIFY, That I attended deceased from

5/16/34

19

to 5/17/34

19

I last saw him alive on

5/17/34

Death is said

to have occurred on the date stated above, at 7:55 A.M.

The principal cause of death and related causes of importance were as follows:

Streptococcus Septicemia

Date of onset

5/12/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) D. M. L. Currie

M. D.

(Address) 10. Balto. Genl. Hosp.

MAY 18 1934

F 01500

01500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mt. Hope Retreat 9-01* St., *9-01* Ward)Length of residence in city or town where death occurred *23* yrs. *9* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *530 E 24th* St., *9-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *January 1861*7. AGE Years *72* Months *6* Days *—* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *Gerhard Debrung*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Elizabeth Krolger*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Miss Mary M. Debrung*
(Address) *530 E 24th St.*18. BURIAL, CREMATION, OR REMOVAL
Place *New Cathedral* Date *May 21, 1934*19. UNDERTAKER *Wm J. Tiekner & Sons*
(Address) *North & Pa Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 29* to *May 17, 1934*I last saw deceased alive on *May 17, 1934*. Death is said to have occurred on the date stated above, at *6:10 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

General Arterio-sclerosis?
melancholia

Other contributory causes of importance:

Chronic Interstitial Nephritis?
*myocardial decompensation 2 dy.*Name of operation *none* Date ofWhat test confirmed diagnosis? *findings* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injuryWhere did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify(Signed) *Darius P. Alayia* D.
(Address) *3326 Indiana Ave.*

MAY 18 1934

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

01501

HEALTH DEPARTMENT—CITY OF BALTIMORE 01501

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Preston Opt. Preston & Bedford Ave* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Preston Opt. Preston & Bedford Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
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6a. If married, widowed, or divorced
HUSBAND of *Margaret Clemmitt*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 5 - 1883*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>80</i>	<i>5</i>	<i>24</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Printer</i>	11. Total time (years) spent in this occupation <i>60</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Blair & Son, Inc.</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Jan 1934</i>	
	12. BIRTHPLACE (city or town) (State or country) <i>Richmond, Va</i>	

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Thomas Clemmitt*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Virginia Adams*16. BIRTHPLACE (city or town) (State or country) *Virginia, Va*17. INFORMANT *Mr. William B. Clemmitt*
(Address) *901 W. 11th St., Fla.*18. BURIAL, CREMATION, OR REMOVAL
Place *Wood Ridge* Date *May 18, 1934*19. UNDERTAKER *W. J. Fisher & Sons*
(Address) *212 E. 1st St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Dec 21, 1933* to *May 16, 1934*I last saw him live on *May 15, 1934* Death is said to have occurred on the date stated above, at *5:15* A.M.

The principal cause of death and related causes of importance were as follows

*Cancer of Prostate*Other contributory causes of importance: *Ulcers of right kidney*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clomage* Was there an autopsy?23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injuryWhere did injury occur? *None* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *None*Manner of injury *None*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *John A. Evans* M. D.
(Address) *612 W 40 St*

MAY 18 1934

state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01502 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Roslyn St. 15-01 Ward)Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Catherine Ann Meyer(a) Residence: No. 2508 Roslyn St. 86 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Oct 8 - 18477. AGE 86 Years 7 Months 8 Days If LESS than 1 day, _____ hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) Baltimore

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Meyer14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Williams16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Charles E Meyer(Address) 2508 Roslyn

18. BURIAL, CREMATION, OR REMOVAL

Place Graveside Date May 18, 193419. UNDERTAKER None

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 193422. I HEREBY CERTIFY, That I attended deceased from March 8 1934 to May 16 1934I last saw her alive on March 12 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute suppurative parotitis
Acute cystitis (2nd stage)

Other contributory causes of importance:

Arteriosclerosis
Myocardial fibrosisName of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

(Signed) J. C. Day Edell(Address) 2806 Garrison Blvd

M. D. 1934-9

F 01503

F 01503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Elliott St., 1-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME PETER BOLLACK

(a) Residence: No. 2826 Elliott St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of Rosa A. Bollack (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 28, 1854

7. AGE Years 79 Months 5 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Peter Bollack

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine Meise

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Mary Bollack (Address) 2826 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL 1st Ev. Luth. Ch. Cem. Date May 19, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. (Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934 to May 16, 1934. I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction (Chronic)

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

MAY 18 1934

M. D. R. 01504

HEALTH DEPARTMENT—CITY OF BALTIMORE

01504

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4714 Schley Ave. St. 27-81)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CONRAD JOHN DIEZ

(a) Residence: No. 4714 Schley Ave.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
 HUSBAND of Catherine Elizabeth Diez
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brass Foundry Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John Diez

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Dorothy Eilers

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. C. E. Diez (Wife)
(Address) 4714 Schley Ave.18. BURIAL, CREMATION, OR REMOVAL
Jerusalem Cemetery May 19, 193819. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1938 to May 16th 1938. I last saw him alive on May 16th 1938. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic
 Subarachnoid Hemorrhage
 Both Kidneys

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Wm. H. Magnus M. D.

(Address) 14 G. Road. St

Ymca 2639

Information should be carefully supplied. State cause of death in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

AY 18 1938

F 01505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found floating in the water at
CITY OF BALTIMORE: (No. Wagner's Point. St. 25-01 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 33 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Romberg.

(a) Residence: No. 3121 Remley St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower
6a. If ~~XXXX~~ widowed, ~~XXXX~~ ~~XXXX~~ of ~~XXXX~~ Anna Romberg.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years 52 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spain.
(State or country)

13. NAME Do not know.

14. BIRTHPLACE (city or town) Do not know.
(State or country)

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) Do not know.
(State or country)

17. INFORMANT Agnes Barnhauser.
(Address) 3121 Remley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 4/18/34

19. UNDERTAKER
(Address) 443 So. Charles St.
Huntington Williams, Inc.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Missing March 20, 1934
Found May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Strangling.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide. Date of injury 4/20/34

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. H. Reinhardt M. D.
Coroner
5/18/34 (Address) 1017 Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F/01506

F 01506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male

Col.

Single

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

3 Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchopneumonia
Cerebral Aneurysm (Death)

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel E. Bogorad, M.D.

(Address) Sydenham Hospital

1-10 1934

01507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414-Westwood Avenue, Ward 5-01)

Length of residence in city town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth 20 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2414-Westwood Avenue, Ward 5-01 (Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of David Baronsky (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years 80+ Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yetta (Levalov)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Baronsky

(Address) 2414-Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5/18/34

19. UNDERTAKER Jack Davis

(Address) 439 E. Pratt St

20. INDEXED

21. DATE OF DEATH (month, day, year) May 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 12th, 1934, to May 18th, 1934

I last saw her alive on May 17th, 1934 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Malignancy Stomach

Date of onset

Other contributory causes of importance:

arteriosclerosis

myocarditis

Emphysema

Name of operation None

Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Nerok

(Address) 2477 W. North Avenue

M. D.

Registrar

OCCUPATION is very important. See instructions on back of certificate.

F 01508 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (City or town)

Length of residence in city or town where death occurred: *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1705 E. Fairmount*

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of (or WIFE of) *Harry (dead)*6. DATE OF BIRTH (month, day, year) *Feb 21, 1868*7. AGE Years *66* Months *4* Days *16* If LESS than 1 day, hrs. or min. *25*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *27* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *John Post*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) (State or country) *?*17. INFORMANT *Records*(Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL *Baltimore City* Date *May 21, 1934*19. UNDERTAKER *Anna Reed, Inc*(Address) *1301 E. Eager St**Thurston Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 16, 1934* to *May 17, 1934*I last saw him alive on *May 17, 1934* Death is said to have occurred on the date stated above, at *3:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Meningitis, tuberculosis? 2 who
Diabetes Mellitus ?

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Phuquiel* M. D.(Address) *Balt. City Hosp*

OCCUPATION is very important. See instructions on back of certificate.

AY 18 1934

M. D. P. 1265-9

F 01509

F

01509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Little Sisters of the Poor 1200 Valley St. Ward. 10 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed6. DATE OF BIRTH (month, day, year) Aug 29 18547. AGE Years 74 Months 8 Days 6 11. LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03712. BIRTHPLACE (city or town) Germany (State or country)13. NAME Joseph Muel

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Monica Moelling

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup (Address) 1200 Valley St., Balt Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent's Date May 17 1934

19. UNDERTAKER (Address)

20. FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 May - 193422. I HEREBY CERTIFY, That I attended Deceased from July 1932 to May 1934Last saw him alive on May 11 1934 Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Disease

Other contributory causes of importance:

Arteriosclerosis
Hypertension
Coronary Artery DiseaseName of operation None Date of NoneWhat test confirmed diagnosis Phys Was there an autopsy No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury None 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) McGowan M. D.(Address) 1200 Valley St., Balt Md.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 01510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01510

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 Belgian ST., 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katharine B. Reher(a) RESIDENCE NO. 800 Belgian ST., 27-01 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4, 18967 AGE Years 38 Months 3 Days 13 8 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clk 009(b) General nature of industry, business, or establishment in which employed (or employer) Jewelry store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore10 NAME OF FATHER Joe. M. J. Reher

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant Mary Reher(Address) 800 Belgian Ave

15

Filed

Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 193417 I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to May 17, 1934,that I last saw her alive on May 14, 1934and that death occurred, on the date stated above, at 5 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Serovally, M. D.19 (Address) Blackstone Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Maria's Home

DATE OF BURIAL

ADDRESS May 21, 193420 UNDERTAKER W. J. Kiedfeld

of death in plain text, so that it may be properly filed in the index.

Y 18 1934

01511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1270 Battery Avenue* Ward *4-01*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME

Patrick J. Collins(a) Residence: No. *1270 Battery Avenue*, Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Agnes Lane Collins*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *about 73* Months *-* Days *-* If LESS than 1 day, hrs. or min. *-*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Engineer*10. Date deceased last worked at this occupation (month and year) *1930* 11. Total time (years) spent in this occupation *030*

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *5/19/34*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1934*22. I HEREBY CERTIFY That I attended deceased from *October 15, 1934* to *May 16, 1934*I last saw him alive on *May 16, 1934* Death is said to have occurred on the date stated above, at *5:14 P.* m.

The principal cause of death and related causes of importance were as follows:

Epithelioma left side of lower lip. Metastasis involving all glands left side of neck, right side of neck,

Other contributory causes of importance:

*Brain, Liver and right arm.**Resection lesion on lip 3 1/2 years ago. Radical resection of glands left side of neck 2 1/2 years ago.*What post-mortem diagnosis? *Epithelioma of lip and glands.* Was there an autopsy? *Yes.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. Edward Norris* M. D.(Address) *107 East west street*

18 1934

M. D. R. 1268-4
F 01512

F 01512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *745*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Nov 17 1931*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Arthur Edw Griffith*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Frances Helen Clark*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Mrs F. Helen Griffith*
(Address) *745 Springfield Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Ridge* Date *May 21 1934*19. UNDERTAKER *Geo D Smith*
(Address) *1900 Easton Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 16 1934* to *May 17 1934*I last saw h. *alive* on *May 17 1934* Death is said to have occurred on the date stated above, at *3:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Solar Pneumonia*Date of onset *May 16 1934*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. M. Moore*(Address) *Franklin Sq. Hoys*

M. D.

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

MAY 18 1934

01513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01513

REGISTERED NO.
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

Church Home & Inf. Hosp

CITY OF BALTIMORE: (No

No. Broadway St. 6-0000)

2. FULL NAME

Miss Mary Williams

(a) RESIDENCE NO.

Church Home & Inf. Hosp

ST. WARD

(Usual place of abode)

(If non-resident, give city of birth and state)

Length of residence in city or town where death occurred

50 yrs.

mos.

ds.

How long in U. S., if of foreign birth? — yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. Single, Married, Widowed,
 or Divorced, (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 16, 1885

7. AGE

Years

Months

Days

If LESS than
 1 day, — hrs.
 or — min.

79

3

2

8. OCCUPATION OF DECEASED

(a) Trade, profession or
 particular kind of work

None

(b) General nature of industry,
 business, or establishment in
 which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
 (State or country)

Brooklyn, N. Y.

10. NAME OF FATHER

Mr. Lewis J. Williams

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

Laurel De Grace, Md.

12. MAIDEN NAME OF MOTHER

Margaret Archer

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

Maryland

14.

Informant
 (Address)Terrell J. Williams
 Bel Air, Md.

15.

181934

Hester Williams

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

May 15, 1934

17.

I HEREBY CERTIFY, That I attended deceased from

Feb. 14, 1934, to May 15, 1934

that I last saw him alive on May 15, 1934

and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension with Cardiac failure
 arteriosclerosis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY
 (Secondary)

Cerebral hemorrhage (stroke)

(duration) — yrs. 2 mos. 15 ds.

18. Where was disease contracted
 If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed)

W. E. Hasler Jr. M. D.

19

(Address)

Church Home & Inf. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes
 state (1) Means and Nature of Injury, and (2) whether Accidental,
 Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

MORAL

20. UNDERTAKER

Charmville Presby. Md May 20 1934

Dean & Son

Bel Air Md

F 01514

01514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WifeUnknown6. DATE OF BIRTH (month, day, year) April 10, 1884

7. AGE Years _____ Months _____

5015

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hot Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Brick plant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) _____ spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) Middlesex County, Virginia13. NAME Aaron Gaines14. BIRTHPLACE (city or town) _____ (State or country) Virginia15. MAIDEN NAME Laura Williams16. BIRTHPLACE (city or town) _____ (State or country) Virginia17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int. tubercular Date May 18, 193419. UNDERTAKER Thomas S. Nelson(Address) 1303 Preston St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him alive on 5/14, 1934 Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Unlabeled structures

Other contributory causes of importance:

Uremia

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. P. Burns M. D.(Address) Balto. City

MAY 18 1934

Registrar

F 01515

01515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. Baltimore City Hospital No. 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Powell

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Burns (Sig.) (or) WIFE of6. DATE OF BIRTH (month, day, year) July 4, 18537. AGE Years 80 Months 10 Days 10 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)13. NAME George W. Powell14. BIRTHPLACE (city or town) Ind. (State or country)15. MAIDEN NAME Amelia Griffin16. BIRTHPLACE (city or town) Ind. (State or country)17. INFORMANT Friends (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 18, 1954

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 195422. I HEREBY CERTIFY, That I attended deceased from April 27, 1954 to May 17, 1954I last saw him alive on May 17, 1954. Death is said to have occurred on the date stated above, at 12:15 P.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
& congestive failure
Arteriosclerotic

Date of onset

Yes??

Other contributory causes of importance:

SmokingName of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Phagell M. D.(Address) Balt City Hosp

Registrar.

F 01516

01516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 212 S. Caroline St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 40 Months 40 Days 40 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 15, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) P. H. Wozog m.d. M. D. (Address) 1305 N. Patterson Road

Coroner

Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MAY 18 1934

F 01517

01517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hosp.* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Balt. Bldg. Mosby* St. *Monkton* Ward. *2nd*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Black</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Newborn</i>		

6. DATE OF BIRTH (month, day, year) *5-15-34*

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or 15 min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Newborn</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Edward George*14. BIRTHPLACE (city or town) (State or country) *Monkton Md.*15. MAIDEN NAME *Olecia Mosby*16. BIRTHPLACE (city or town) (State or country) *Sparks, Md.*17. INFORMANT *Olecia Mosby* (Address) *Sparks, Md.*18. BURIAL, CREMATION, OR REMOVAL Place *University of Md.* Date *May 19* 1919. UNDERTAKER *Harmon Potomac, N.B.* (Address)20. FILED *81934* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-15*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 15*, 19*34* to *May 15*, 19*34*I last saw him alive on *May 15*, 19*34* Death is said to have occurred on the date stated above, at *11:15* P.M.

The principal cause of death and related causes of importance were as follows:

Preecaturty.

Other contributory causes of importance:

*Imperforate anus.*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clue* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Savage* M. D.(Address) *Univ. Hosp.*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

01518

HEALTH DEPARTMENT—CITY OF BALTIMORE

Grav 8

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Found in Harbor at

CITY OF BALTIMORE: (No. of)

Fort Pitt & Pratt St

4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

2. FULL NAME

William H. Boothe

(a) Residence: No.

unknown

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

unknown

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, year)

unknown

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

about 45

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

08

12. BIRTHPLACE (city or town)

Walton

(State or country)

FATHER

13. NAME

unknown Boothe

14. BIRTHPLACE (city or town)

unknown

(State or country)

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

unknown

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery

Date May 8, 1934

19. UNDERTAKER

(Address)

181934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on June 13, 1934 to June 13, 1934

Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accidental Drowning

Date of onset

Other contributory causes of importance:

Name of operation

clonics

Date of

What test confirmed diagnosis

clonics

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Drowning

Date of injury

19

Where did injury occur?

Accident Harbor

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) James H. Penlon

Coroner

M. D.

(Address) 709 Chase

F 01519

HEALTH DEPARTMENT—CITY OF BALTIMORE

01519

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Loman S. Polling(a) Residence: No. Barbour Co., W.Va. St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced
HUSBAND of Genette Neece Ferguson
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18587. AGE Years 76 Months _____ Days _____ If LESS than 1 day, _____ hr. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Barbour Co., W.Va.
(State or country)13. NAME Emory Barbour14. BIRTHPLACE (city or town) Barboir Co., W. Va.
(State or country)15. MAIDEN NAME Catherine Gainer16. BIRTHPLACE (city or town) Barbours Co., W.Va.
(State or country)17. INFORMANT L.C. Stevens
(Address) Philippi. W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Philippi, W. Va. Date May 18, 1934

Jack Lewis

19. SIGNATURE OF REGISTRAR

181934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8.15 A.M.The principal cause of death and related causes of importance were as follows:
Probably Pulm Embolism

Date of onset

Other contributory causes of importance:
Hypertrophied Prostate
Retention of urine
Uremia??
??
??

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? NO23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Bates M. D.
(Address) 508 E North Ave.

F 01520

01520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-01 Ward)

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3402 Bateman St. Arden (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Lee J. Hecht (or) WIFE of6. DATE OF BIRTH (month, day, year) July 17 18867. AGE Years 48 Months 4 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balti. (State or country) md.13. NAME August Hannerberg14. BIRTHPLACE (city or town) Balti. (State or country) md.15. MAIDEN Henrietta Weinberg16. BIRTHPLACE (city or town) Balti. (State or country) md.17. INFORMANT Lee J. Hecht18. BURIAL, CREMATION, OR REMOVAL (Address) 3402 Bateman Ave.19. UNDERTAKER Hebrew Burial Soc. (Address) 1902 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 193422. I HEREBY CERTIFY. That I attended deceased from May 11 1934 to May 17 1934I last saw her alive on May 17 1934 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Intestinal Obstruction

Other contributory causes of importance:

Name of operation Broncho-lung - type undetermined Date of 5/12/34What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Katzenstein M. D. (Address) Sinai Hospital

181934

01521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01521

+46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1718 1/2 N 5th St, Harburg, Pa Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-7-18667. AGE Years 68 Months 3 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

181834

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-193422. I HEREBY CERTIFY, That I attended deceased from 5-16-1934 to 5-18-1934I last saw him alive on 5-18-1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Posterior Carcinoma of the
Myocardial Insufficiency?

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) Johns Hopkins Hosp.

M. D.

01522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01522

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. front St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William A. Mueller

(a) Residence: No. 123 N. front St. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta T. Mueller

6. DATE OF BIRTH (month, day, year) Mar 3 1851

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

83 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelmina Mueller

(Address) 123 N. front St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date May 19 1934

19. UNDERTAKER Wm. Cook

(Address) 1217 N. Paul

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930 to May 17 1934

I last saw him alive on May 17 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia

Other contributory causes of importance:

Myocardial Regeneration

C. P. C. Gang.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? 22

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustav A. Trut M. D.

(Address) 6801 Belair Rd

18 1934

Registrar.

F 01523

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 01523

CERTIFICATE OF DEATH

+ 22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-01* St., *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *3* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Harre de Grace* St., *Harre de Grace* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *June 15, 1922*7. AGE Years *12* Months *11* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *May 1934* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Harre de Grace, Md.* (State or country)13. NAME *Harry B. Bailey*
14. BIRTHPLACE (city or town) *Harford Co.* (State or country)15. MAIDEN NAME *Bessie Martin*
16. BIRTHPLACE (city or town) *Harford Co.* (State or country)17. INFORMANT *Hospital Record*
*Harry B. Bailey 552 Canton St. 11-18-34*18. BURIAL, CREMATION, OR REMOVAL
Place *Harre de Grace* Date *May 22, 1934*19. UNDERTAKER *R. Madison Mitchell*
(Address) *Harre de Grace, Md.*20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1934* to *May 19, 1934*I last saw him alive on *May 19, 1934* Death is said to have occurred on the date stated above, at *2:10 AM*.

The principal cause of death and related causes of importance were as follows:

Tetanus

Date of onset

5/12

Other contributory causes of importance:

*Respiratory failure**5/18*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

Signed _____ M. D.

(Address) _____

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01524

CERTIFICATE OF DEATH

F 01524

174

1. PLACE OF DEATH Dead on arrival
 CITY OF BALTIMORE: (No. Hopkins Hospital St. 8-01 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME James B. Davenport

(a) Residence: No. 1123 N. Caroline St. 0 Ward. 0
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
 HUSBAND of Fannie
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE 40 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Mail

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Prospect, Va.
 (State or country)

13. NAME James Davenport

14. BIRTHPLACE (city or town) Va
 (State or country)

15. MAIDEN NAME Amanda ???

16. BIRTHPLACE (city or town) Prospect, Va.
 (State or country)

17. INFORMANT Fannie Davenport
 (Address) 1123 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
 Place National Cem Date May 19-34

19. UNDERTAKER Robert E. Williams
 (Address) 1515 McElderry St

191934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17/34 19

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on about 2 A.M. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Hemorrhage due to stab wound of right lung.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide Homicide of injury 5/17/34

Where did injury occur? 1927 Ashland Ave
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bar room at Ashland & McDonough

Manner of injury Stabbed with large pocket knife
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) J. H. Green M. D.
 (Address) 108 E York St Coroner

01525

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 01525

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Woodbourne Ave. 27-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 606 Woodbourne Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of John G. Gohlinghorst (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1868

7. AGE Years 65 Months 11 Days 16 17. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Henry Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Dingle

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Viola M. Shultz (Address) 606 Woodbourne Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park May 31, 1934

19. UNDERTAKER Mrs. Mrs. John H. Gupel & Son (Address) 801 N. Gayette St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Made 32 to May 17, 1934

I last saw her alive on May 17, 1934. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure

Date of onset

5/17/34

Other contributory causes of importance:

arterio-sclerotic ch. myocarditis

Age

Name of operation none Date of

What test confirmed diagnosis? Physical exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed J. B. Bakerhaus M. D. (Address) 1901 Rutaw St.

See instructions on back of certificate.

1934

Registrar.

92910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

Rena Sitaras(a) Residence: No. *3403* *Levinton* St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *M*6a. If married, widowed, or divorced
HUSBAND of *John Sitaras*
(or) WIFE of *John Sitaras*6. DATE OF BIRTH (month, day, year) *Aug 16 1894*7. AGE *33* Years *9* Months *13* Days If LESS than 1 day, hrs. or min. *037*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *W.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Greece*
(State or country)13. NAME *John Sitaras*14. BIRTHPLACE (city or town) *Greece*
(State or country)15. MAIDEN NAME *May Vain*16. BIRTHPLACE (city or town) *Greece*
(State or country)17. INFORMANT *Forpman*

(Address)

18. BURIAL, CREMATION, OR REMOVAL *Woodlawn*19. UNDERTAKER *Chenoweth*(Address) *3415 17th St*

MAY 19 1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *5/17* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4/30* 19*34* to *5/17* 19*34*I last saw *her* alive on *5/17* 19*34* Death is said to have occurred on the date stated above, at *8:45 am*.

The principal cause of death and related causes of importance were as follows:

Placenta Previa.

Date of onset

Other contributory causes of importance:

*Pneumonia, generalized.**10 days*Name of operation *Caesarian section* Date of *4/30/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. R. Bourne*

M. D.

(Address) *Balto City, Md.*

01527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01527

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Atterbury St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 413 Atterbury St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of spouse: Mrs. Gant

6. DATE OF BIRTH (month, day, year)

7. AGE 63 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 413 Atterbury St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 20 1934

19. UNDERTAKER James A. Hayes 142 W. Hill St. 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934, to May 16 1934.

I last saw him alive on May 16, 1934. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Hepatitis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Edward E. Hayes M.D. (Address) 627 N. Charles St.

01528

HEALTH DEPARTMENT—CITY OF BALTIMORE

01528

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

MaleWhiteSingle

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

5/21/26

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71127

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

Clifford Madison Jr.

14. BIRTHPLACE (city or town) (State or country)

Ohio

MOTHER

15. MAIDEN NAME

Helena Fentress

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

(Address)

Records. JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Chapel Hill, N.C. Date May 20 1934

19. UNDERTAKER

(Address)

Joseph B. Cook 1003 N. E. 1st St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-18-1934

22. I HEREBY CERTIFY That I attended deceased from

5-9-1934 to5-18-1934I last saw him alive on 5-18-1934 Death is saidto have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia
Cerebral Sinus Thrombosis
Acute Mastoiditis, left
Petrositis left

Other contributory causes of importance:

Name of operation

Single Mastoidectomy Date of 5-11-34

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Herbert E. Ebert

M. D.

(Address)

Johns Hopkins Hosp.

MAY 19 1934

F 01529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01529

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Weller

(a) Residence: No. 523 Murdock Road St. Baltimore, Anneslie Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) MARRIED

5a. If married, widowed, or divorced HUSBAND of Mrs. H. Weller

6. DATE OF BIRTH (month, day, year) April - 27 1916

7. AGE 58 Years 0 Months 21 1/2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Elevator Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building - 006
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) BALTIMORE, MD

13. NAME Henry Weller

14. BIRTHPLACE (city or town, State or country) BALTIMORE MD

15. MAIDEN NAME ? FRANK

16. BIRTHPLACE (city or town, State or country) BALTIMORE MD

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 5/21/34

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 / Orleans St.

20. FILED

Y 19 1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 17 1934

22. I HEREBY CERTIFY, That I attended deceased from MAY 16 1934 to MAY 17 1934

I last saw him alive on MAY 17 1934 Death is said to have occurred on the date stated above, at 12:18 PM

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Other contributory causes of importance: Arteriosclerosis (2)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If no, specify

(Signed) Fred S. Kadan M. D.

(Address) Union Memorial H. O.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E0530

F 01530

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6601 O'Donnell St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emmaline M. Hartzell

(a) Residence: No. 6601 O'Donnell St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (Write the word)

Female White Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Hartzell

6. DATE OF BIRTH (month, day, year) Aug 1 1868

7. AGE 65 9 Months Days 16 15 If LESS than 1 day... hrs. or min.

8. Trade, occupation, or particular kind of work, e.g., spinner, sawyer, etc. Housework at home 037

9. Industry or occupation in which work was done in silk mill, saw mill, etc. same

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Providence R.I.

13. NAME John Berry

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. John F. Hartzell (Address) 6601 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL Place Park Wood Date May 19, 1934

19. UNDERTAKER John P. Denny (Address) 715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1934

I HEREBY CERTIFY, that I attended deceased from Dec 10-32 to May 16th 1934

I last saw her alive on May 16th 1934 Death in said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hypertension 1934
Diabetes Mellitus 1925
Cerebral embolism 1934Other contributory causes of importance:
Acute dilatation of heart 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Morris J. Shindler M. D.

(Address) 6016 Eastern Ave. B1

MAY 19 1934

F 01531

HEALTH DEPARTMENT—CITY OF BALTIMORE

145-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH *University Hospital*St. *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred yrs. mos. _____

How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME *Miss Dorothea*

St. _____

Ward. _____

(If non-resident give city or town and State)

(a) Residence: No. *2218 Gough*

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Walter McDorman*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *71* Months _____ Days _____ If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at Home* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) *Baltimore* (State or country) _____13. NAME *Dorothea Alchimowicz*14. BIRTHPLACE (city or town) *Poland* (State or country) _____15. MAIDEN NAME *Bertha Gierska*16. BIRTHPLACE (city or town) *Poland* (State or country) _____17. INFORMANT *Walter McDorman* (Address) *2218 Gough St*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Mary's* Date *May 21, 1934*19. UNDERTAKER *Fred W. Bazarucki* (Address) *1930 Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 10, 1934* to *May 17, 1934*I last saw her alive on *May 17, 1934* Death is said to have occurred on the date stated above, at *6:10 a.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Date of onset

Other contributory causes of importance:

*Arteriosclerosis, chronic lake*Name of operation *Epidemiology* Date of *1934*What test confirmed diagnosis *Clear* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____(Signed) *W. Bazarucki* M. D. (Address) *1930 Eastern Ave*

Registrar.

18 1934

✓ F 01532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01532

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Spaulding Hospital* *18-Ward*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* mo. *1* da. How long in U. S. If of foreign birth? *37* yrs. *0* mo. *0* da.

2. FULL NAME

(a) Residence: No. *1002 W Baltimore St.*

(Usual place of abode)

Ward. *Spaulding*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jan. 9, 1923*

6. DATE OF BIRTH (month, day, year) *Jan. 9, 1923*

7. AGE *9* Months *4* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Sparks Md.*

13. NAME *Harry Bader*

14. BIRTHPLACE (city or town) (State or country) *Sparks Md.*

15. MAIDEN NAME *Loethy Spiller*

16. BIRTHPLACE (city or town) (State or country) *Sparks Md.*

17. INFORMANT *Harry Bader*

(Address) *1002 W Baltimore St*

18. BURIAL, CREMATION, OR REMOVAL *Funeral Home*

(Place) *May 19/34*

19. UNDERTAKER *Walter Davis*

(Address) *341 E. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1934*

22. I HEREBY CERTIFY, That *attended deceased from*

I last saw *him* alive on *May 18, 1934* Death is said to have occurred on the date stated above, at *4:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset *May 15*

Other contributory causes of importance:

Name of operation *none* Date of *...*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: *no*

Accident, suicide, or homicide? *no*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Harry Bader*

(Address) *Spaulding Hospital*

Y 19 1934

01533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6a. If married, widowed, or divorced
HUSBAND of *Elizabeth Kinnear*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *57* Years *10* Months *10* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *Flex Kinnear*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Mary McCahey*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Records Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oakland*

19. UNDERTAKER *George J. Potts*

(Address) *1235 Haverhill St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17 1934*

22. I HEREBY CERTIFY, That deceased died from

May 14 1934 to May 17 1934
I last saw *deceased* alive on *May 17 1934* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Intestinal Carcinoma of glands of neck original site not known

Date of onset *4-5-34*

Other contributory causes of importance:

Name of operation

Date of *2*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Phonetic*

(Address) *Balt City Hosp.*

M. D.

191934

Registrar

01534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01534

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Baltimore City Hospitals 6-71* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rebecca Butler

(a) Residence: No.

217 E. Caroline

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of *Robert (dead)*6. DATE OF BIRTH (month, day, year) *August 24, 1887*7. AGE *46* Years *8* Months *22* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *North Carolina*13. NAME *Benj. Bowers*14. BIRTHPLACE (city or town) (State or country) *N. C.*15. MAIDEN NAME *Clara Jones*16. BIRTHPLACE (city or town) (State or country) *N. C.*17. INFORMANT (Address) *Records Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Ashbury Heights May 21, 1934*19. UNDERTAKER (Address) *Edward Bryan 1133 Harrison Avenue, Balt*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 16, 1934*22. HEREBY CERTIFY That I attended deceased from *Feb. 16, 1934* to *May 16, 1934*I last saw her alive on *May 16, 1934* at *6:30* p. m. to have occurred on the date stated above, at *6:30* p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Hypertension

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *J. P. Magel* M. D.(Address) *Balt. City Hosp*

F 01535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2357 W. North Ave. St. 15-01 Ward 23)

Length of residence in city or town where death occurred 39 yrs. 1 mo. 27 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Marguerite Anne Layfield

(a) Residence: No. 2357 W. North Ave. St. 15-01 Ward 23
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 20, 1895

7. AGE Years 39 Months 1 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Henry A. Layfield

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Sarah E. Lloyd

16. BIRTHPLACE (city or town) Phila.
(State or country) Pa.

17. INFORMANT Mr. Henry A. Layfield
(Address) 2357 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 19, 1934

19. UNDERTAKER Wm J. Tickner & Sons
(Address) North & Penna Aves.

MAY 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 8, 1934 to May 17, 1934

I last saw her alive on May 17, 1934 Death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

Tracheobronchial
Pulmonary Hemorrhage

Date of onset

Other contributory causes of importance:

none

Name of operation

none

Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Abraham Schapiro

M. D.

(Address)

8028 Eutan Place

F 01536

F 01536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 12-61 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. 12-61 Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18, 1902

7. AGE Years 17 mos. 1 Days 1 LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date May 22, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 19, 1934

I last saw him alive on May 19, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

?

Other contributory causes of importance:

Name of operation

Circumcision

Date of

5-3-34

What test confirmed diagnosis? 77 Was there an autopsy? 40

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify:

(Signed)

(Address)

H. Butler Grimes, M.D.
Queen Anne's

MAY 19 1934

01537

HEALTH DEPARTMENT—CITY OF BALTIMORE 01537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N. Kenwood St., 6-01 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 111 N. Kenwood St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) July 29, 18497. AGE Years 84 Months 9 Days 20 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Balto.
(State or country)13. NAME Nicholas Koestner14. BIRTHPLACE (city or town) Ger.
(State or country)15. MAIDEN NAME Frances Gatzlach16. BIRTHPLACE (city or town) Ger.
(State or country)17. INFORMANT Mr. Geo. Smith
(Address) 111 N. Kenwood18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 21, 193419. UNDERTAKER Jos. J. Herr
(Address) 156 N. Luzerne

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 193422. I HEREBY CERTIFY, That I attended deceased from May, 1931, to May 16, 1934I last saw him alive on 16, 1934, death is said to have occurred on the date stated above, at 6 PM m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of LiverAug 1923

Other contributory causes of importance:

Chronic Endo-Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Frank J. Ayk M. D.(Address) 2005 E. Monument St

MAY 19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01538

01538

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Washington Park Ward 25-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Henry Schmidt (Smith)(a) Residence: No. 2218 Washington Park Ward 25-01

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown6. DATE OF BIRTH (month, day, year) Unknown7. AGE 59 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Goldman 062
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 612. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Henry Schmidt
14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Emma (?)
16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mr. John Schmidt
(Address) 4308 Arcadia Ave18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 5/19 193419. UNDERTAKER Edw. T. Toulson
(Address) 2009 W. 13th St

191934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 193422. I HEREBY CERTIFY, That I attended deceased from Unknown 1934I last saw him alive on May 18 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute dilatation of heart May 18-34

Other contributory causes of importance:

Arterio-sclerosis 4Name of operation Loguing Date of May 18-34What test confirmed diagnosis? 1 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so specify(Signed) Joseph L. Vahant O. M. D.(Address) 16 S. Broadway Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

01539

CERTIFICATE OF DEATH

F 01539

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred 21 yrs. 5 mo. 21 da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME

(a) Residence: No. 1611 Chase St. Ward. 14-01
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married6a. If married, widowed, or divorced HUSBAND of Glenford Henderson (or WIFE of Nov 26-1912)6. DATE OF BIRTH (month, day, year) Nov 26-1912
7. AGE Years 21 Months 5 Days 21 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, hank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Henry Tyson
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Susie E. Booth16. BIRTHPLACE (city or town) Md
(State or country) Md17. INFORMANT Susie E. Tyson Johnson
(Address) 1611 Chase St18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 21, 193419. UNDERTAKER Chase & Son
(Address) 638 N. Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 193422. I HEREBY CERTIFY, That I attended deceased from February 24, 1934 to May 17, 1934
I last saw him alive on May 17, 1934 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Lung Abscess

Date of onset

5 wk.

Other contributory causes of importance:

Lobar Pneumonia10 wk.Name of operation Robt. Recklin Date of 4/26/34What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. J. Chase & Son M. D.(Address) 638 N. Calver

MAY 19 1934

F 01540

01540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb. 11-01 St., 23 Ward)
CITY OF BALTIMORE: (No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Saunders French (Sanders W. French)

(a) Residence: No. 914 McCulloh st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 10, 1889

7. AGE Years 44 Months 5 Days 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

13. NAME Walker French

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Louise Cook

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL National Place May 22 1934

19. UNDERTAKER Sam N. Chase & Son 638 N. Calver (Address)

1919 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1934

22. I HEREBY CERTIFY. That I attended deceased from October 2 1933 to May 15 1934

I last saw him alive on May 15 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset March 1933

Other contributory causes of importance:

Name of operation Date of ... Clin. Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Mayor W. Harrison Baltimore City Hospitals M. D.

01541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01541

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No

416 Laurens

ST. 14-01 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Agnes G. Green

3 RESIDENCE NO.

416 Laurens

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX

F

5 COLOR OR RACE

Col

6 Single, Married, Widowed, or Divorced, (write the word)

Married

7a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

George Green

8 DATE OF BIRTH (month, day, and year)

4-5-1862

9 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

72

1

12

10 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

037

(c) Name of employer

11 BIRTHPLACE (city or town)

(State or country)

Howard Co. Md.

12 NAME OF FATHER

Unknown

13 BIRTHPLACE OF FATHER (city or town)

(State or country)

Unknown

14 MAIDEN NAME OF MOTHER

Unknown

15 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Unknown

16

Informant
(Address)Benjamin A. Green
416 Laurens St.

17

Filed

1919

H. H. Holland
Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 5-17-34

19

I HEREBY CERTIFY, That I attended deceased from

3-2-1934 to 5-17-1934

that I last saw him alive on 5-17-1934

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Valvulitis

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

(duration)

yrs.

mos.

ds.

20 Where was disease contracted?
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

H. H. Holland

M. D.

5-19-1934 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Western Star - Catonsville

May 20 1934

22 UNDERTAKER

Mrs. Leo H. Holland

1631 Union St.

01542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01542

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

608 Ashburton

St. 16-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Elizabeth Wolle

(a) Residence: No.

608 Ashburton

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>widowed</i>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
Widowed
(or) WIFE of

Alexander Wolle

6. DATE OF BIRTH (month, day, year) *April 2-1854*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	17	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Retired</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>foo</i>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Ind.*13. NAME *Wm Strano*14. BIRTHPLACE (city or town)
(State or country) *Germany*15. MAIDEN NAME *Rosa Sonnenleighter*16. BIRTHPLACE (city or town)
(State or country) *Germany*17. INFORMANT *Hermitta Leonard*
(Address) *608 Ashburton St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Levens Park* Date *May 21, 1934*19. UNDERTAKER
(Address)*2700 E. ...*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19-1934*22. I HEREBY CERTIFY. That I attended deceased from *August 25-1931* to *May 19-1934*I last saw her alive on *May 18-1934*. Death is said to have occurred on the date stated above, at *9:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

5-15-34

(Other contributory causes of importance:

*Hypertension
Organic Heart Disease
Chronic Interstitial Nephritis**unknown*Name of operation *none*

Date of

What test confirmed diagnosis? *B.S.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Chester Riland

M. D.

(Address) *2532 Edmondson Ave.*

191934

01543

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 01543

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 W. Ostend St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 138 W. Ostend St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hancock

6. DATE OF BIRTH (month, day, year) July 30, 1887

7. AGE Years 46 47 Months 9 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles J. Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma E. Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Hancock

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Fred. H. Kline & Sons

(Address) 138 W. Ostend St.

Regist. 1913

191934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1934 to May 1934

I last saw her alive on May 17, 1934 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast (Pt) Data of onset July 1933

Other contributory causes of importance:

Name of operation mastectomy Date of Jan. 24

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter Koun M. D.

(Address) 102 E. Fort Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01544

01544

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Washington St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME

(a) Residence: No. 113 S. Washington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Gall

6. DATE OF BIRTH (month, day, year) Oct. 3/1885

7. AGE Years 77 Months 7 Days 15 If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (city or town) Balto. (State or country)

13. NAME John Gall

14. BIRTHPLACE (city or town) Ger. (State or country)

15. MAIDEN NAME Margaret Schuman

16. BIRTHPLACE (city or town) Ger. (State or country)

17. INFORMANT Johanna Gall (Address) 113 S. Wash. St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cemetery Date May 22, 1934

19. UNDERTAKER J. H. Hest (Address) 136 J. H. Hest

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 25, 1933 to May 18, 1934

I last saw him alive on May 18, 1934 death in said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

adenocarcinoma of Rectum

Chronic Myocarditis

Date of onset

July 1933

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Apr 16/34

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

William R. Braghty M. D. (Address) 7225 St Paul St

AY 20 1934

F 01545

F 01545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *New Hospital* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME *Alexander P. Thossett*(a) Residence: No. *3115 Walcott Ave.* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *73* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 10, 1934* to *May 19, 1934*I last saw deceased alive on *May 19, 1934*. Death is said to have occurred on the date stated above, at *7:00 P.M.*

The principal cause of death and related causes of importance were as follows:

Hypertension Cerebrovascular disease myocardial failure cerebral embolism

Date of onset

*1916?**May '34**May 14 '34*

Other contributory causes of importance:

*Intertrigonal eczema**May 15 '34*

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *John L. San Mateo* M. D.

(Address)

New Hospital

MAY 20 1934

M. D. B. 12

01546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

01546

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL)St. 9-01 Ward

2. FULL NAME

CLARA GERTRUDE COLEMAN(a) Residence: No. 104 S. Mulberry

(Usual place of abode)

St.

Ward. Hagerstown, Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of MR. FRANK G. COLEMAN
(or) WIFE of 4/14/18866. DATE OF BIRTH (month, day, year) 4/14/18867. AGE Years 48 Months 1 Days 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0379. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home10. Date deceased last worked at this occupation (month and year) 3/33 11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) (State or country) Clinton, Illinois13. NAME JOHN GASH14. BIRTHPLACE (city or town) (State or country) ILLINOIS15. MAIDEN NAME ETTA WALKER16. BIRTHPLACE (city or town) (State or country) ILLINOIS17. INFORMANT John H. Reist, M.D. Recorder18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL19. UNDERTAKER Horace F. BurgePlace Hagerstown, Md. Date May 22, 1934Address 3631 Falls RoadCity Hagerstown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 193422. HEREBY CERTIFY. That I attended deceased from 4/28, 1934, to 5/19, 1934I last saw her alive on 5/19, 1934 at 6:00 p.m. (6:00)

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic mitral insufficiency & stenosis

Other contributory causes of importance:

Broncho-pneumoniaName of operation None Date ofWhat test confirmed diagnosis? — Was there an autopsy? —23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? No If so, specify —(Signed) C. D. Reist M. D.
(Address) Hagerstown, Md.

201334

M. D. F 01547

F 01547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womans Hospital* St. *111-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *2* mos. *1* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Linthicum Md* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced

(or) WIFE of

Charles Scott Hilton

6. DATE OF BIRTH (month, day, year)

May 22, 1874

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*59**11**28d*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

10. Date deceased last worked at this occupation (month and year)

March 1934

11. Total time (years) spent in this occupation

Entire life

12. BIRTHPLACE (city or town) (State or country)

Philadelphia, Pa

MOTHER FATHER

13. NAME

William H. Tyrrell

14. BIRTHPLACE (city or town) (State or country)

Phila. Pa.

15. MAIDEN NAME

Anne Bouldin

16. BIRTHPLACE (city or town) (State or country)

Elkton Md.

17. INFORMANT

Daughter Mrs. Mary Ann Linthicum

18. BURIAL, CREMATION, OR REMOVAL

Place *Home Cemetery*Date *May 28, 1934*

19. UNDERTAKER

Henry Training Sons

(Address)

Aberdeen Md.

20. FILED

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *March 12*, 19*34*, to *May 20*, 19*34*I last saw her alive on *March 20*, 19*34* Death is said to have occurred on the date stated above, at *4.50 a.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Sigmoid

Date of onset

2-3 years

Other contributory causes of importance:

*Parotitis, Right Myocardial Failure**1 week**2 days*Name of operation *Exploratory Laparotomy* Date of *March 20*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. Allen Deckert

M. D.

(Address)

Womans Hospital

OCCUPATION is very important. See instructions on back of certificate.

MAY 27 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2503 Maryland Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 28 Months 2 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. Fisher

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Lockius Brothers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) 394 St.

18. BURIAL, CREMATION, OR REMOVAL Place Date 5/24/34

19. UNDERTAKER (Address) 1214 St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-17-1934 to 5-18-1934

I last saw him alive on 5-18-1934 Death is said to have occurred on the date stated above, at 7:50 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Broncho-pneumonia

Date of onset

5-15-34

Other contributory causes of importance:

Acute Pulmonary edema 5-18-34

Name of operation Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles C. M. D.

(Address) 1214 St.

20. FILED

MAY 20 1934

F 01549

F 01549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *18-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *838 North West Baltimore St.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Lupina Hill*6. DATE OF BIRTH (month, day, year) *About 1860*7. AGE Years *74* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Painter* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Oil* 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *050*12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Friedrich H. Hill*14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Madeline Chapple*(Address) *Washington St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Linwood Cemetery* Date *May 21st 1934*19. UNDERTAKER *Wm Cook*(Address) *1217 N Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1934*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *3:19* p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Haemorrhage

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? *Clu* Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Wm Cook*(Address) *13157 Patterson St*

M. D.

20 1934

M. D. 1934

F 01550

F 01550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Merry Hospital - 21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George W. Franston
2704 Grinden Ave

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Margaret Franston (last name of)

6. DATE OF BIRTH (month, day, year)

April 9, 1875

7. AGE

Years

Months

Days

59

1

10

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cleric 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Circuit Court

10. Date deceased last worked at this occupation (month and year)

unknown

11. Total time (years) spent in this occupation

unknown

12. BIRTHPLACE (city or town) (State or country)

England

FATHER

13. NAME

Thomas Franston

14. BIRTHPLACE (city or town) (State or country)

England

MOTHER

15. MAIDEN NAME

Sara Portes

16. BIRTHPLACE (city or town) (State or country)

England

17. INFORMANT

(Address)

Mrs Margaret Franston

18. BURIAL, CREMATION, OR REMOVAL

Place Morrell Park Date May 22, 1934

19. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to May 19, 1934

I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 11:5 am.

The principal cause of death and related causes of importance were as follows:

Cerebral embolus

Date of onset

May 3, 1934

Other contributory causes of importance:

Arteriosclerotic Cardio-vascular disease

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Dr. Harry G. Gurnea M. D.

(Address)

Merry Hospital

M. D. 1934

20 1934

M. D. B. F 01551

F 01551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 W. North Avenue St. 15-01 Ward)

Length of residence in city or town where death occurred 82 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2435 W. North Avenue St., Henry Lange Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Minna Lange
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	29	

OCCUPATION	8. Trade, profession, or particular kind of work done, as car retired Letter Carrier
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Ralph Lange

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Gottloben Rentz

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Dr. Ralph Lange
(Address) 1601 Gwynn Oak Ave.18. BURIAL, CREMATION, OR REMOVAL
Place London Ind Date May 21, 193419. UNDERTAKER
(Address) Harry W. Ehlert
1944 W. North Ave.
Huntington Park, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from Oct 1929 to May 18, 1934

I last saw him alive on May 17, 1934. Death is said to have occurred on the date stated above, at 7:45 P. M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ☒

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

J. E. W. Salbost M. D.
2026 Eulan Pl

26 1834

E. 01552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N. Montford Ave. Ward 8-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1304 N. Montford Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada E. Robinson

6. DATE OF BIRTH (month, day, year) Sep 7/1874

7. AGE Years 8 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fertilizing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

13. NAME Father's Name L. Robinson

14. BIRTHPLACE (city or town) (State or country) Easton Md.

15. MAIDEN NAME Julia Walker

16. BIRTHPLACE (city or town) (State or country) Easton Md.

17. INFORMANT Ada E. Robinson (Address) 1304 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Easton Md. Date May 21, 1934

19. UNDERTAKER Frank A. Fink (Address) 912 N. Gay St.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1934, to May 19, 1934

I last saw h. alive on May 19, 1934. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury May 19, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Scott Fisher M. D.

(Address) 1823 N. Wash. St.

F 01553

F 01553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8 yrs.* mos. *0* ds. How long in U. S. If of foreign birth? *8 yrs.* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1815 N. Duncan St.*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 16th 1934 to May 17th 1934I last saw deceased alive on May 17th 1934 Death is said

to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Missiles
Lobar Pneumonia (rt.)

Date of onset

5/16/34

5/16/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Daniel E. Proctor, M.D.
Sydenham Hospital

ATTEST

201934

Huntington Hall, Md.

M. D. B. F 01554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 N. Chapel St., 6-01 Ward)

2. FULL NAME

Length of residence in city or town where death occurred 62 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.(a) Residence: No. 213 N. Chapel St., 6-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Justina Schuler6. DATE OF BIRTH (month, day, year) May 27/18657. AGE 68 Years 11 Months 21 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME Michael Schuler14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Barbara Bergman16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs Justina Schuler(Address) 213 N. Chapel St.18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date May 21, 1934

Place

19. UNDERTAKER Philip Herwig Sons(Address) 2016 E. Canton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 193422. I HEREBY CERTIFY That I attended deceased from Jan 10 1933 to May 18 1934 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

2 yrs

Other contributory causes of importance:

Hypertension
Broken Gage21 days

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Edward J. Cook M. D.
(Address) 413 N. Washington

MAY 20 1934

M. D. 1934 F 01555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01555

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

St.,

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Bay Wesley

(a) Residence: No.

1618 Garnet Ave

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

5-18-34

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

Alexander Zulton Wesley

14. BIRTHPLACE (city or town) (State or country)

Bunnybrook, Md.

MOTHER

15. MAIDEN NAME

Helia Carter Reitz

16. BIRTHPLACE (city or town) (State or country)

Freeland, Md.

17. INFORMANT (Address)

A. Wesley 1618 Garnet Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

John J. Jones 221 S. Jones St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/19

22.

I HEREBY CERTIFY, That I attended deceased from

5-18

1934, to

5-19

1934

I last saw him alive on

5-19

1934

Death is said

to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. J. Jones, M.D.

F 01556

F 01556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Albert Bayless(a) Residence: No. 1058 E 10th

St.,

Ward Jacksonville Fla.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-6-19257. AGE Years 9 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida13. NAME Chas Bayless14. BIRTHPLACE (city or town) (State or country) Fla15. MAIDEN NAME Delia Bayless16. BIRTHPLACE (city or town) (State or country) Fla17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Date 5/20/3819. UNDERTAKER Joseph Adams(Address) 221 Bway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 16, 1934, to May 20, 1934I last saw him alive on May 20, 1934. Death is saidto have occurred on the date stated above, at 12:35 A. M.

The principal cause of death and related causes of importance were as follows:

Brain Tumor malignant

Date of onset

2 yrs.

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 5-19-34What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Paul A. Rumbel M. D.(Address) The Johns Hopkins Hops.

MAY 20 1934

M. D. B. 1268-9

F 01557

F 01557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No. 1227 Linden Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. TIME

19

REGISTERED

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 18, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Malignant hypertension

Other contributory causes of importance:

Chronic cholecystitis

Date of onset May 18, 1934

1930

?

Name of operation

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. Allen Deckerl
Woman's Hospital

M. D.

F 01558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01558

CERTIFICATE OF DEATH

1 PLACE OF DEATH

Church Home + Infirmary

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

ST

WARD)

2 FULL NAME

Mrs. Estelle Sirovatha

(a) RESIDENCE NO.

2424 Ashland Ave

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

42 yrs.

mos

ds

How long in U. S. if of foreign birth?

42 yrs.

mos

ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female White Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

Frank Sirovatha

6 DATE OF BIRTH (month, day, and year)

June 4, 1870

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

63

11

14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Bakeria

10 NAME OF FATHER

Joseph Vlk

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Bakeria

12 MAIDEN NAME OF MOTHER

Josephine Kalal

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Bakeria

14

Informant (Address)

Anna Sirovatha
2424 Ashland Ave

15

Time

20:30

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 18, 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 7, 1934, to May 18, 1934

that I last saw her alive on May 18, 1934

and that death occurred, on the date stated above, at 7:50 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) yrs. 5 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of May 7, '34

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Richard V. Hawer M. D.

19

(Address)

Church Home + Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Holy Redeemer

May 22, 1934

20 UNDERTAKER

ADDRESS

Frank Grocholson 1906 Ashland Ave

M. D. B. 1907 **F 01559****F 01559****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

✓ 92-001

1. PLACE OF DEATHCITY OF BALTIMORE: (No. 1418 Park Ave. St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAMEMary Parkhurst Hayden(a) Residence: No. 1418 Park Ave St. 14-01 Ward. (If non-resident give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Female 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Mozart Hayden6. DATE OF BIRTH (month, day, year) Oct 24 1864 7. AGE 69 Years 6 Months 26 Days 26 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No business or industry 10. Date deceased last worked at this occupation (month and year) Baltimore Md. 11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME Andrew Richmond Parkhurst14. BIRTHPLACE (city or town) (State or country) Baltimore Md.15. MAIDEN NAME Elizabeth Cleggitt Outens16. BIRTHPLACE (city or town) (State or country) Same as above17. INFORMANT John B. Outens18. BURLIN, CREMATION, OR REMOVAL Funerary19. UNDERTAKER Henry W. Jenkins20. FILED Huntington Williams**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (month, day, year) May 19 193422. I HEREBY CERTIFY, That I attended deceased from May 3 1934 to May 19 1934 I last saw her alive on May 18 1934 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

Endocarditis, Chronic

Date of onset

Other contributory causes of importance:

Name of operation None Date of TwoWhat test confirmed diagnosis? — Was there an autopsy Yes23. If death was due to external causes (violence) fill in also the following: — Date of injury —, 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) Chas. W. Leonard M. D.(Address) 1327 Park Ave

F 01560

F 01560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 W. Clement St. St. 23-01 Ward)

Length of residence in city or town where death occurred 75 yrs 10 mos 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Louis B. Jory.

(a) Residence: No. 5 W. Clement St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

b. If married, write name of wife or husband of deceased Ada L.R. Jory.

DATE OF BIRTH (month, day, year) July 5, 1858

AGE Years 75 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as engineer, sewer, bookkeeper, etc. Jewelry salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Louis B. Jory.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Sissie Colwell.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ada L.R. Jory. (wife) (Address) 5 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park

Date May 21, 1934

19. UNDERTAKER

(Address)

J. J. Fahey, Son, 1318 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto H. Reinhardt

(Address) 1017 S. Charles St.

Coroner M. D.

FILED

H120100

F 01561

F 01561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland Ins. Hospital

CITY OF BALTIMORE: (No.

St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Hickline

(a) Residence: No.

1325 Sud

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 3, 1932

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

22 mos

25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME

George Hickline

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Catherine Metzger

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Hospital of Friends

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

May 21, 1934

19. UNDERTAKER

(Address)

1501 2nd Ave. N. W.

20. FILED

H. K. Taylor, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-18-34

22. I HEREBY CERTIFY, That I attended deceased from

5-8-34, 19, to 5-18-34, 19

I last saw him alive on 5-18-34, 19 Death is said

to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

measles

Date of onset

4/15/34

Other contributory causes of importance:

Broncho pneumonia

5/1/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01562

F 01562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4344 Falls Road* St. *27-41* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *4344 Falls Road* St. *27-41* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widower*5a. If married, widowed, divorced HUSBAND of (or) WIFE of *Emma F. De Hoff*6. DATE OF BIRTH (month, day, year) *June 2-1861*7. AGE Years *72* Months *11* Days *17* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired 18 years* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore, Geo. Md.*13. NAME *John C. De Hoff*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Mary Elizabeth Hale*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Mrs. C. C. McCombs* (Address) *7344 Falls Road*18. BURIAL, CREMATION, OR REMOVAL Place *Woodridge* Date *May 21-1934*19. UNDERTAKER *Fordey F. Burke* (Address) *3631 Falls Road*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 25, 1934* to *May 11, 1934*I last saw him alive on *May 16, 1934* Death is said to have occurred on the date stated above, at *3:08 A.M.*

The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic Cardiac disease Date of onset *2*

Other contributory causes of importance:

Myocardial infarction

Name of operation _____ Date of _____

What test confirmed diagnosis? *Cx* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. B. Smith* M. D.(Address) *3429 Chestnut St.*

20 1934

F 01563

F 01563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 h. Payson St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. 2021 h. Payson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Mary Casey

6. DATE OF BIRTH (month, day, year) Sept 10-1858

7. AGE Years 75 Months 8 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/1/32

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Meriden Conn.

13. NAME Mrs. J. W. W.

14. BIRTHPLACE (city or town) (State or country) Md. W.

15. MAIDEN NAME Mrs. J. W. W.

16. BIRTHPLACE (city or town) (State or country) Md. W.

17. INFORMANT James W. W.

(Address) 2305 Hill River Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 21, 1934

19. UNDERTAKER

(Address) 1701 N. E. 1st Ave

20 1934

H. J. W. W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17th 1934 to May 18th 1934

I last saw him alive on May 18th 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis.

Date of onset

3/1/32

Other contributory causes of importance:

Cerebral hemorrhage 2 days

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

William Sullivan

M. D.

(Address) 1701 N. E. 1st Ave

M. D. P. 1934
F 01564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01564

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Baltimore General Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2824*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *March 17/1915*7. AGE *19* Years *2* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt Md.*
(State or country)13. NAME *Julious Dybski*
14. BIRTHPLACE (city or town) *Austria*
(State or country)15. MAIDEN NAME *Catherine Duda*
16. BIRTHPLACE (city or town) *Balto Md*
(State or country)17. INFORMANT *Julious Dybski*
(Address) *2824 Dillion*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Stanislaus Bury May 21, 1934*19. UNDERTAKER *Stephen J. Frick*
(Address) *1000 N. Kenwood Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *5/16* 1934, to *5/17* 1934I last saw him alive on *May 17, 1934* Death is said to have occurred on the date stated above, at *3:20 PM*.

The principal cause of death and related causes of importance were as follows:

*Lobar Pneumonia.
Pleural effusion*Date of onset *May 17*

Other contributory causes of importance:

*Secondary Anemia
Asthma*Name of operation *None*Date of *3*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *D. M. L. Currie*(Address) *So. Balto. Gen. Hosp.*

M. D.

706 INDEX

AT 26 1934

F 01565

F 01565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No. 40th St & Roswick Rd. 13-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Mrs. Sallie Anderson

(a) Residence: No. Home for Incurables St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15, 1847

7. AGE 87 Years 3 Months 5 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Richard Brennan

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Ann McClosky

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date May 23, 1934

19. UNDERTAKER
(Address)

AY 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1927, to May 20, 1934. I last saw her alive on May 20, 1934. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast

Date of onset

About Nov 1933

Other contributory causes of importance:

Uremia

May 15, 1934

Name of operation None Date of _____

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) M. B. Mayo

(Address) Medical Arts Bldg

M. D.

M. D. B. 12

F 01566

F 01566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

5a. If married, widowed, or divorced
HUSBAND of Lourence (same)
WIFE of Lourence (same)

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

74

3

23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1934, to May 20, 1934

I last saw him alive on May 20, 1934. Death is said

to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

myocardial failure
arteriosclerosis
hypertension
bronchopneumonia

Other contributory causes of importance:

B. Prostatic hypertrophy

Name of operation Perineal Prostatectomy Date of 5-12-34What test confirmed diagnosis path Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

W. Gallison
Johns Hopkins Hosp

M. D.

201934

F 01567

F 01567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No. _____)

St. _____ Ward) 121

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds.

How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

Elizabeth Yahde

(a) Residence: No. _____

315 South Newkirk

St. _____ Ward. 26

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race white	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Yahde		

6. DATE OF BIRTH (month, day, year)

Dec. 22 1893

7. AGE

40

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

?

12. BIRTHPLACE (city or town) (State or country)

13. NAME

George R. Hermann

FATHER

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Anna Lohr

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT (Address)

William C. Yahde
315 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Ctr. Date May 21 1934

19. UNDERTAKER (Address)

Lillye Zeiler INC
403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 18 1934

22. I HEREBY CERTIFY. That I attended deceased from March 22 1934 to May 18 1934

I last saw her alive on May 18 1934 Death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Appendicitis - acute
2. Peritonitis
3. Pneumonia - left base

3-20-34

Other contributory causes of importance:

1. Toxaemia

Name of operation

Appendectomy

Date of 3-22-34

What test confirmed diagnosis? clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

If no specific

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

M. D.

21 1934

M. H. 01568

Theodore A. Miller
HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01568

95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square 149-01*)

Ward)

Length of residence in city or town where death occurred: *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. *1709 Lenox St.* St., *14* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color of skin *White* 5. Single, Married, Widowed, or Forced (write the word) *Married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Lila Lippel Miller*6. DATE OF BIRTH (month, day, year) *Dec 26 1883*7. AGE *50* Years *8* Months *22 1/2* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Eugeneer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Beasley Co.*10. Date deceased last worked at this occupation (month and year) *Aug 17-34* 11. Total time (years) spent in this occupation *2*12. BIRTHPLACE (city or town) *Smiths MD* (State or country)13. NAME *Robert Miller*14. BIRTHPLACE (city or town) *Bayland* (State or country)15. MAIDEN NAME *Leiberman*16. BIRTHPLACE (city or town) *"* (State or country)17. INFORMANT *Lila Miller (wife)* (Address) *1709 Lenox St.*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore Cemetery* Date *5/21 1934*19. UNDERTAKER *Margaret A. Flynn* (Address) *1423 Light St.*20. FILED *21 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Aug 18 1934*22. I HEREBY CERTIFY, That I attended deceased from *Aug 18 1934*I last saw *Aug 18 1934* all day. Death is saidto have occurred on the date stated above, at *4 P.* m.

The principal cause of death and related causes of importance were as follows:

*Acute dilatation of heart Aug 18-34*Other contributory causes of importance: *unknown*Name of operation *Inquiry* Was there an autopsy *No*What test confirmed diagnosis? *"*23. If death was due to external causes (violence) fill in also the following: *None*Accident, suicide, or homicide? *"* Date of Injury *Aug 18 1934*Where did injury occur? *"* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Joseph H. Valentine* M. D.(Address) *1650 Broadway*

F 01569

F 01569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 Madison St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 313 Madison St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 14 1932*7. AGE Years *1* Months *13* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Lee Roy*14. BIRTHPLACE (city or town) (State or country) *Va*15. MAIDEN NAME *Beatrice Roy*16. BIRTHPLACE (city or town) (State or country) *Va*17. INFORMANT *Beatrice Roy* (Address) *313 Madison St.*18. BURIAL, CREMATION, OR REMOVAL Place *St. Ann's Church* Date *5-20-1934*19. UNDERTAKER *St. Ann's Church* (Address) *716 E. Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 14 1934* to *May 14 1934*I last saw him alive on *May 13 1934*. Death is said to have occurred on the date stated above, at *6:00* m.

The principal cause of death and related causes of importance were as follows:

*measles & diph.*Date of onset *May 14 1934*

Other contributory causes of importance:

*no other*Name of operation *Chondroplasty* Date of *May 14 1934*What test confirmed diagnosis? *Was there an autopsy?* *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Charles M. Fowler* M. D. (Address) *7128 N. Bay View*

21 1934

F 01570

F 01570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.

Belvedere & Greenspring 2701

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

over 40

yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME

Rose Falck

(a) Residence; No.

Hebrew Home for Aged & Infirm

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1843

7. AGE

Years
91

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 9, 1934, to May 20, 1934

I last saw her alive on May 20, 1934 Death is said

to have occurred on the date stated above, at 3⁴⁵ p. m.

The principal cause of death and related causes of importance were as follows:

Ch. card. valvular disease
Hypertension

Date of onset

Other contributory causes of importance:

Ch. Bronchitis

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

Hedynard Kern
Leondale

M. D.

MAY 21 1934

M. D. 1934
01571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2253 W. Balto St. 20-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2253 W. Balto St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Yetta

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years 68 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 08

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife (Address)

18. BURIAL, CREMATION, OR REMOVAL

Placed in bridge date 5/20/34 19

19. UNDERTAKER (Address) 1433 E. Balto St.

MAY 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/34 19

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1933, to 5/18, 1934. I last saw him alive on May 18, 1934. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Disease

Date of onset

Other contributory causes of importance:

Bronchial Asthma

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Maurice Chedekel (Address) 221 W. ...

M. D.

M. D. 01572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Belle City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *80* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth *80* yrs. *0* mos. *0* da.

2. FULL NAME

(a) Residence: No. *1517 E Poppleton St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Emma*
WIFE of6. DATE OF BIRTH (month, day, year) *1894*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *80*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *shoe cutter*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *088*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto*
(State or country)13. NAME *John Jones*
14. BIRTHPLACE (city or town) *Balto*
(State or country)15. MAIDEN NAME *Ssobel Bolian*
16. BIRTHPLACE (city or town) *Balto*
(State or country)17. INFORMANT *Boop mrs*
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place *Balto Cem* Date *5/24/34*19. UNDERTAKER *John Ullrich*
(Address) *2008 Edgemoor St*

MAY 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/18*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/17*, 19*34*, to *5/18*, 19*34*I last saw him alive on *5/18*, 19*34* Death is said to have occurred on the date stated above, at *11/40 am*

The principal cause of death and related causes of importance were as follows:

Carci noma of sigmoid P. Date of onset

Other contributory causes of importance:

*Intestinal obstruction 5 days*Name of operation *Cecostomy* Date of *5/18/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. R. Poursin* M. D.
(Address) *Balto City, Md.*

F 01573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01573

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Univ. Hospital

St.

Ward

CITY OF BALTIMORE: (No.)

55-6-26

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth

2. FULL NAME

Norman H. Borchers

Ward

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND OF

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

May 17, 1934, to May 18, 1934

I last saw him alive on May 18, 1934. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

1/5/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? 16

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Langeluth M. D.

(Address) Univ. Hospital

F 01574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01574

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2504 Puget St. 25-01 Ward)Length of residence in city or town where death occurred Life mos. 108 ds. How long in U. S. If of foreign birth? yrs. 108 mos. 108 ds.

2. FULL NAME

(a) Residence: No. 2504 Puget St St., X Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>M</u>	4. Color or Race <u>C</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>1915</u>		
7. AGE <u>19</u>	Years <u>19</u>	Months <u>04</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cutter</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>040</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)
Rich13. NAME Howard Patterson
14. BIRTHPLACE (city or town) (State or country)
va15. MAIDEN NAME Myrtle Patterson
16. BIRTHPLACE (city or town) (State or country)
Washington D. C.17. INFORMANT Howard Patterson
(Address) 2504 Puget St18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion Date May 22, 193419. UNDERTAKER Joseph A. Smith
(Address) 4425, near Port20. FILER 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18/34
22. I HEREBY CERTIFY, That I attended deceased from 5/15/34 to 5/18/34
I last saw him alive on 5/17/34 Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

Later Pneumonia
Tonsillitis

Date of onset

5/16/345/8/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. S. Hartman M. D.
(Address) 912 E. 1st St

M. D. F 01575

F 01575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) _____

7. AGE Years _____ Months _____ Days _____ 8. LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME _____

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date _____

19. UNDERTAKER _____

(Address) _____

20. FILED _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

M. D.

F 01576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01576

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 N Calvert St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

William E. Fieldhaus

(a) Residence: No. 2627 N Calvert St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Catherine Fieldhaus (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 27 1856

7. AGE Years 77 Months 7 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balto Md.

13. NAME Father: Eberhard H. Fieldhaus

14. BIRTHPLACE (city or town, State or country) Germany

15. MAIDEN NAME Mother: Margt Omlin

16. BIRTHPLACE (city or town, State or country) Germany

17. INFORMANT Catherine Fieldhaus (Address) 2627 N Calvert St.

18. BURIAL, CREMATION, OR REMOVAL St Pauls Cathedral 5/21/34

19. UNDERTAKER Mrs Chas A G Rohde (Address) 2327 Edmondson Ave

20. FILED H. E. K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1934

22. I HEREBY CERTIFY That I attended deceased from May 17 34 to May 18 34

last saw him alive on May 18 1934 Death is said to have occurred on the date stated above, at 8:20 P.

The principal cause of death and related causes of importance were as follows:

Apoplexy Hypertension

Date of onset

5/17/34

1933

Other contributory causes of importance:

Chronic Myocarditis 1933 Atherosclerosis 1933

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas A G Rohde M. D.

(Address) 3013 St Paul Ave

01577

01577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward) *7-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William Watts

(a) Residence: No.

507 Claggett

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*

6. If married, widowed, or divorced HUSBAND of *Heather* (Div.) (or) WIFE of

DATE OF BIRTH (month, day, year) *Sept 20, 1893* AGE Years *33* Months *7* Days *28* If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Porter* 070

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) *Baltimore* (State or country)

12. NAME *Alexander Watts*

13. BIRTHPLACE (city or town) *Va* (State or country)

14. MAIDEN NAME *Sophie Lindberg*

15. BIRTHPLACE (city or town) *Danville* (State or country) *Va*

16. INFORMANT *Records* (Address) *Balt City Hosp.*

17. BURIAL, CREMATION, OR REMOVAL Place *Mt Auburn Cemetery* Date *May 21, 1934*

18. UNDERTAKER *Thomas E. Kelson* (Address) *130 Preston st.*

19. REGISTRAR *AY 21 1934*

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) *May 18, 1934*

21. I HEREBY CERTIFY. That I attended deceased (from *April 27, 1933* to *May 18, 1934*)

I last saw him alive on *May 18, 1934* Death is said to have occurred on the date stated above, at *8⁰⁰ A.M.*

The principal cause of death and related causes of importance were as follows:

Heart disease syphilitic & aortic insufficiency Date of onset *1 yr.*

Other contributory causes of importance:

Name of operation. Date of *20*

What test confirmed diagnosis? Was there an autopsy? *No*

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *T. Phagiel* M. D.

(Address) *Balt City Hosp*

F 01579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 01579

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *1905 Edmondson Ave* ST. *70-01* WARD)

2-FULL NAME

Augusta Entwistle

(a) RESIDENCE NO.

1905 Edmondson Ave

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *65* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Widowed*

If married, widowed, or divorced HUSBAND of (or) WIFE of

George E. Entwistle

DATE OF BIRTH (month, day, and year) *August-30-1850*

AGE Years Months Days If LESS than 1 day, hrs. or min.
83 *8* *18*

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

None

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Md.

10 NAME OF FATHER

Nimrod Skipper

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Md.

12 MAIDEN NAME OF MOTHER

Elizabeth Cockey

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md.

Informant (Address)

Miss Lela V. Entwistle
1905 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 18th 1934*

17 I HEREBY CERTIFY, That I attended deceased from *May 12th*, 1934, to *May 18th*, 1934, that I last saw her alive on *May 18th*, 1934, and that death occurred, on the date stated above, at *7-15 P.m.*
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) *3* yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *No* Date of

Was there an autopsy? *No*

What test confirmed diagnosis? *Usual*

(Signed) *H. D. Chamberlain*, M. D.

May 18 1934 (Address) *1905 Edmondson Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT

DATE OF BURIAL

London Park Cemetery

May-21-1934

20 UNDERTAKER

ADDRESS

Charles J. Schwalb, - 5057 Monroe St.

21 1934

F 01580

F 01580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 E. Eager St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Maria Schneider(a) Residence: No. 628 E. Eager St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Schneider6. DATE OF BIRTH (month, day, year) July 13, 18497. AGE Years 84 Months 10 Days 7 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) (State or country) Germany13. NAME George Bartenberger14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT Mr. John Schneider
(Address) 628 E. Eager St.18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date May 23, 193419. UNDERTAKER Charles W. Conklin
(Address) 424 E. Eager St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193422. I HEREBY CERTIFY, That I attended deceased from February 15, 1934 to May 20, 1934I last saw her alive on May 20, 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver3 months duration

Other contributory causes of importance:

Toxemia2 weeks duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. C. M. D.
(Address) 400 N. Payson Street

F 01581

F 01581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Sydenham Hospital

CITY OF BALTIMORE: (No. _____)

St. 10-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Katherine Cronin

(a) Residence: No. _____

1013 Wilcox

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Baby*7. DATE OF BIRTH (month, day, year) *Feb. 26, 1932*8. AGE Years *2* Months *3* Days *24* If LESS than 1 day, _____ hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *James Cronin*14. BIRTHPLACE (city or town) (State or country) *Belts Md.*15. MAIDEN NAME *Katherine Watson*16. BIRTHPLACE (city or town) (State or country) *Belts Md.*17. INFORMANT *James Cronin*(Address) *1013 Wilcox St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross Hospital & May 24 1934*19. UNDERTAKER *Edmund B. Longland*(Address) *924 E. Lombard St*20. FILED *21 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 18 1934* to *May 20 1934*I last saw *her* alive on *May 20 1934* Death is said to have occurred on the date stated above, at *3 A. m.*

The principal cause of death and related causes of importance were as follows:

Measles
Pneumonia

Date of onset

May 7
May 15

Other contributory causes of importance:

Name of operation *(none)* Date of *(none)*What test confirmed diagnosis *(none)* Was there an autopsy? *(no)*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *(no)* Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

(no) If so, specify _____(Signed) *Harry Lachman* M. D.(Address) *Sydenham Hosp.*

F 01582

✓ F 01582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)Length of residence in city or town where death occurred: *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2129 Cambridge* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced, HUSBAND or WIFE of

DATE OF BIRTH (month, day, year) *August 20, 1913*
AGE *18* Years *9* Months *0* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

9. UNDERTAKER

(Address)

21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1934*22. I HEREBY CERTIFY That deceased from *May 8, 1934* to *May 20, 1934*I last saw *him* live on *May 20, 1934* Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Glomerular nephritis, Chronic 1 yr.

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Magill* M. D.(Address) *Balt. City Hosp.*

F 01583

F 01583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *12-21* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *72* yrs. *0* mos. *4* ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *2632 Maryland Ave* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced *m.* HUSBAND of *Bernard Koueman* (or) WIFE of6. DATE OF BIRTH (month, day, year) *5/12/1862*7. AGE Years *72* Months *0* Days *48* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 8379. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Own home*10. Date deceased last worked at this occupation (month and year) *July, 1921* 11. Total time (years) spent in this occupation *39*12. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*13. NAME *Zachariah Berry*14. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*15. MAIDEN NAME *Fannie Miller*16. BIRTHPLACE (city or town) *Balto.* (State or country) *Ind.*17. INFORMANT *Mrs. Dora Winkler* (Address) *321 Hyman Park Drive*18. BURIAL, CREMATION, OR REMOVAL *Holy Cross H.P.* Date *5/23/34*19. UNDERTAKER *Curry J. Rutt, Inc.* (Address) *1715 W. 1st St. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/20*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/16*, 19*34*, to *5/20*, 19*34*I last saw her alive on *5/20*, 19*34* Death is said to have occurred on the date stated above, at *5 25* A. M.The principal cause of death and related causes of importance were as follows: *Arteriosclerotic Cardiovascular Disease*

Date of onset

Other contributory causes of importance: *Carcinoma of uterus*

?

Name of operation *None*

Date of

What test confirmed diagnosis? *Ro* Was there an autopsy? *Ro*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Jos. A. Bely* (Address) *Mercy Hospital*

M. D.

MAY 21 1934

F 01584 HEALTH DEPARTMENT—CITY OF BALTIMORE 1584

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (X) *Balto City Hosp*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Sp* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: *539 N. Washington St.*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
--------------------	------------------------------	---

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Anna Campbell - Deceased*7. DATE OF BIRTH (month, day, year) *Nov 7 1898*

8. AGE <i>35</i>	9. Months <i>6</i>	10. Days <i>12</i>	If LESS than 1 day, hrs. min.
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11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*12. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *048*

13. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

15. BIRTHPLACE (city or town) *Balto Md.*

(State or country)

16. NAME *Robert J. Campbell*17. BIRTHPLACE (city or town) *Balto. Md.*

(State or country)

18. MAIDEN NAME *May E. Kennedy*19. BIRTHPLACE (city or town) *Ireland*

(State or country)

20. INFORMANT *Dr. J. R. ...*

(Address)

21. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross* Date *5/22/34*22. UNDERTAKER *George J. Rath*

(Address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) *5/19*, 19*34*

24. I HEREBY CERTIFY, That I attended deceased from

1/18, 19*34*, to *5/19*, 19*34*Last saw him alive on *5/19*, 19*34* Death is saidto have occurred on the date stated above, at *8 a. m.*

The principal cause of death and related causes of importance were as follows:

*Pulmonary tuberculosis*Date of onset
6 mo

Other contributory causes of importance:

*Peptic ulcer**4 mo*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01585

F 01585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Spencer* *W. 24th* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *403 W. 24th* St.

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *6/3/1933*7. AGE Years Months Days If LESS than 1 day hrs. or min. *11* *16*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Anthony Lombardi*14. BIRTHPLACE (city or town) (State or country) *Italy*15. MAIDEN NAME *Helen Wink*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Anthony Lombardi*(Address) *403 W. 24th St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Sepulchre* Date *5/21/34*19. UNDERTAKER *George J. Rathbone*(Address) *174 N. 1st St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 18, 1934* to *May 19, 1934*I last saw her alive on *May 17, 1934* Death is said to have occurred on the date stated above, at *11:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*1. Bronchopneumonia*Date of onset *4/16/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *David E. Bogard*(Address) *Spencer W. 24th St.*

21 1934

Carrie Garrison

01587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01587

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 Mooked ST. 14-01 WARD)

REGISTERED NO. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO. 564 Mooked ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/29/1884

7 AGE 50 Years 1 Months 20 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore MD (State or country)

10 NAME OF FATHER Harris Johnson

11 BIRTHPLACE OF FATHER (city or town) Baltimore MD (State or country)

12 MAIDEN NAME OF MOTHER Henrietta Hall

13 BIRTHPLACE OF MOTHER (city or town) Baltimore MD (State or country)

14

Informant (Address) John A. Garrison 562 Mooked St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/34

17

I HEREBY CERTIFY, That I attended deceased from Mar 19, 1934, to May 18, 1934, that I last saw her alive on May 18, 1934, and that death occurred, on the date stated above, at 9:30 A. M.

The CAUSE OF DEATH* was as follows:

Artificial Resuscitation (duration) yrs. 1 mos. 29 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. J. H. Hefner M. D.

5/18/34 (Address) 1725 Locust

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS 3227

1934

Harris Johnson, Registrar

Mrs. Katie V. Williams Schroeder

1588

F 01588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1203 W. Lexington* 18-01 WARD)

2. FULL NAME

(a) RESIDENCE NO. *1203 W. Lexington* WARD

(Usual place of abode)

Length of residence in city or town where death occurred

life mos.

do. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Male* 4 COLOR OR RACE *Col* 5 Single, Married, Widowed, or Divorced, (write the word) *Single*

6 married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) *Dec 31, 1932*

AGE

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

*1**4**2120*

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 21, 1934*

17

HEREBY CERTIFY That I attended deceased from *May 18, 1934* to *May 21, 1934* that I last saw him alive on *May 20, 1934*and that death occurred, on the date stated above, at *6:30 A.M.* The CAUSE OF DEATH* was as follows:*Pertussis*CONTRIBUTOR (Secondary) *Broncho-pneumonia* (duration) yrs. mos. ds. *1 mos. 3 ds.*

18 Where was disease contracted If not at place of death?

Did an operation precede death? *No* Date ofWas there an autopsy? *No*

What test confirmed diagnosis?

(Signed) *W. J. Howell* M.D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

MAY 21 1934

*Mrs. Kate R. Williams**Schroeder St.*

M. D. F 01589

F 01589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 S. Loudon, Ave. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Dora Herche

(a) Residence: No. 258 S. Loudon, Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
HUSBAND of Adam Herche
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13, 1867.

7. AGE 65 Years Months Days 65 7 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Frank Bucking

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Elsie Damer

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Adam Herche
(Address) 258 S. Loudon, Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place of Burial, Cremation, or Removal

19. UNDERTAKER Frederick A. Holsinger
(Address) 1200 N. Toward St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May - 11 - 1934 to May - 19, 1934

I last saw her alive on May 18, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

Diabetes Mellitus 1 yr.

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) J. L. Lloyd M. D.

(Address) 200 Franklin St.

21-1934

Spec. F 01590

F 01590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Powhatan ST. 45-01 WARD)

2 FULL NAME

(a) RESIDENCE No. 2508 Powhatan ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

4 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *W.* 5 ~~Single~~ Married, Widowed, or Divorced, (write the word) *Married*6a If married, widowed, or divorced
HUSBAND of *Wong Lee Chien*
(or) WIFE of7 DATE OF BIRTH (month, day, and year) *May 19 1883*7 AGE Years *51* Months *+* Days *27* If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housewife*(b) General nature of industry, business, or establishment in which employed (or employer) *Home*

(c) Name of employer

9 BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)10 NAME OF FATHER *Chas. L. Chapman*11 BIRTHPLACE OF FATHER (city or town) *Baltimore, Md.*
(State or country)12 MAIDEN NAME OF MOTHER *Anna K. Smith*13 BIRTHPLACE OF MOTHER (city or town) *Baltimore, Md.*
(State or country)

14

Informant
(Address) *Wong Lee Chien*
2508 Powhatan St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 19 1934*

17

I HEREBY CERTIFY, That I attended deceased from *January 13, 1934* to *May 19, 1934*
that I last saw her alive on *May 19, 1934*and that death occurred, on the Date stated above, at *9:55* a. m.

18 CAUSE OF DEATH* was as follows:

Papillary cyst-adenocarcinoma of left ovary
Acute suppurative parotitis - unknown (duration) yrs. mos. ds.CONTRIBUTORY *Generalized abdominal metastasis* (duration) yrs. 6 mos. ds.18 Where was disease contracted? *?*
If not at place of death?Did an operation precede death? *Yes* Date of *1/20/34*Was there an autopsy? *No*What test confirmed diagnosis? *Pathological Examination*(Signed) *J. H. Edell* M. D.5/21/1934 (Address) *2806 Garrison Blvd*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL *Woodlawn Cemt*DATE OF BURIAL *May 23 1934*20 UNDERTAKER *Reston & Co 2207 N. Charles*

21 1934

1591

F 01591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Cooksire St. 24-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 1412 Cooksire St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow6a. If married, widowed, or divorced, HUSBAND or (or) WIFE of Martin Kating6. DATE OF BIRTH (month, day, year) May 15/18737. AGE Years 61 Months 0 Days 5 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) York, Pa.13. NAME John Paul Kernsch14. BIRTHPLACE (city or town) _____ (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) _____ (State or country) Unknown17. INFORMANT Mrs. Catherine K. Brown
(Address) 1412 Cooksire St18. BURIAL, CREMATION, OR REMOVAL Placed
Place St. Mary's Hospital Date May 23/193419. UNDERTAKER J. Walter Davis
(Address) 3418 Chestnut Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193422. I HEREBY CERTIFY. That I attended deceased from May 20, 1934 to May 20, 1934I last saw her alive on May 19, 1934 Death is said to have occurred on the date stated above, at 6:15 AM

The principal cause of death and related causes of importance were as follows:

Chronic arthritis
Carcinoma of stomach

Date of onset

14 years8 mo

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. A. Jones M. D.(Address) 2878 Howard Rd

F 01592

F 01592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *20* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced:

HUSBAND of

(or) WIFE of

*Name*DATE OF BIRTH (month, day, year) *Sept 25, 1885*

AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*48**7**15*

6. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 5, 1934* to *May 20, 1934*I last saw him alive on *May 20, 1934* Death is saidto have occurred on the date stated above, at *1:35 A.M.*

The principal cause of death and related causes of importance were as follows:

Heart disease, mitral & aortic insufficiency, Myocardial infarction, & congestive failure

Other contributory causes of importance:

Date of onset

*?**3 hrs*

Name of operation

Date of *20*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Phazel
Baltimore Hosp

M. D.

01593

F 01593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *76-01* Ward)Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

67 ?

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Ind.

13. NAME

Ruben Salu

14. BIRTHPLACE (city or town)
(State or country)

Ind.

15. MAIDEN NAME

Kitty ?

16. BIRTHPLACE (city or town)
(State or country)

Ind.

INFORMANT

(Address)

Bonds
Balt. City Hosp.

17. BURIAL, CREMATION, OR REMOVAL

Place

University of Md.

Date May 21, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from Feb 16, 1927, to May 18, 1934

I last saw him alive on May 18, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
HypertensionHemiplegia, right & aphasia 2 yrs
due to old cerebral hemorrhage

Other contributory causes of importance:

Date of onset

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. P. Hargill

Balt. City Hosp.

M. D.

FILE

21 1934

F 01594

F 01594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *16* Ward)

2. FULL NAME

Hannah Taylor(a) Residence: No. *1136* *Sticker* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *?*If married, widowed, or divorced HUSBAND of (or) WIFE of *?*

DATE OF BIRTH (month, day, year)

AGE *84* *?* *68* *?* *1866* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Ind.*13. NAME *Jacob Taylor*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Mary Scribner*16. BIRTHPLACE (city or town) (State or country) *Ind.*INFORMANT *Reside* *Balt. City Hosp.* (Address)

BURIAL, CREMATION, OR REMOVAL

Place *University of Md.* Date *May 21* 19*34*UNDERTAKER (Address) *11334*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 11* 19*34* to *May 18* 19*34*I last saw *her* alive on *May 18* 19*34* Death is said to have occurred on the date stated above, at *8:00 P.* m.

The principal cause of death and related causes of importance were as follows:

*Thrombosis Myocardial Transferrancy*Date of onset *14.*

Other contributory causes of importance:

Stroke

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Phyllis*(Address) *Balt. City Hosp.* M. D.

D. D. 12000 F 01595

F 01595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 2-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *9* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *9* yrs. *0* mos. *0* ds.FULL NAME *Alexander Haugum*(a) Residence: No. *125 Wellesley Alley* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced? *?*
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *46* Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Steward*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *074*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Raleigh N. C.*
(State or country)13. NAME *Anthony Haugum*
*Raleigh N. C.*14. BIRTHPLACE (city or town) *Raleigh N. C.*
(State or country)15. MAIDEN NAME *Hennietta Lynch*
*Danville*16. BIRTHPLACE (city or town) *Danville*
(State or country)INFORMANT *Reeds*
(Address) *Balt. City Hosp.*BURIAL, CREMATION, OR REMOVAL
Place *University of M.* Date *May 21* 19*34*UNDERTAKER
(Address)FILED *1004* *1004* *1004* *1004* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18, 1934*22. I, HEREBY CERTIFY. That I attended deceased from *April 3, 1934* to *May 18, 1934*
I last saw him alive on *May 18, 1934* Death is said to have occurred on the date stated above, at *2:00 P. M.*

The principal cause of death and related causes of importance were as follows:

Lung abscess multiple non-tuberculous Date of onset *6 wks*

Other contributory causes of importance:

Name of operation Date of *X*What test confirmed diagnosis? Was there an autopsy? *X*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Haugum* M. D.(Address) *Baltimore City Hosp.*

D. B. 1265-9
1596

F 01596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 3-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Month of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Robert Teamer

(a) Residence: No.

1423 Bonny Lane

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *41* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

George

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Sarah

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT (Address)

Bald City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place *University of Md* Date *May 21* 1924

UNDERTAKER (Address)

Baltimore

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 14* 193422. I HEREBY CERTIFY. That I attended deceased from *May 11* 1934 to *May 14* 1934I last saw *him* alive on *May 14* 1934 Death is said to have occurred on the date stated above, at *9:00* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pericarditis, pneumococcus 1 wk
Septicemia, pneumococcus 1 wk
Lobar pneumonia, pneumococcus 2 wk

Other contributory causes of importance:

cor

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was a disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Phagiel

M. D.

(Address)

Bald City Hospital

597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. Hughes St. St. 22-01 Ward)

Length of residence in city or town where death occurred ----- yrs. ----- mos. 21 ds. How long in U. S. If of foreign birth? ----- yrs. ----- mos. ----- ds.

FULL NAME Elizabeth Johnson. (C)

(a) Residence: No. 9 W. Hughes St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----

DATE OF BIRTH (month, day, year) April 30, 1934

AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 21

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Wilton Johnson. (C)

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Margaret Green. (C)

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

INFORMANT Margaret Johnson. (C) mother.

(Address) 9 W. Hughes St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Amb. Date May 21, 1934

UNDERTAKER

(Address) 139 W. Hamlet St.

DATE 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency.
Congenital

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiries as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature)

(Address) 1017 Charles St.

Coroner

M. D.

1598

F 01598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-01)Length of residence in city or town where death occurred, 10 yrs., 2 mo., 3 da.131
15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No. 2732 Baker

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Kathleen Pry

DATE OF BIRTH (month, day, year) Feb. 7, 1880

AGE 54 Years 3 Months 14 Days If LESS than 1 day, 1 hr., 0 min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Legation Prof.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salmon

10. Date deceased last worked at this occupation (month, day, year) 5/14/34

11. Total time (years) spent in this occupation 25

2. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Franklin Pry14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Maunda Barnett16. BIRTHPLACE (city or town) (State or country) Maryland7. INFORMANT Ray Kison (Address) 58. BURIAL, CREMATION, OR REMOVAL Place Not Viewed Date May 24, 19349. UNDERTAKER Easton Long (Address) 1100 N. City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/34

22. I HEREBY CERTIFY, That I attended deceased from 5/19 1934 to 5/21/34 1934

I last saw him alive on 5/21/34 Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Bilateral Otitis Media 5/18/34

Menigitis 5/16/34

Other contributory causes of importance:

Chronic Nephritis

Arteriosclerosis

Name of operation Luh Date of hoWhat test confirmed diagnosis? Luh Was there an autopsy? ho23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Sam. G. Gorman M. D.(Address) W. Baltimore

1934

Washington, D.C.

01600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Charles St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 913 N. Charles St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Mano Swartz
(or) WIFE of7. DATE OF BIRTH (month, day, year) Apr. 3, 18627. AGE Years 72 Months 1 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(11. Total time (years) spent in this occupation)

12. BIRTHPLACE (city or town) (State or country) Germany13. NAME Julius Sachs14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Annast Frank16. BIRTHPLACE (city or town) (State or country) Germany17. INFORMANT M. A. Samuel
(Address) 932 N. Charles St.18. BURIAL, CREMATION, OR REMOVAL
Place Abraham Friendshyn Date May 22, 193419. UNDERTAKER D. Londoner & Son
(Address) 702 E. Canton St.20. PLACE OF DEATH Thurston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193422. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to May 20, 1934I last saw him alive on May 20, 1934 Death is said to have occurred on the date stated above, at 11:15 P. M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Myocarditis & Pulmonary
Edema

Other contributory causes of importance:

Diabetes Mellitus
about 4 years agoName of operation None Date of noWhat test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore H. Morrison M. D.(Address) 1013 N. Charles St.

1 1934

F 01601

1601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-004

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4126 Powell Ave.

St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augusta Wilhelmina Peissner

(a) Residence: No. 4126 Powell Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced:

HUSBAND of
(or) WIFE of

Joseph E. Peissner

DATE OF BIRTH (month, day, year) Dec. 22, 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Christian Scharfe

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Dorothea Kreutzer

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Francis J. Peissner

(Address)

4426 Powell Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place, Washington & C. D. May 28, 1934

18. UNDERTAKER

Harry H. Hulse

1934

Harry H. Hulse, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to May 20, 1934

I last saw her alive on May 20, 1934. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemiplegia

5-18-34

Cardiac dilatation

5-19-34

Arterio-Sclerosis

Many yrs?

(Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

A. L. Williamson, M.D.

(Address)

3713 Reliance Rd.

1602 97 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01602

CERTIFICATE OF DEATH

✓ 106-002

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 12-01 Ward)Length of residence in city or town where death occurred 75 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Paul H. Miller(a) Residence: No. 4014 Greenway St., Ward. UC IV
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Bertie Lee Miller
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 13, 1858
7. AGE Years 75 Months 5 Days 7 If LESS than 1 day, — hrs. or — min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town, State or country) Baltimore, Maryland13. NAME Edgar Miller14. BIRTHPLACE (city or town, State or country) Pennsylvania15. MAIDEN NAME Lilly Bevin16. BIRTHPLACE (city or town, State or country) Md.17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Varroane Cemetery Date 5/22 193419. UNDERTAKER (Address) Henry U. Mears and Son
802 N. Calvert Street1934 Huntington Village, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193422. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to May 20, 1934
I last saw him alive on May 20, 1934 Death is said to have occurred on the date stated above, at 8:2 a.m.The principal cause of death and related causes of importance were as follows: Benign Prostatic Hypertrophy Date of onset 2 yrsOther contributory causes of importance: Bronchitis chronic 10 yrs
Emphysema 10 yrs
Arteriosclerosis 10 yrsName of operation Sympatric Prostatectomy Date of 5-14-34What test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Clay L. Lewis M. D.(Address) Medical Arts Building
Cathedral at Reed St.

F 01603

1603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city town

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

If married, widowed, or divorced HUSBAND of (or) WIFE of

last saw him alive on

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

Name of operation

Date of

What test confirmed diagnosis? (Specify city or town, county, and State)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

1 1934

F 01604

F 01604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Lanvale St. 12-01 Ward)Length of residence in city or town where death occurred: 1 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Mary Key Boylan(a) Residence: No. 131 N. Lanvale St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow6. If married, widowed, or divorced, give name of husband or wife of Late George H. Boylan7. DATE OF BIRTH (month, day, year) Aug 18, 1853
8. AGE Years 80 Months 9 Days 2 If LESS than 1 day, 0 hrs. or 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore Md
(State or country)13. NAME James B. Key14. BIRTHPLACE (city or town) Washington D. C.
(State or country)15. MAIDEN NAME Ella Fran16. BIRTHPLACE (city or town) Baltimore Md
(State or country)17. INFORMANT Frank Gilmore
(Address) 131 N. Lanvale St.18. BURIAL, CREMATION, OR REMOVAL
Place Breunmont Date May 23, 193419. UNDERTAKER Wm. J. Jenkins, Jr. Co.
(Address) 1400 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193422. I HEREBY CERTIFY. That I attended deceased from Jan 1, 1934 to May 20, 1934I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset 3 days

Other contributory causes of importance:

Arterio-sclerosis 1 yearName of operation As Date of May 20, 1934What test confirmed diagnosis? Myocardial Was there an autopsy? As

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? As Date of injury 19Where did injury occur? As (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury AsNature of injury As

24. Was disease or injury in any way related to occupation of deceased?

As If so, specify(Signed) J. H. Colburn M. D.(Address) 300 N. Calvert St.

MAY 22 1934

Co. 5-31 250R
F 01605

E 01605

05 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Hollins St. St. 7 Ward 1)

CITY OF BALTIMORE: (No. 207)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Charles E. Bonsall*

(a) Residence: No. 2010 Hollins St. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Bonsall

DATE OF BIRTH (month, day, year) May 16th 1858.

DATE OF BIRTH	Month, day, year			
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76		0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

1. BIRTHPLACE (city or town)..... Clowson,
(State or country) md.

18. NAME John M. Bonsall.

14. BIRTHPLACE (city or town).....*Unknown*.....
(State or country)

15. MAIDEN NAME Annie Bowen

16. BIRTHPLACE (city or town) Unknown
(State or country)

7. INFORMANT Mrs. Ella Bonsall
(Address) 2010 Hollins St.

8. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 22 - 1934

9. UNDERTAKER
(Address) Charles J. Schwab
505 N. Monroe St.

FILED 421334 *John Williams* 1967

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 18, 1934 to May 19, 1934

I last saw him alive on May 19, 1936 death is said
to have occurred on the date stated above, at 1140 am.

The principal cause of death and related causes of importance were as follows:

Central Nervous
Arteriosclerosis

Date of onset

2 days

other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide?..... Date of Injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?..... If so specify yes

used? If so, specify: E. Keith Manning M. D.
(Signed) 2000 Hallway St.
(Address)

F 12 01606

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01606

CERTIFICATE OF DEATH.

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214-W Mulberry ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO. 1214-W Mulberry

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Female

Married

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William Palmer

DATE OF BIRTH (month, day, and year)

11-25-1910

AGE

Years

Months

Days

If LESS than
1 day. hrs
or min.

23

65

25

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Norfolk, Va

10 NAME OF FATHER

William Brooks

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Va

12 MAIDEN NAME OF MOTHER

Jennie Clemen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Va

Informant
(Address)Jennie Brooks
1214 W. Mulberry St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

5-20-1934

17

I HEREBY CERTIFY, That I attended deceased from

4-15-1934, to 5-20-1934.

that I last saw her alive on

5-19-1934

and that death occurred, on the date stated above, at

1:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute pneumonia
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

Y 22 1934

Register

M. R. Williams

Schroeder St.

F 01607

F 01607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 No Carey St St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 220 No Carey St St., 19-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Caucasian 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced, HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

17 1933

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Infant

BIRTHPLACE (city or town, State or country)

13. NAME

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town, State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21, 1934

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Aug 21, 1934 Death is saidto have occurred on the date stated above at 12 45 m.

The principal cause of death and related causes of importance were as follows:

Infant. Infant Pneumonia

Date of onset

Aug 20-34

Other contributory causes of importance:

MeaslesAug 17-34Name of operation InfantAug 21-34

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John L. Williams D. D. 16 E. Howard

Coroner

608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 01608

210-001
REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital)

2-FULL NAME

(a) RESIDENCE NO. 2804 Evergreen Ave

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

St. _____ Ward _____

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Married

If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Emma A. Bafford

DATE OF BIRTH (month, day, and year)

Oct 11, 1864

AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

69

7

9

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

Baltimore

(c) Name of employer

BIRTHPLACE (city or town)

Wallsville

(State or country)

Baltimore Md

10 NAME OF FATHER

William Bafford

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Wallsville Baltimore

12 MAIDEN NAME OF MOTHER

Don't know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant
(Address)Emma A. Bafford
2804 Evergreen Ave

Filed

19

Registrar

2.2 MAY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 20, 1934

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an inquest
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said inquest
(Inquest, au-topsy or inquiry.) And that said deceased came to his death
on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

CONTRIBUTORY
(Secondary)Automobile Accident
Struck by auto while walking across street

(Signed)

Joseph Bohony
(Coroner)

19

(Address) 220 E. Washington St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial
May 22, 1934

20 UNDERTAKER

A. Howard & Sons 38 E. Grand St.

Accident at Bond. Occurred 5/15/34

609

HEALTH DEPARTMENT—CITY OF BALTIMORE 609

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 Maude Ave St. 25-21 Ward)Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 531 Maude Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Infant

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 2, 1934AGE Years Months Days If LESS than 1 day, hrs. or min. 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Balto. Md.13. NAME John H. Shoemaker14. BIRTHPLACE (city or town) (State or country) Uppr. Brindel15. MAIDEN NAME Lurie Barnes

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address) John H. Shoemaker
531 Maude Ave.

8. BURIAL, CREMATION, OR REMOVAL

Place Belair Hill Date May 22, 19349. UNDERTAKER (Address) A. G. Myers & Sons
316 E. Ave1. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 193422. I HEREBY CERTIFY That I attended deceased from May 13, 1934 to May 21, 1934I last saw her alive on May 21, 1934. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Birth

Other contributory causes of importance:

Exhaustion4/20/34Name of operation None Date ofWhat test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) A. G. Myers M. D.
1644 Hanover St.

F 01610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MAY 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, _____ A. M.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Broncho Pneumonia

Date of onset

5/15/34

5/15/34

(Other contributory causes of importance:

Automobile Accident

Name of operation

Date of

What test confirmed diagnosis? nec Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/15, 1934

Where did injury occur? West Baltimore & State Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Street Accident

Nature of injury Struck by auto while walking on street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) Joseph P. Kearney M. D.

(Address) 120 E. Madison St.

04611

F 01611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

168

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Memorial Hosp. 27-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

58 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? 58 yrs. 5 mos. 13 ds.

2. FULL NAME

Robert Conrad New

(a) Residence: No.

426 Evesham Ave. St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Mary A. New (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 8/1875

AGE Years 58 Months 5 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Commercial Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chamber of Commerce

10. Date deceased last worked at this occupation (month and year) May 19/34 11. Total time (years) spent in this occupation 40 yrs

BIRTHPLACE (city or town) Balto. (State or country) Maryland

13. NAME John New

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Catherine Whitley

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs Mary A. New (wife)

(Address) 426 Evesham Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkview Cem Date May 23/34

UNDERTAKER Reardon & Son (Address) 100 N. Main St.

22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Sawyer's razor (suicide)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Howard M. D.

(Address) 722 N. Land

F 01612

F 01612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Maryland Yacht Club. St. 12-01 Ward)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

Harry Lewis Gettier.

(a) Residence: No.

Northway Apartment.

St. 3700 N. Charles St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race WHITE 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, name of HUSBAND of XXXXXXXX Ida Johnson Gettier.

DATE OF BIRTH (month, day, year) June 5, 1870

AGE Years 63 Months 11 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) May 19, 1934

Partner of Van Bill & Co.

N. Total time (years) 45 yrs.

BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Gettier.

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Sarah Briggs.

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

INFORMANT Ida Johnson Gettier. (wife) (Address) Northway Apartments.

BURIAL, CREMATION, OR REMOVAL

Place London, Md.

Date May 23, 1934

UNDERTAKER

(Address)

Stewart & Son Co. 108 W. North Ave.

FILED

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency. Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

5/21/34

Otto M. Reinhardt

Coroner

M. D.

Address 1017 E. Charles St.

F 01613

F 01613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Belle City Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 yr.*

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Daniel Smollerwood(a) Residence: No. *560 Baker St.*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>M</i>	4. Color or Race <i>Col</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Belle Smollerwood</i>		
DATE OF BIRTH (month, day, year) <i>3/31/1875</i>		
AGE <i>59</i>	Years <i>59</i>	Months <i>1</i>
	Days <i>19</i>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as printer, Sawyer, bookkeeper, etc. <i>Lab.</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Belle*

(State or country)

12. NAME *Eli Smollerwood*14. BIRTHPLACE (city or town) *mt.*

(State or country)

15. MAIDEN NAME *?*16. BIRTHPLACE (city or town) *?*

(State or country)

INFORMANT *Boopwood*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *mt Zion Cemetery* Date *May 23 1934*UNDERTAKER *Thomas E. Nelson*(Address) *1343 Presa St*

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/20*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *4/28*, 19*34* to *5/20*, 19*34*I last saw him alive on *5/20*, 19*34* Death is saidto have occurred on the date stated above, at *8:12 am*

The principal cause of death and related causes of importance were as follows:

osteomyelitis of finger on 4th phalanx of finger.

Date of onset

2 mo.

Other contributory causes of importance:

Name of operation *amputation of finger 4/28/34*What test confirmed diagnosis? *2 D of finger 4/16/34*

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. R. Boorn*(Address) *Belle City Hosp.*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01614

01614

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4019 Reisterstown Rd./St. 15-201 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ¹⁰ yrs. ⁰ mos. ⁰ ds. How long in U. S. If of foreign birth? ⁰ yrs. ⁰ mos. ⁰ ds.

2. FULL NAME

(a) Residence: No.

4019 Reisterstown Rd.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced
HUSBAND of *Ida*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *55* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/22/34* 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *10:15* m.

The principal cause of death and related causes of importance were as follows:

Regnoid Pectoris

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

MAY 22 1934

Schmick

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01615

01615

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 E. Balto St., 6-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2412 E. Balto St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
----------	-----------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of
Ethel

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION OR REMOVAL

Place of burial, cremation, or removal

UNDERTAKER

(Address)

MAY 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1934, to May 19, 1934.

I last saw him alive on May 17, 1934. Death is said to have occurred on the date stated above, at 12:10 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Distention

Date of onset

5/14/34

Other contributory causes of importance

Coryza, thrombosis

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. C. Feldman M. D.

(Address) 1820 E. Balto St.

616

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01616

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 20 yrs. mos. da.

2. FULL NAME

Nathan Butnick

(a) Residence: No.

3042 W. North Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Jewish 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of Sadie Butnick (or) WIFE of

DATE OF BIRTH (month, day, year)

Nov 1864

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

69

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 188

BIRTHPLACE (city or town) (State or country)

Russia

13. NAME

Seymour Butnick

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Bellevue Hospital Date 5/22/34 19

UNDERTAKER

(Address)

Jack Davis Inc 11439 E. Baltimore St.

FILED

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1934, to 5-20 1934

I last saw him alive on 5-20 1934 Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Pyelonephritis

2-3 weeks

Other contributory causes of importance:

Generalized Arteriosclerosis

8 years

Name of operation

None

Date of

What test confirmed diagnosis?

Laboratory

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. T. Burns M. D. Mercy Hospital

01617 HEALTH DEPARTMENT—CITY OF BALTIMORE 01617

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linnai Hospital St. 13-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta

7. DATE OF BIRTH (month, day, year) 1851

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hebrew Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PL

Date 5/22/34 19

19. UNDERTAKEN (Address) 1438 E. Baltimore St.

Y 22 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934 to May 21, 1934

I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 1¹⁵ A.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
acute gangrenous appendicitis
(ruptured)

Date of onset

5/4/34

5/14/34

Other contributory causes of importance:

Myocardial degeneration

!

Name of operation Appendectomy

Date of 5/14/34

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Sargent Weisman

M. D.

(Address) Linnai Hospital

01618

HEALTH DEPARTMENT—CITY OF BALTIMORE 01618

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 S. Ann St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? 44 yrs. mos. da.

2. FULL NAME

(a) Residence: No. 26 S. Ann St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Linda		
DATE OF BIRTH (month, day, year) April 1899		
AGE 75	Years Months Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor		11. Total time (years) spent in this occupation 080
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/34, 19

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 20, 1934

I last saw him alive on May 20, 1934 Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

Ch Myocarditis
Ch Nephritis
Cardiac decompensation

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Physical Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Hornstein M. D.

(Address) 733 Arisquit St

01619 HEALTH DEPARTMENT—CITY OF BALTIMORE

RE01619

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ Hospital* St. *15-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *30* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2901 Harrison Blvd.* St. *15-01* Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced, HUSBAND of (or) WIFE of *Solomon*

DATE OF BIRTH (month, day, year) *1866*

AGE *68* Years Months Days If LESS than 1 day, *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *037*BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not known*14. BIRTHPLACE (city or town) (State or country) *Prussia*15. MAIDEN NAME *Not known*16. BIRTHPLACE (city or town) (State or country) *Prussia*INFORMANT *Husband* (Address)

BURIAL, CREMATION, OR REMOVAL

*Interment*Date *5/22/34* 19UNDERTAKER *John Suss* (Address) *1439 E. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-21*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *May 15* - *1934* to *May 21*, 19*34*. I last saw her alive on *May 21*, 19*34*. Death is said to have occurred on the date stated above, at *8:00* p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Myocardial Failure
Pneumonia

Date of onset
5-21-34
5-21-34
5-14-34

Other contributory causes of importance:

Hypertension *Cardiovascular disease* ?

Name of operation _____ Date of _____

What test confirmed diagnosis *Autopsy* Was there an autopsy? *no*.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *John Suss*(Address) *Univ Hospital*

M. D.

FILED

Y 22 1934

Registrar.

✓ F 01620

D. B. 1268-9

F 01620 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. of Ward)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced: Married
6. If married, widowed, or divorced, HUSBAND or (or) WIFE of: Edward Thomas

DATE OF BIRTH (month, day, year)

AGE: 53 Years: Months: Days: If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 070

12. BIRTHPLACE (city or town, State or country): Richmond Va

13. NAME: William Mc Coy

14. BIRTHPLACE (city or town, State or country): Richmond Va

15. MAIDEN NAME: Reed

16. BIRTHPLACE (city or town, State or country): Richmond Va

17. INFORMANT: Edg Miles
(Address): 431 24th Street

18. BURIAL, CREMATION, OR REMOVAL: Mt Zion
Place: Date: May 23 1934

19. UNDERTAKER: Sarah R. Blaylock
(Address): 1014 1st Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 19 1934
22. I HEREBY CERTIFY That deceased died on May 19 1934
I last saw her alive on May 19 1934 Death is said to have occurred on the date stated above, at 1200 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Tuberculosis

Name of operation: Date of: Physical signs

What test confirmed diagnosis? Physical signs

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed): J. H. Thompson M.D.
(Address): 501 3rd Street

1621

HEALTH DEPARTMENT—CITY OF BALTIMORE 01621

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City*)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *30* yrs. *127* mos. *127* ds. How long in U. S. If of foreign birth? yr. mos. ds.

FULL NAME

(a) Residence: No. *817 W. Bane St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Mary*(or) WIFE of *James*DATE OF BIRTH (month, day, year) *4/23/1861*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *26*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *040*BIRTHPLACE (city or town) *Ireland*

(State or country)

13. NAME *John*14. BIRTHPLACE (city or town) *Ireland*

(State or country)

15. MAIDEN NAME *Mary Dan T*16. BIRTHPLACE (city or town) *Ireland*

(State or country)

INFORMANT *Cooper*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Calvary Hill*Date *5/23/34*UNDERTAKER *Philip Hurst Sons*(Address) *2016*

Y-22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/12*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/12*, 19*34* to *5/18*, 19*34*I last saw him alive on *5/12*, 19*34*. Death is said to have occurred on the date stated above, *11/578* a.m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy with urinary retention

Date of onset

Other contributory causes of importance:

*Uremia*Name of operation *Cystostomy*Date of *5/12/34*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *E. P. Burns*(Address) *Balto City*

M. D.

622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01622

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 N. Bouldin St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Reese

DATE OF BIRTH (month, day, year)

July 25-1864

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.69924

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Balto.

13. NAME

Wm Reese14. BIRTHPLACE (city or town)
(State or country)Wales

15. MAIDEN NAME

Sarah Harris16. BIRTHPLACE (city or town)
(State or country)Wales17. INFORMANT
(Address)Mrs. Myrtle Hemmell
438 N. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place

Maryland

Date

May 22 193419. UNDERTAKER
(Address)Philip Herning Sons
2016 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 193422. I HEREBY CERTIFY, That I attended deceased from April 30, 1934 to May 18, 1934I last saw him alive on May 18, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? May Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. J. Tanker M. D.
119 N. Millers

Y 22 1934

1623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01623

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Injury Hospital* 7-211 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *over month*

If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *801 Harlem Ave.* St.,

(Usual place of abode)

Ward. *Wesley*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Nov. 2, 1929*AGE Years Months Days If LESS than 1 day, hrs. or min.
4 6 20

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)12. NAME *Bernard Heilman*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Alice Bohm*16. BIRTHPLACE (city or town)
(State or country)INFORMANT *Bernard Heilman*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *moreland*UNDERTAKER *H. B. Brown*(Address) *13600 5th St.*

MAY 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*April 22, 1934 to May 22, 1934*I last saw him alive on *May 22, 1934* Death is said to have occurred on the date stated above, at *2:20*

The principal cause of death and related causes of importance were as follows:

Streptococcus Meningitis May 11

Other contributory causes of importance:

Measles April 2
Cerebral edema April 15
*Bilateral acute Purulent Otitis Media*Name of operation *Duision, Drainage of Abscess* Date of *April 28*What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Maya H. Zucavin* M. D.

(Address)

1624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01624

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4535 Augusta Ave. 70-61 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Catherine A. Wolf

(a) Residence: No. 4535 S. Augusta Ave.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 7 - 1866

AGE

Years 67

Months 7

Days 14

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md.

13. NAME

Conrad. Wolf

14. BIRTHPLACE (city or town) (State or country)

Sum of

15. MAIDEN NAME

Catherine Wolfenbarger

16. BIRTHPLACE (city or town) (State or country)

Balto Md.

INFORMANT

Mr. Chas. Wolf

(Address)

453 Augusta Ave

BURIAL, CREMATION, OR REMOVAL

Place

Loran

Date

6/24 1934

UNDERTAKER

(Address)

L. F. M. & Son

130 E. Fort Ave

FILED

1241934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4 1934 to May 21 1934

I last saw her alive on May 21 1934 Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension
Myocarditis Chronic
Cerebral Hemorrhage

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation

None

Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Eliot W. Johnson M. D.

(Address)

3432 Endicott Ave

Registrar

F 01625

F 01625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Luzerne St. Ward 131)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary E. Street Bulket

(a) Residence: No.

719 N. Luzerne St., C Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
M. W.	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Joseph J. Bulket

DATE OF BIRTH (month, day, year)

Feb 13 - 1881

AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME

Bulket

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Bulket

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

(Address) 719 N. Luzerne St.

BURIAL, CREMATION, OR REMOVAL

Buried Date Feb 24, 1934

UNDERTAKER

(Address) 2305 Thacker St.

FILED

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21 to May 21, 1934

I last saw ~~her~~ alive on May 21, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular - Renal
 Disease
 Hypertensive

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis Krause

M. D.

(Address) Med. Bldg.

F 01626

F 01626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Bethel St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME Miss KATIE KINLING

(a) Residence: No. 1807 N. Bethel St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

DATE OF BIRTH (month, day, year) June 18, 1872

AGE Years Months Days If LESS than 1 day, hrs. or min. 61 11 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Philip Kinling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Heimes

16. BIRTHPLACE (city or town) (State or country) Germany

7. INFORMANT Mr. Wm. Kinling (Brother) (Address) 500 S. Broadway

8. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery May 22, 1934

9. UNDERTAKER HENRY SANDER & SONS, INC. Baltimore & Broadway.

22-1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to May 20, 1934, 1934

I last saw her alive on May 19, 1934 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1932
Chronic Myocarditis 1933
Diabetes 1928

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Albert S. Sinsheimer, M. D.

(Address) 1613 E. North Ave.

F 01627 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)Length of residence in city or town where death occurred: 75 yrs. 6 mos. 29 days. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widoweda. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. MagruderDATE OF BIRTH (month, day, year) Oct 4, 1860
AGE 73 Years 67 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto13. NAME Thomas Brady14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Elizabeth Fulton16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Reeds (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Coastal Park Date May 23, 193419. UNDERTAKER (Address) Chas. E. Keelmer 1532 Hollins St.22-1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21-193422. I HEREBY CERTIFY, That I attended deceased from 5-19-1934 to 5-21-1934I last saw him alive on 5-21-1934 Death is said to have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Chronic Hypertension

Date of onset

5-19-34

Other contributory causes of importance:

Arteriosclerosis generalized

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Hartford Eichert M. D.
Johns Hopkins Hospital

F 01628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Princeton Hospital 4-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Frank Williams 755 W. Saratoga St.* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of *Grace Williams*DATE OF BIRTH (month, day, year) *1889*AGE Years Months Days If LESS than 1 day, hrs. or min.
45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) *Mass.*13. NAME *W. G. ...*14. BIRTHPLACE (city or town) (State or country) *W. G. ...*15. MAIDEN NAME *W. G. ...*16. BIRTHPLACE (city or town) (State or country) *W. G. ...*7. INFORMANT *Grace Williams*(Address) *755 Saratoga St.*

8. BURIAL, CREMATION, OR REMOVAL

Place *Not Gilbo Cem.* Date *5/24* 19*34*9. UNDERTAKER *Samuel T. Hemmley*(Address) *58 W. Biddle St.*

Y 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-20-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *5-11-34*, 19, to *5-20-34*, 19.I last saw him alive on *5-26-34*, 19. Death is said to have occurred on the date stated above, at *9:50 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Arteriosclerosis
Myocardial Infarction**7 mos. ago*

Other contributory causes of importance:

not sure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) *William ...*(Address) *Princeton Hospital*

M. D.

F 01629

F 01629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St Agnes Hospital
Wilkins + Caton St. 25-01
Ward

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Girl Welch

(a) Residence: No.

Relay, Md

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 20, 1934

AGE

Years

Months

Days

If LESS than
1 day, 10 hrs.
or 45 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Md

13. NAME

Layton Edgar Welch

14. BIRTHPLACE (city or town)
(State or country)Relay
Md

15. MAIDEN NAME

Myrtle Callahan

16. BIRTHPLACE (city or town)
(State or country)Relay
Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place for burial Grounds Date May 21, 1934

19. UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 20, 1934, to May 20, 1934.I last saw him alive on May 20, 1934 Death is said
to have occurred on the date stated above, at 3:45 p.m.The principal cause of death and related causes of
importance were as follows:

Premature Birth

Date of onset
3/19/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Lamont S. Shanderson, M. D.
St. Agnes Hospital

(Address)

F 01630

01630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 - E. - 25th. St. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of age and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME

Winifred Farren

(a) Residence: No.

1620 - E. 25th. St. St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Patrick J. Farren (or) WIFE of

DATE OF BIRTH (month, day, year) 6/16/1864

AGE 69 Years Months 11 Days 4 If LESS than 100 or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Ireland.

12. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT Bernard Farren (Address) 1620 - E. 25th. St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer

Date 5/23/34 19

UNDERTAKER

(Address)

Y 22 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 - 1934

22. I HEREBY CERTIFY. That I attended deceased from April 16 - 1934 to May 21 - 1934

I last saw her alive on May - 12, 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

myocarditis -

Date of onset

Other contributory causes of importance:

Bunchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. G. Hall
1631 E. North Av

M. D.

F 01631

1631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 W. Barre

S. 77-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sarah Newby

(a) Residence: No. 645 W. Barre

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male Col. Married

If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Maria Newby

DATE OF BIRTH month, day, year 4/18/94

AGE Years Days If LESS than 1 day, hrs. or min. 39 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic work

10. Date deceased last worked at this occupation (month, year) 4/30/34

11. Total time (years) spent in this occupation 17 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Sarah Newby

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Maria Newby

(Address) 645 W. Barre

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/24/34

UNDERTAKER James A. Hayes

(Address) 142 W. Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/34

22. I HEREBY CERTIFY That I attended deceased from 5/10/34 to 5/21/34

I last saw her alive on 5/21/34 Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 5/10/34

Other contributory causes of importance:

Exposure 5/10/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) J. J. Surran M. D.

(Address) 22 N. Arlington Ave

1934

F 01632

1632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N Bond St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Maria Lee

(a) Residence: No. 1014 N Bond St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

1. married, widowed, or divorced

(or) WIFE of Yes Lee

DATE OF BIRTH (month, day, year) unknown

AGE approx 62 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 70

BIRTHPLACE (city or town) Va (State or country)

13. NAME David Johnson

14. BIRTHPLACE (city or town) Richmond Va (State or country)

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Va (State or country)

INFORMANT Margaret Wright - (daughter)

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date May 23rd 1934

UNDERTAKER Mrs Robert and Daughters

(Address)

FILED

2 1632

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 20, 1934.

I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Primary) 7/10/34

Other contributory causes of importance:

Pleurisy and Hemoptysis

Name of operation none

Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

F 01633

1633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

811 Low

ST.

5-01

WARD)

FULL NAME

Sadie Alcaresse

(a) RESIDENCE NO.

811 Low St.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

X

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

male white

widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of

Eleodoro Alcaresse

DATE OF BIRTH (month, day, and year)

July 24-1869

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

64

9

26

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Italy

NAME OF FATHER

Rosario Maggior

BIRTHPLACE OF FATHER (city or town)

(State or country)

Italy

MAIDEN NAME OF MOTHER

Rosaria Maggior

BIRTHPLACE OF MOTHER (city or town)

(State or country)

Italy

Informant

Alphonso Alcaresse

(Address)

811 Low St.

1934

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 20-1934

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 20, 1934

that I last saw her alive on May 20, 1934

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (Secondary) Chronic Interstitial nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano, M. D. May 22, 1934 (Address) 407 N. Euter

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

7 July Redeemer

20 UNDERTAKER

Chas. B. Kucharski

DATE OF BURIAL

5/23 1934

ADDRESS

637 S. Park

F/01634

HEALTH DEPARTMENT—CITY OF BALTIMORE

634

CERTIFICATE OF DEATH
 1. PLACE OF DEATH *Little Sisters of the Poor 1200 Valley St.*
 CITY OF BALTIMORE: (No. *10-01* Ward) Registered No. *82-001*

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.
 2. FULL NAME *Mary Kirchguener*

(a) Residence: No. *Little Sisters of the Poor - 1200 Valley St.* Ward. *10-01*
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced
 HUSBAND of *George Kirchguener*
 (or) WIFE of

DATE OF BIRTH (month, day, year) *31 March 1857*
 AGE Years *74* Months *1* Days *19* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

13. NAME *Christa Gork*

14. BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

15. MAIDEN NAME *Mary Meyer*

16. BIRTHPLACE (city or town) *Baltimore, Md.*
 (State or country)

INFORMANT *Sister Stanislas, Superior*
 (Address) *1200 Valley St., Balt. Md.*

BURIAL, CREMATION, OR REMOVAL
 Place *Holy Redeemer* Date *5/23* 19 *24*

UNDERTAKER *J. J. O'Connell*
 (Address) *1100 E. Baltimore*

FILE *1934* *Huntington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *20 May*, 19 *24*

22. I HEREBY CERTIFY, That I attended deceased from *May 18*, 19 *24*, to *May 20*, 19 *24*.

I last saw him alive on *May 18*, 19 *24*. Death is said to have occurred on the date stated above, at *10:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis 28.

Other contributory causes of importance:

Arteriosclerosis
Chronic Nephritis
Hypertension 28.

Name of operation *None* Date of *20*

What test confirmed diagnosis? *Phys.* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. O'Connell* M. D.

(Address) *1100 E. Baltimore*

1635

HEALTH DEPARTMENT—CITY OF BALTIMORE

W/01635

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N Port St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence (No. 8 N Port St., 6-01 Ward)

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced HUSBAND of (or) WIFE of Dora A.DATE OF BIRTH (month, day, year) Feb 22 1876

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

582328

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0212. BIRTHPLACE (city or town) (State or country) Balto.13. NAME John B.14. BIRTHPLACE (city or town) (State or country) Balto15. MAIDEN NAME ?16. BIRTHPLACE (city or town) (State or country) Balto17. INFORMANT George Chamberlain (Address) 8 N Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 23 193419. UNDERTAKER Martin E. C. C. C. (Address) 37 S. 1st St

21934

Registrar. H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 193422. I HEREBY CERTIFY, That I attended deceased from April 3 1934 to May 20 1934. I last saw him alive on May 20, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Radio-sensitization

Date of onset

about
May
1934

Other contributory causes of importance:

Name of operation noneDate of noWhat test confirmed diagnosis? ✓Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert H. H.(Address) 1937 Gough St

M. D.

M. F 01636

1636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 207

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Penna R.R. Yard near

CITY OF BALTIMORE: (No. Lomne's Lane & Penna R.R. 8-01 Ward)

Birth of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Frank H. Kulp

(a) Residence: No.

1108 N. Kenwood Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mary

DATE OF BIRTH (month, day, year) Oct 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stationary 6-20

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Engineer (Former)

8. Date deceased last worked at this occupation (month and year)

June 1933

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Bohemia

1. NAME

Unknown

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

John Moran (Funl Director)

BURIAL, CREMATION, OR REMOVAL

Place Lake Bell Cemetery Date May 22, 1934

UNDERTAKER (Address)

J. A. Moran
3000 Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on

about 9 P.M.

Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Lacerated brain-Multiple
Fractures of skull

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Probably accidental

Accident, suicide, or homicide? Date of injury , 19

Baltimore, Md.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Probably struck by train or

Manner of injury engine in R.R. yards

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

22 1934

Registered

1637

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01637

117-001

CERTIFICATE OF DEATH

PLACE OF DEATH

Bon Secours Hospital

CITY OF BALTIMORE: (No. 2000 W. Bayette St. 70-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city town where death occurred yrs mos ds.

FULL NAME

Bernard Omohundro

(a) Residence: No.

2522 Hollins St

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

W

Married

4. If married, widowed, or divorced, name of HUSBAND or WIFE

Mrs. Lillian Omohundro

5. DATE OF BIRTH (month, day, year) 6. AGE 7. Years 8. Months 9. Days 10. If LESS than 1 day, hrs. or min.

1/17/04

32

4

2

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Kodak

12. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Salesman

13. Date deceased last worked at this occupation (month and year)

Baltimore

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. NAME

Edgar L. Omohundro

16. BIRTHPLACE (city or town) (State or country)

Balto. Md

17. MAIDEN NAME

Berliah Benson

18. BIRTHPLACE (city or town) (State or country)

Balto. Md

19. INFORMANT

Mrs. Lillian Omohundro

(Address)

2522 Hollins St

20. BURIAL, CREMATION, OR REMOVAL

Western Cemetery

Place

May 23, 1934

21. UNDERTAKER

George L. Schunk

(Address)

2401 Enderish Ave.

23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19 34

22. I HEREBY CERTIFY, That I attended deceased from

5/14 19 34 5/19 19 34

I last saw him alive on 5/19 9 P m

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows

Encysted Peritonitis

Other contributory causes of importance:

Perforated Duodenal Ulcer

Name of operation

Repair of Perforation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo L. Kulacki M. D.

(Address) Bon Secours Hospital

F 01638

01638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Balti City Hospital* 18-01 Ward)Length of residence in city or town where death occurred: *31* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Ethel Hartl

(a) Residence: No.

126 S. Stockton St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. ~~Single~~ Married, ~~widowed~~ *Married*If married, ~~widowed~~ or ~~divorced~~

(or) WIFE of

August Hartl

DATE OF BIRTH (month, day, year)

July 5th 1855

AGE

78

Years

Months

10

Days

*16*If LESS than
1 day, hrs.
or min.6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Housewife*7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.*At Home*8. Date deceased last worked at
this occupation (month and
year)*X*11. Total time (years)
spent in this
occupation*X*BIRTHPLACE (city or town)
(State or country)*Hungary*

12. NAME

*Unknown*14. BIRTHPLACE (city or town)
(State or country)*Unknown*

13. MAIDEN NAME

*Unknown*16. BIRTHPLACE (city or town)
(State or country)*Unknown*

INFORMANT

August Hartl

(Address)

126 S. Stockton St

BURIAL, CREMATION, OR REMOVAL

Place

*St. Peters*Date *May 24th 1934*

UNDERTAKER

(Address)

*Wm Cook**1217 St Paul St.**123 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21st 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on

19

Death is said

to have occurred on the date stated above, at *3:40* m.The principal cause of death and related causes of
importance were as follows:*Broncho Pneumonia*

Date of onset

Other contributory causes of importance:

Accidental Fracture of R. Hip

Name of operation

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? *Yes* Date of Injury *5/17 1934*Where did injury occur? *126 S Stockton*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Home*Manner of Injury *Fell on floor*Nature of Injury *Fractured R. Hip*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. K. ... M. D.*(Address) *1205 N. ...*

F 01639

F 01639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mr Richard H. McCombe(a) Residence: No. *2519 Barclay*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Mrs. Richard H. McCombe*DATE OF BIRTH (month, day, year) *May 9, 1859*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. *75* *0* *12*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Iron-Parmaer Works*10. Date deceased last worked at this occupation (month and year) *1930*11. Total time (years) spent in this occupation *18*BIRTHPLACE (city or town) *Boston Mass.*

(State or country)

13. NAME *Thomas M. McCombe*14. BIRTHPLACE (city or town) *Ireland*

(State or country)

15. MAIDEN NAME *Lucy Walsch*16. BIRTHPLACE (city or town) *Ireland*

(State or country)

INFORMANT *Anna McCombe*(Address) *2519 Barclay St*

BURIAL, CREMATION, OR REMOVAL

Place *Trans. Burial Home May 24th 1934*UNDERTAKER *Wm. Cook*(Address) *1217 St. Paul St*

Y 23 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 14, 1934* to *May 21, 1934*I last saw him alive on *May 21, 1934* Death is said to have occurred on the date stated above, at *P.P.* m.

The principal cause of death and related causes of importance were as follows:

*Gangrenous Gall bladder
Pneumonia*

Date of onset

few days

Other contributory causes of importance:

*Pulmonary Congestion
Circulatory Failure*Name of operation *Cholecystectomy* Date of *5/12/34*What test confirmed diagnosis *operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Richard France*

M. D.

(Address) *Union Memorial Hospital*

D. B. 1968

F 01640

E 01640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *4 yrs.* mos. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2021 Woodberry Ave.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
<i>Male</i>	<i>White</i>	<i>Single</i>

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *Aug 1st 1931*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>2</i>	<i>9</i>	<i>21</i>		

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bark, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on *May 22/34* Death is said to have occurred on the date stated above, *May 22/34*

The principal cause of death and related causes of importance were as follows:

Measles
Bronchopneumonia
Bilateral Otitis Media
Bilateral Otitis Media

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

7231334

Registrar

D. B. 1268-5

F 01641

F 01641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto City Hospt

Length of residence in city or town where death occurred

U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

Henry Harry Muhl

(a) Residence: No.

6397 Rapallo St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Nov 13-1873

AGE Years Months Days If LESS than 1 day, hrs. or min.

60 6 9

6. Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc.

Steam boiler

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

April 1892

11. Total time (years) spent in this occupation 9

BIRTHPLACE (city or town) (State or country)

Balto. Md

13. NAME

George Muhl

14. BIRTHPLACE (city or town) (State or country)

Balto. Md

15. MAIDEN NAME

Mary Leubant

16. BIRTHPLACE (city or town) (State or country)

Balto. Md

INFORMANT (Address)

Balto. City Hospt. Records

BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

May 25 1934

UNDERTAKER (Address)

Wm. Cook 1217

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-22-1934

22. REBY CERTIFY. That I attended deceased from

1-19-1934 to 5-22-1934

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Atherosclerotic gangrene, right foot

Other contributory causes of importance:

Infection of amputation stump

Name of operation

Right leg

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

F 01642

F 01642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3108 Clearview Ave WARD 27-01)

2. FULL NAME

Mrs. Harrietta Eugenia Hensley

(a) RESIDENCE NO.

3108 Clearview Ave ST.

WARD

Harford Co. Md

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred Two yrs. 1 mos 20 ds.

How long in U. S. if of foreign birth? X yrs. X mos. X ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Widow

If married, widowed, or divorced

(or) WIFE of

Widow of Mr. H. M. Hensley

DATE OF BIRTH (month, day, and year) April 3, 1897

AGE

Years

Months

Days

IF LESS than 1 day, X hrs. or min.

87

yr.

1

17

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House wife at home

(b) General nature of industry, business, or establishment in which employed (or employer)

X

(c) Name of employer

X

BIRTHPLACE (city or town) (State or country)

Harford County, Md.

10 NAME OF FATHER Washington Doney

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Harford County

12 MAIDEN NAME OF MOTHER Mrs. Dove

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Harford County

Informant

H. F. Hensley, (son)

(Address)

3108 Clearview Ave, Balto

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20/34

17

I HEREBY CERTIFY, That I attended deceased for last fifteen years.

that I last saw her alive on May 19, 1934.

and that death occurred, on the date stated above, at 2:30 P.m.

The CAUSE OF DEATH* was as follows:

Cardiac mitral lesions, Arterio sclerosis. Acute pneumonia appeared to have been last few days.

CONTRIBUTORY (Secondary)

X

(duration)

yr.

mos.

ds.

18 Where was disease contracted If not at place of death?

at home

Did an operation precede death?

no Date of X

Was there an autopsy?

no

What test confirmed diagnosis?

General symptoms

(Signed)

O. B. Hoffman,

M. D.

5/20/34 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Abingdon Md May 23 1934.

20 UNDERTAKER

ADDRESS

John O. Mitchell Sons 1900 Eutan Place

AT 23 1934

Registrar

F 01643

F 01643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland San Hosp

CITY OF BALTIMORE: (No.

St., 14th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

James Burns

(a) Residence: No.

1501 Argyle Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 1. Color or Race Negro 2. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

1890

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

44

-

-

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Georgia

13. NAME

unknown

14. BIRTHPLACE (city or town) (State or country)

Geo

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

Geo

INFORMANT

(Address)

Elizabeth Burns 1501 Argyle Ave

BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn Date 5-23-34

UNDERTAKER

(Address)

Daniel Taylor 316 E. Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21-1934

22. I HEREBY CERTIFY. That I attended deceased from 5/18/34, 19 to 5/21/34, 19

I last saw him alive on 5/21/34, 19 Death is said to have occurred on the date stated above, at 11³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Tuberc pneumonia

Date of onset

5/18/34

Other contributory causes of importance:

Acute cardiac dilatation

Date of onset

5/21/34

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Dr. J. H. M. (Address) Md. San Hospital

F 01644

D. P. 1268-9

F 01644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

809 Somerset St. 10-01 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Roberts

(a) Residence: No.

809 Somerset St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F	4. Color or Race C	5. Single, Married, Widowed, or Divorced (write the word) Widowed
----------	-----------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mrs. [unclear]

DATE OF BIRTH (month, day, year)

Dec 9 1881

AGE

53

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Nathan Jones

14. BIRTHPLACE (city or town) (State or country)

St Mary's Co Md.

15. MAIDEN NAME

Sarah Ann Bryson

16. BIRTHPLACE (city or town) (State or country)

St Mary's Co Md

INFORMANT

Sarah Mc Coy (Daughter)

(Address)

410 N Central Ave

BURIAL, CREMATION, OR REMOVAL

Place

Cathedral Ceme

Date May 28, 1934

UNDERTAKER

Mrs. Robert A. Elliott & Son

(Address)

129 E. 2nd St

FILED

1334

Huntington, W. Va.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 1934, to May 20, 1934.

I last saw him alive on May 29, 1934. Death is said

to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

(urinary toxemia)

Other contributory causes of importance:

Hypertension, Paralysis, Injuries, and heart muscle

Name of operation

none

What test confirmed diagnosis? physical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

R. J. Young, M. D.

01645

HEALTH DEPARTMENT—CITY OF BALTIMORE

01645

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

President Hospital 16-41 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Roland Johnson Jr.

(a) Residence: No.

1103 N. Stricker St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

m Col Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Aug. 19, 1927

AGE Years Months Days 1 LESS than 1 day, hrs. or min.

6 9 2

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School out

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Baltimore Md

3. NAME

Roland Johnson Jr

4. BIRTHPLACE (city or town) (State or country)

Baltimore Md

5. MAIDEN NAME

Carrie Miller

6. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

Carrie Johnson

(Address)

1103 N. Stricker St

BURIAL, CREMATION, OR REMOVAL

Mt. Calvary

Place

Date 5/24 1934

UNDERTAKER

Walter B. Jones

(Address)

184 W. Hamilton St

FILED 1934

Baltimore, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw alive on 19 Death is said to have occurred on the date stated above, at 2:04 a.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset 5/19/34

Other contributory causes of importance:

Automobile Accident 5/19/34

Name of operation Date of

What test confirmed diagnosis? Date of

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide Date of injury 5/19, 1934

Where did injury occur? 1103 Block N Stricker St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Struck in auto while

Nature of injury playing on street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Johnson

(Address) 2200 E. Madison St

M. D.

Coroner

01646

HEALTH DEPARTMENT—CITY OF BALTIMORE

01646

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Earl Court Apt 5* St. *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63* yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

Earl Court Apt 5 St. *11-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of *Anne K Barlon*
(or WIFE of)

DATE OF BIRTH (month, day, year)

AGE *64* Years *7* Months *5* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MAY 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Dec 1933* to *May 22, 1934*I last saw him alive on *May 22, 1934*. Death is said to have occurred on the date stated above, at *11:30 pm*.

The principal cause of death and related causes of importance were as follows:

*Sarcoma with
genl. Metastases*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Walter A. Bach

M. D.

(Address)

1115 St Paul St

2-29-34 F.S. 200 Bks.
F 01647

✓ F 01647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 40471, Gilmore St ST., 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Butler

(a) RESIDENCE NO. 1404 N. Gilmore ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 7 4 COLOR OR RACE C 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

(If married, widowed, or divorced, name of husband or wife of William Butler

DATE OF BIRTH (month, day, and year) 2/15/1886

AGE Years 48 Months 3 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

a) Trade, profession or particular kind of work Domestic

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer Self Salisbury Md.

BIRTHPLACE (city or town, State or country)

10 NAME OF FATHER Thomas Dering

11 BIRTHPLACE OF FATHER (city or town, State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Breuninger

13 BIRTHPLACE OF MOTHER (city or town, State or country) Md.

Informant Ella Roberts (Address) 1404 N. Gilmore St

Filed 23 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/34

17 I HEREBY CERTIFY, that I attended deceased from May 8, 1934, to May 21, 1934, that I last saw her alive on May 20, 1934, and that death occurred, on the date stated above, at 2:16 A.M.

The CAUSE OF DEATH* was as follows: Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Medical - Lab. Exam (Signed) Wm H. Roberts M. D.

Address 515 N. Huntington Ave

*State the Disease Causing Death, or in deaths from violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Salisbury Md.

UNDERTAKER Chas G. Cooper

DATE OF BURIAL

5/24 1934

ADDRESS 514 N. Calhoun St.

D. B. 12004 F 01648

✓ F 01648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1347 Gorsuch Ave. 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME ELIZABETH E. WOLLSCHLAGER

(a) Residence: No. 1347 Gorsuch Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced—HUSBAND of (or) WIFE of Mrs. F. Wolschlag

DATE OF BIRTH (month, day, year) Oct. 9-1861 AGE 72 Years 7 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Lawrence King

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mrs. Davis. (Address) 1347 Gorsuch Ave.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date May 22/34

UNDERTAKER H. B. Wickett & Son (Address) 300 East Ave.

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1933 to May 20, 1934

I last saw her alive on May 19, 1934 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Cause of death Liver

Date of onset

1933

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. J. J. Cunningham M. D.

(Address) 2868 St. Johns Rd.

F 01649 Bks.

F 01649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3209 Gwynns Falls Pkwy 5-01

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds.

How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OF RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie B. Heiber

DATE OF BIRTH (month, day, and year) ap. 5-4 1870

AGE 64 Years 1 Months 17 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Salvage Corps 032

(c) Name of employer Baltimore Md

BIRTHPLACE (city or town) Baltimore Md (State or country)

10 NAME OF FATHER Wm Heiber

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

Informant Mrs Fannie B. Heiber

(Address) 3209 Gwynns Falls Pkwy

23 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21-1934

17 I HEREBY CERTIFY, That I attended deceased from about 1 year Sept to 5-21-1934

that I last saw him alive on 5-21-34, 19 and that death occurred, on the date stated above, at 5-P m.

The CAUSE OF DEATH* was as follows:

Coronary Heart Disease Hypertension Arterio Sclerosis

CONTRIBUTORY Indefinite (duration) yrs. mos. ds.

(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Micro

(Signed) W.K. Somers, M. D.

1922-1934 (Address) 1700 Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Baltimore Cemetery

20 UNDERTAKER

Chas. E. French 808 Madison Ave

DATE OF BURIAL

May 24 1934

ADDRESS

F 01650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Md Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Marble House* St. *11-01* Ward)Length of residence in city or town where death occurred yrs. mos. *2 1/2* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Eliza Brown

(a) Residence: No. *4 South Chip* St. *Dundell* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed or divorced, HUSBAND of (or) WIFE of *Rose L Brown*DATE OF BIRTH (month, day, year) *July 10, 1891*AGE Years *43* Months *3* Days *12* If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Steel Worker*7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Bethlehem Steel*

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

*Ohio*12. NAME *Albert Brown*

14. BIRTHPLACE (city or town) (State or country)

*Ohio*15. MAIDEN NAME *Rachael Cook*

16. BIRTHPLACE (city or town) (State or country)

*Ohio*INFORMANT *Mrs Rose L Brown* (Address) *4 South Chip*

BURIAL, CREMATION, OR REMOVAL

Place *Beaumont Bur. on May 23*

UNDERTAKER

(Address)

*John Ullrich**Beaumont Bur. on May 23*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *5/21/34* 19 to *5/22/34* 19. last saw him alive on *5/21/34* 19. Death is said to have occurred on the date stated above, at *10:45* a.m.

The principal cause of death and related causes of importance were as follows:

Depressed fracture of skull

Date of onset

Other contributory causes of importance:

*Acute Colic decompression*Name of operation *decompression*Date of *5/22/34*

What confirmed diagnosis?

Was there an autopsy?

If death was due to external cause (violence) or in any other way, specify: *Scripture May 21, 1934*Where did injury occur? *Bethlehem Steel* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Bethlehem Steel*Manner of injury *was closing windows*Nature of injury *and fell 15 feet*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. C. Prater* M. D.(Address) *Md Gen. Hospital*

129
F 01651

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ M F 01651

CERTIFICATE OF DEATH

209

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Emanuel H. Wertz

(a) Residence: No. 2907 Northern Parkway St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX le 4. Color or Race white 5. Single, Married, Widowed, or Divorced Married (If the ward)

If married, widowed, or divorced

HUSBAND of Aug 14/1850
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>9</u>	<u>8</u>	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Store Keeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Frederick Co., Md.
(State or country)

3. NAME Michael Wertz

4. BIRTHPLACE (city or town) Md
(State or country)

5. MAIDEN NAME Elizabeth Hershey

6. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Mrs. E. Carroll Barrett
(Address) 2907 Northern Parkway

BURIAL, CREMATION, OR REMOVAL

Place Abtatslour Bg Date 5/24/34

UNDERTAKER E. J. Harrington & Son
(Address) 1938 E. Lafayette Ave.

REGISTRAR Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on noon 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia

Date of onset

Other contributory causes of importance:
Fractured Ribs

5/12/34

Name of operation Date of no

What test confirmed diagnosis clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accidental 5/12/34

Accident, suicide, or homicide Date of injury Baltimore, Md.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by street car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no special (Signed) J. H. H. H. M. D.
(Address) 508 E. North Ave.

F 01652

F 01652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Essex St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2217 Essex St., 1-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) —If married, widowed, or divorced
HUSBAND of
WIFE ofDATE OF BIRTH (month, day, year) Aug 23 - 33AGE Years Months Days If LESS than 1 day, hrs. or min.
98 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MOTHER'S NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

FILE NO.

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 14, 1934 to May 21, 1934I last saw him alive on May 21, 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

malnutrition
edema
bronchopneumonia
primary

Date of onset

2 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01653

F 01653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12733 HOPKINS HOSPITAL

St. 6-01 Ward

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1827 Orleans St.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1-1933

AGE 1 Years 14 Months 20 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland (State or country)

13. NAME Charles Campbell

14. BIRTHPLACE (city or town) VA (State or country)

15. MAIDEN NAME Catharine Buck

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Records (Address) HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Date May 23 1934

9. UNDERTAKER (Address) 1515 McEldowne St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-16-1934 to 5-21-1934

I last saw him alive on 5-21-1934 Death is said to have occurred on the date stated above, at 11:15 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

5-13-34

5-1-34

Other contributory causes of importance:

5-2-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAY 23

F 01654

D. B. 1968-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01654

160-002

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Bon Secours Hosp. 20-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Boy Miele

(a) Residence: No.

202 E. Susquehanna Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex male 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

5-21-34

AGE

Years

Months

Days

If LESS than
1 day 14 hrs.
or min.4. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

5. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.6. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Henry Miele

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

15. MAIDEN NAME

Sally Miele

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

INFORMANT

Bon Secours Hospital

BURYAL, CREMATION, OR REMOVAL

Place

Woodlawn Cem.

6/23/34

UNDERTAKER

(Address)

Fulton Ave. Baltimore

23 1934

Huntington Williams & Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-21-34, 19, to 5-22-34, 19.

I last saw him alive on 5-22-34, 19. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

over

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Robert W. Allison

M. D.

(Address)

Bon Secours Hospital

D. 01656

F 01656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 P. Furrow

St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.mos.ds. How long in U. S. If of foreign birth? yrs.mos.ds.

2. FULL NAME

James Hensel

(a) Residence: No. 416 P. Furrow

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 20, 1934 to May 22, 1934

I last saw him alive on May 22, 1934. Death is said
to have occurred on the date stated above, at 2:00 p.m.The principal cause of death and related causes of
importance were as follows:

Measles

Date of onset
May 15, '34

Other contributory causes of importance:

Bronchopneumonia

2 days

Name of operation None Date of May 22, 1934What test confirmed diagnosis Central findings Was there an autopsy No23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Henry Jones White M. D.(Address) 2030 W. ...

23 1934

Huntington Williams

1657

HEALTH DEPARTMENT—CITY OF BALTIMORE

1657

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 S. Castel Street St. 2-04 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia Ballistreri

(a) Residence: No. 228 S. Castel Street

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 16 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	-	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Albert Ballistreri

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

15. MAIDEN NAME Harriet Lenz

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)INFORMANT Mr. Albert Ballistreri (Father)
(Address) 228 S. Castel Street

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cms Date May 24, 1934

UNDERTAKER

(Address)

FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY That attended deceased from May 16, 1934 to May 21, 1934

I last saw her alive on May 21, 1934. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Broncho-Pneumonia
(Primary)

Date of onset

5/16/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01658

58

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

of BALTIMORE: (No. _____)

2-FULL NAME

ADAM WASIEWSKI

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(A) RESIDENCE NO. 1729 Bank Street

St. _____ Ward _____

(Usual place of abode)

40 yrs.

mos.

ds.

(If non-resident give city or town and State)

40 yrs.

mos.

ds.

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Married

1 married, widowed, or divorced

HUSBAND of
(or) WIFE of

STANISLAWA E. WASIEWSKI

DATE OF BIRTH (month, day, and year)

1880

AGE

Years

Months

Days

IF LESS than
1 day.....hrs.
or.....min.

54

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

Poland

(State or country)

10 NAME OF FATHER

Stanislaus Wasiewski

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Poland

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Poland

Informant Mrs. Stanislaw E. Wasiewski
(Address) 1729 Bank Street

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.

thereon and from the evidence obtained by said Inquest, autopsy or inquiry.

Inquest, autopsy or inquiry And that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure

(duration)yrs.mos.ds.

CONTRIBUTORY (Secondary)

(Signed) P. S. Haggerty M. D.
(Coroner)

4/13, 1934 (Address) 305 N. Patterson St. Am

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Holy Rosary Cem May 25 1934
ADDRESS

20 UNDERTAKER

John M. Weber 401 S. Chester St

23 1934

Huntington Williams

F 01659

F 01659 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *425 N. Exeter* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *life* yrs. mos. ds.

How long in U. S. If of foreign birth: yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *425 N. Exeter* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *em.* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

April 5 1933

DATE OF BIRTH (month, day, year)

AGE *One* Years *1* Months *17* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore Md.*
(State or country)13. NAME *Rosario Onteri*14. BIRTHPLACE (city or town) *Italy*
(State or country)15. MAIDEN NAME *Maria Versalona*16. BIRTHPLACE (city or town) *Italy*
(State or country)INFORMANT *Rosario Onteri*
(Address) *425 N. Exeter St.*BURIAL, CREMATION, OR REMOVAL *Holy Redeemer* May 24 1934
Place DateUNDERTAKER *Frank Della Voce*
(Address) *52 N. Morley St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1934*22. I HEREBY CERTIFY. That I attended deceased from *May 9th, 1934* to *May 22, 1934*I last saw him alive on *May 22, 1934* Death is said to have occurred on the date stated above, at *9:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Apoplexy
Broncho pneumonia

Date of onset

*5/6/34**5/19/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Samuel E. Boyard* M. D.
(Address) *Sydenham Hospital*

23 1934

F 01660

F 01660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sydenham Hospital
St. 70-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ethel Parker

(a) Residence: No.

321 N. Bruce

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

colored

5. Single, Married, Widowed, or Divorced (write the word)

Baby

If married, widowed, or divorced
HUSBAND or
(or) WIFE

DATE OF BIRTH (month, day, year)

Feb. 7, 1933

AGE

Years
1Months
3Days
15If LESS than
1 day, hrs.
or min.6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore, Md

12. NAME

Arthur Parker

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

15. MAIDEN NAME

Myrtle Brown

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

INFORMANT

(Address)

Arthur Brown
321 N. Bruce St

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

FILED

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

(May 22, 1934)

22. I HEREBY CERTIFY, That

attested deceased from

May 21, 1934, to May 22, 1934

I last saw her alive on May 22, 1934. Death is said

to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of
importance were as follows:Pneumonia
BronchopneumoniaDate of onset
May 17
May 19

Other contributory causes of importance:

None

Name of operation

None

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

None

Date of injury

10

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Harry Pachman
Sydenham Hospital

M. D.

01661 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01661

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Lancaster St. Ward) City Harbor.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME Charles T. Kirmse.(a) Residence: No. 509 S. Patterson Pk. Ave. 2 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of NoneDATE OF BIRTH (month, day, year) Sept. 20/1916
AGE Years Months Days If LESS than 1 day, hrs. or min.
17 8 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Adolf Kirmse14. BIRTHPLACE (city or town) Balto. Md.
(State or country)15. MAIDEN NAME Elizabeth Tauback16. BIRTHPLACE (city or town) Balto. Md.
(State or country)INFORMANT Elizabeth Johnson.
(Address) 509 S. Patterson Pk. AveBURIAL, CREMATION, OR REMOVAL
Place Sacred Heart. Date May. 25, 34UNDERTAKER William J. Williams
(Address) 123 S. Williams

FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 193422. I HEREBY CERTIFY, That I attended deceased from
19 to 19I last saw h. alive on 19 Death is said
to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

accidental Drowned

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Aut. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 5/21, 1934Where did injury occur? Foot of Lancaster St.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Public PlaceManner of injury AsphyxiationNature of injury Asphyxiated

24. Was disease or injury in any way related to occupation of deceased?

If no, specify No

(Signature)

(Address) 305 N. WilliamsM. D.
Coroner

F 01662

1662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

4805 Morella Road St., 27th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

FULL NAME

Elizabeth Brockhoff

(a) Residence: No.

4805 Morella Road St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Gerhard Brockhoff

DATE OF BIRTH (month, day, year)

Nov. 23rd 1864

AGE

69

Years

7 5

Months

Days

29

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Ganselmann

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Gerhard Brockhoff
4805 Morella Road

BURIAL, CREMATION, OR REMOVAL

Place

Morland Park, Date May 26, 1934

UNDERTAKER

(Address)

Lilly & Zeller Inc
403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1934, to May 22nd, 1934I last saw him alive on May 22nd, 1934 Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Mitral Insufficiency

Other contributory causes of importance:

Coronary Thrombosis

Date of onset

May 22nd
34

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Annula J. Giering M. D.

(Address) 1900 Eastern Ave.

MAY 23 1934

MAY 23 1934

01663

01663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospitals* St. *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *49* yrs. *19* mos. *19* da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mildred Adams

(a) Residence: No.

*4119 E. Lombard*St. *26* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Howard Adams*

DATE OF BIRTH (month, day, year)

Sept 6 1914

AGE

19

Years

Months

8

Days

*16*If LESS than
1 day. hrs.
or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

House Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Carroll Co. Md.*

9. NAME

*Edw. Bell.*10. BIRTHPLACE (city or town)
(State or country)*Balto.*

11. MAIDEN NAME

*Kath. Geckeler*12. BIRTHPLACE (city or town)
(State or country)*Balto. Md.*

INFORMANT

Howard Adams

(Address)

4119 E. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place

Interred East Cem. Date May 25 1934

UNDERTAKER

(Address)

*Lilly & Zeller, Inc.**403 E. 5th St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22nd*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

, 19*34*, to, 19*34*

I last saw him alive on

, 19*34*

Death is said

to have occurred on the date stated above, at *1 P.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *live* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury, 19*34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Morgan, M.D.

Coroner

(Address) *1305 N. Baltimore St.*

FILED

MAY 23 1934

F 91664

D. B. 1268-9

01664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Women's Hospital 20-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mena Travers

(a) Residence: No. 505 Poplar Grove St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write word) ~~Married~~ Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbert J. Travers

DATE OF BIRTH (month, day, year) Oct. 20, 1892 AGE Years 41 Months 7 Days 4 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James F. Morgan

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Theresa E. Willing

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT J. Calvin Morgan (Address) 14 E. Lexington St.

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date May 25, 1934

UNDERTAKER E. Leroy Stiffler, & MC. (Address) 12-5 E. North Ave.

1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

I HEREBY CERTIFY, That I attended deceased from May 18, 1934, to May 23, 1934

I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Adhesive Pericarditis

Date of onset 11/1/34

Other contributory causes of importance: Post Operative Shock

Name of operation Cholecystectomy Appendectomy Date of 5/19/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Beverly C. Compton M. D. (Address) Woman's Hospital

1665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Eresham St., 27-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mo. da. How long in U. S. If foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 717 Eresham Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date 5/24/1934

UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1933, to May 21, 1934

last saw her alive on May 21, 1934 Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
General Arteriosclerosis
Arterial Hypertension
Cerebral Insufficiency

Date of onset

24
Dec
30

Other contributory causes of importance:

Coronary Dilatation

30
May
31

Name of operation

Date of

What test confirmed diagnosis? Biopsy of heart

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

Albert Rosenberg M. D.
2025 E. North Ave

1666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134th. Castle St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3rd mos. da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 134th. Castle St. 6-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
 If married, widowed, or divorced
 (or) WIFE of Peter Finnegan

DATE OF BIRTH (month, day, year) Feb. 20-1910

AGE Years 24 Months 3 Days 1 If LESS than 1 day, hrs. ... or min. ...

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03710. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...BIRTHPLACE (city or town) (State or country) City13. NAME Friedrich Brist14. BIRTHPLACE (city or town) (State or country) City15. MAIDEN NAME Augusta Schumann16. BIRTHPLACE (city or town) (State or country) CityINFORMANT Barrie E. McIntire
(Address) 134th. Castle St.BURIAL, CREMATION, OR REMOVAL
Place Balt. Date 3/24/1934UNDERTAKER John A. Moran
(Address) 300 E. Baltimore St.1934 Thurston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-34

22. I HEREBY CERTIFY, That I attended deceased from 5-17-34 to 5-21-34
 I last saw him alive on 5-21-34 Death said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Mountain Spleen Fever
 Other contributory causes of importance:

Date of onset

Name of operation None Date of operation ...What test confirmed diagnosis ... Was there an autopsy? ...23. If death was due to external causes (violence) fill in also the following: ... Date of injury ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ...Cause of injury ...24. Was disease or injury in any way related to occupation of deceased? ...If so, specify ...(Signed) Thurston Williams, M.D.(Address) ...

667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01667

CERTIFICATE OF DEATH

PLACE OF DEATH 800 S. Luzerne Ave

CITY OF BALTIMORE: (No. _____)

St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME ~~Leopold Ciemny~~ Leopold Ciemny

(a) Residence: No. 800 S. Luzerne Ave

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *A*If married, widowed, or divorced:
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 30-1932*AGE Years Months Days If LESS than 1 day, hrs. or min.
2 22 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*13. NAME *Leopold Ciemny*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*15. MAIDEN NAME *Victoria Ciemny*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*INFORMANT *Leopold Ciemny*
(Address) *800 S. Luzerne Ave*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Rosary* Date *5-24* 19*34*UNDERTAKER *John J. Duda*
(Address) *2111 Hudson St*0 1934 *Washington Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *May 23* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 9* 19*34* to *May 23* 19*34*I last saw him or alive on *May 22* 19*34*. Death is said to have occurred on the date stated above, at *6 a.* m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia *5/21/34*

Other contributory causes of importance:

Measles *5/2/34*Name of operation *none* Date of *none*What test confirmed diagnosis? *Phys. Ex.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury _____ 19____

Where did injury occur? *NO* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify *none*(Signed) *Jos. A. Rosenblatt* M. D.(Address) *3018 O'Donnell St*

D. B. F 01668

Amenollo

F 01668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 13-002

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.

St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs.

all 3 mos

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Patty Amenollo

(a) Residence: No.

312

S. Eden St.

Ward

Carle Penna

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

10-30-33

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

16

22

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Maryland coral pa

13. NAME

Frank Amenollo

14. BIRTHPLACE (city or town)
(State or country)

Pa

15. MAIDEN NAME

Rose Statito

16. BIRTHPLACE (city or town)
(State or country)

Pa

INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer 5/24/34

UNDERTAKER

(Address)

Mendell J. Lippel
300 S. Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-22-34

22. I HEREBY CERTIFY. That I attended deceased from
5-19-34 to 5-22-34I last saw him alive on 5-22-34 Death is said
to have occurred on the date stated above, at 2:15 p.m.The principal cause of death and related causes of
importance were as follows:

Dysentery (acute bacillary?) 4/12/34

Other contributory causes of importance:

Stolic media, bilateral 4/9/34

Name of operation

none

Date of

What test confirmed diagnosis?

Stool

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

10

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Arthur H. Hurd

M. D.

(Address)

Johns Hopkins Hospital

24 1934

F 01669

F 01669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital 4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 0 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds. X

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Lawrence Walzer

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

0

24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

United Railway

10. Date deceased last worked at this occupation (month and year)

1927(1. Total time (years) spent in this occupation *40*)

BIRTHPLACE (city or town) (State or country)

Finksburg Maryland

13. NAME

Louis Walzer

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Christine Lee Bate?

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

(Address)

Mrs. Lawrence Walzer

BURIAL, CREMATION, OR REMOVAL

Place

Mt Olivet

Date

May 25, 1934

UNDERTAKER

(Address)

Tom Cook 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*April 18, 1934, to May 22, 1934*I last saw him alive on *May 22, 1934*. Death is said to have occurred on the date stated above, at *12:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance

Scrubty

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Mayer H. Suravim* M. D.

(Address)

Mercy Hospital

24 1934

F 01670

F 01670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2532 Mc Henry St. 20-01 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Herman A. Berger

(a) Residence: No. 2532 Mc Henry St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

17. ~~Widowed, or divorced~~ HUSBAND of Amelia H. BergerDATE OF BIRTH (month, day, year) May 1st 1847

AGE 87 Years 0 Months 21 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

(Address)

Mrs. John Board 2532 Mc Henry St

BURIAL, CREMATION, OR REMOVAL

Place

Western

Date May 24th 1934

UNDERTAKER

(Address)

Wm. Cook 1217 St. Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to May 22, 1934

I last saw him alive on May 21, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset 1930

Other contributory causes of importance

Mitral insufficiency 1931

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. Byrd 616 Woodington St

(Address)

4 1934

F 01671

F 01671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 578-W-Biddle ST. 7-01 WARD)

2-FULL NAME Ella V. Barrett

(a) RESIDENCE NO. 578-W-Biddle (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE colored Single, Married, Widowed, or Divorced, (write the word) Married
If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 17 1879
AGE Years 8 Months 4 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Harford Co. Md.

10 NAME OF FATHER

Augusta Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Harford Co. Md.

12 MAIDEN NAME OF MOTHER

Sarah Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Md.

Informant (Address)

Andrew Benson Harford Co. Md.

24 1934

Huntington Williams Reg. str.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21-34

17 I HEREBY CERTIFY, That I attended deceased from 4-26-1934 to 5-21-1934 that I last saw her alive on 5-20-34 and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

CONTRIBUTORY (Secondary) Acute Nephritis (duration) yrs. mos. 28 ds. (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of -

Was there an autopsy? No

What test confirmed diagnosis? Blood, Urine, Feces

(Signed) H. A. Cargill M. D.

5-23-34 (Address) 611-W. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes (a) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAR 1117 Zion Lane Harford Co.

DATE OF BURIAL

5/24 1934

ADDRESS

578 W. Biddle

UNDERTAKER Samuel T. Hensley

F 01672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

PLACE OF DEATH
HOSPITAL: (No. Hopkins Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth.....yrs.....mos.....ds.

FULL NAME

(a) Residence: No. 619 N³ Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9/33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	14	

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....

none

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

11. PLACE (city or town) Balto., Md.
(State or country)

NAME Stanislaus Schiminger

BIRTHPLACE (city or town) Balto., Md.
(State or country)

MAIDEN NAME Gertrude Turck

BIRTHPLACE (city or town)
(State or country) Balto., Md.

FORMANT Father
(Address) 619 N. Glover St

Place Holy Redeemer Date May 31, 1953

NDERTAKER *Thompson & Sons, Inc.*
(Address) *1301 E. Emerson St.*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/34, 19

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 10.20 m. A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia following Measles

Date of onset

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of Injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Ed. J. Dwyer M. D.
(Address) 2086 York Ave Corner

D. F 01673

F 01673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Baltimore City Hosps

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Balto md

St. 10-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Amanda M. Clay

(a) Residence: No.

724 Kierche Court

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	2			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Harford Co. Maryland

13. NAME

Stephen Pearson

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Rebecca Howard

16. BIRTHPLACE (city or town)
(State or country)

Maryland

INFORMANT

(Address)

Records, Baltimore City Hosps.

BURIAL, CREMATION, OR REMOVAL

Place

Mt Calvary

Date

May 24 1934

UNDERTAKER

(Address)

Mrs. R. A. Elliott
1129 N. Caroline

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5 20 1934

22. I HEREBY CERTIFY That I attended deceased from

5 20

19 34 to

5 20

19 34

I last saw her alive on 5 20 1934 Death is said

to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

17 months

Other contributory causes of importance:

Cerebral Cerebro Sclerosis

2

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Mary J. Edmuth
Baltimore City Hospital

M. D.

24 1934

F 01674

F 01674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 E. Eager Street St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Joseph J. Burke

(a) Residence: No. 808 E. Eager Street St. Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 22, 1891

AGE 42 Years 8 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Stephen Burke

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Sabina Kilalea

16. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT Sadie Burke (Address) 808 E. Eager Street

BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date May 25, 1934

UNDERTAKER R. H. Niederer (Address) 914 Greenmount Ave

FEB 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1934, to May 22 1934

I last saw him alive on May 21 1934. Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Cardiac debilitation - Myocarditis -

Date of onset 3-1-1934

Other contributory causes of importance:

Rheumatic endocarditis - Mitral insufficiency Pulmonary infarction

30 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

01675

Sisto Lavallucci

F 01675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

Date of residence in city or town where death occurred 25 yrs. 1630 mos. 9 ds.

FULL NAME

Sisto Lavallucci

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married

If married, widowed, or divorced

HUSBAND OF FILomena
(or) WIFE OF PAOLOWife unknown

DATE OF BIRTH (month, day, year)

March 10 1884

AGE

50

Years

Months

2

Days

12

If LESS than 1 day, hr. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Raker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Italy

12. NAME

UnknownPAOLO CAVALLUCCI13. BIRTHPLACE (city or town)
(State or country)Italy

14. MAIDEN NAME

UnknownBERNICE BONELLI15. BIRTHPLACE (city or town)
(State or country)ItalyINFORMANT
(Address)RecordsJOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Co. Date May 25, 1934UNDERTAKER
(Address)Frank Della Croce
52 N. Moxley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-193422. I HEREBY CERTIFY, That I attended deceased from 5-22-1934 to 5-22-1934I last saw him alive on 5-22-1934 Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows

Embolus of the liver
arterosclerotic nephritis
acute pulmonary edema
Uraemia

Date of onset

Sept. 19335/22/34

Other contributory causes of importance:

Hypertension & arterosclerosis
Hypertensive heart disease
Myocardial failureabout Jan '33

Name of operation

Embolectomy

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Henry D. Stettin

M. D.

(Address)

The Johns Hopkins Hospital

24 1934

F 01676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Maryland General Hospital

Ward)

Date of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

R. ELMER EVANS

(a) Residence: No. 1626 Linden Ave.
(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Single(If married, widowed, or divorced)
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) June 1st, 1930AGE Years Months Days
3 11 21 If LESS than 1 day, hrs. or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Annapolis Md.

12. NAME

James E. Evans14. BIRTHPLACE (city or town)
(State or country)Balto. Md.13. MAIDEN NAME Virginia D. Lacey16. BIRTHPLACE (city or town)
(State or country)Annapolis Md.INFORMANT
(Address)James Evans.1626 Linden Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 25th, 34

UNDERTAKER

(Address)

Chas. B. Grace & Son118 W. Mt. Royal Ave.

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22nd, 34

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on May 10th, 1934 Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Automobile Accident

Name of operation

none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes, (violence) fill in/also the following:

Accident, suicide, or homicide Accident Date of injury 5/9, 1934Where did injury occur? 1500 Blake Entaw Place
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Street AccidentManner of injury Struck by auto whileNature of injury playing in street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Joseph P. Horney
200 E. Madison St.

Coroner

M. D.

F 01677

Chas J Biemiller

✓ F 01677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

PLACE OF DEATH

TY OF BALTIMORE: (No. *University Hospital* 70-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Chas. J. Biemiller

(a) Residence: No. *408 Mt. Holly*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec 13, 1893*AGE Years *40* Months *5* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager Coal Dept*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *American Ice Co.*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *08 6*BIRTHPLACE (city or town) (State or country) *Balto. Md*12. NAME *C. Theo. Biemiller*14. BIRTHPLACE (city or town) (State or country) *Balto. Md.*15. MAIDEN NAME *Augusta Schneider*16. BIRTHPLACE (city or town) (State or country) *Balto. Md*INFORMANT *Augusta Biemiller*(Address) *408 Mt. Holly St*

BURIAL, CREMATION, OR REMOVAL

Place *Louisa Park* Date *May 25, 1934*UNDERTAKER *Mrs. Mrs. John W. Tindel, Lou*(Address) *801 W. Fayette St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 18, 1934* to *May 23, 1934*I last saw him alive on *May 23, 1934* Death is said to have occurred on the date stated above, at *5 A.M.*

The principal cause of death and related causes of importance were as follows:

*Pneumococcus meningitis*Date of onset *5/20*

Other contributory causes of importance:

Name of operation *Subcutaneous Resection* Date of *5/18*What test confirmed diagnosis? *Gram Stain* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If no, specify

(Signed) *Chas J Biemiller*(Address) *University Hospital*

M. D.

FILED

19

Registrar

F 01678

F 01678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Breitwint Ave Ward 9)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1934 Breitwint Ave Ward 9

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Margaret Smith
(or WIFE of)DATE OF BIRTH (month, day, year) Nov 25 1855AGE Years 78 Months 5 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Forman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Richas Furtenbach

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md.
(State or country)12. NAME Not Known14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Margaret Smith(Address) 1934 Breitwint Ave

BUTIAL, CREMATION, OR REMOVAL

Interment PKA Date 5/26/34UNDERTAKER Geo H. Leimbach(Address) 11 N. Lombard St24 1334

19

Date

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 193422. I HEREBY CERTIFY, That I attended deceased from May - 17th 1934 to May 23rd 1934I last saw him alive on May 23rd 1934. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypostatic Pneumonia
Both lungs

Other contributory causes of importance:

Inferior Bays

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Geo H. Leimbach

M. D.

(Address) 11 N. Lombard StVermon 2684

F 04679

F 01679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred: yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of

(or WIFE of)

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

General Paralysis of the insane

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

24 100 St. William, Md.

F 01680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01680

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital St., 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. *2* How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Rosemary Haley(a) Residence: No. *6923 Ridgeway Rd. Dundalk*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Female</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-------------------------	----------------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 8, 1929

AGE

Years
5

Months

Days
*15*If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Baltimore*

13. NAME

*Bess H. Haley*14. BIRTHPLACE (city or town)
(State or country)*MD*

15. MAIDEN NAME

*Janette Glenn*16. BIRTHPLACE (city or town)
(State or country)*MD*

INFORMANT

(Address)

*Bess H. Haley
6923 Ridgeway Rd*

BURIAL, CREMATION, OR REMOVAL

Place *Not Known*Date *May 25, 1934*

UNDERTAKER

(Address)

*John W. Williams
2008 Delaware*

FILED

Antony Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/23/1934*22. I HEREBY CERTIFY, That I attended deceased from *5/22/1934* to *5/23/1934*I last saw her alive on *5/23/1934* Death is said to have occurred on the date stated above, at *2:50 P.M.*

The principal cause of death and related causes of importance were as follows:

Branches Pneumonia.

Other contributory causes of importance:

*Acute Nephritis & Oedema
of kidneys
Bilateral Otitis media*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Chas. I. Taylor
University Hospital*

✓ F 01681

P. B. 01681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 P. Fenwood Ave Ward)

Length of residence in city or town where death occurred: 29 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 29 yrs. 0 mos. 0 ds.

2. FULL NAME

Louise Prokowsky Ward.

(a) Residence: No. 524 P. Fenwood Ave St., (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow
If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June - 25 - 1848
AGE Years 85 Months 10 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Edy Fenwood Ave

BURIAL CREMATION, OR REMOVAL

Place St. Marys Cemetery Date May - 24 - 1934

UNDERTAKER John C. Miller

(Address) 2535 E. Baltimore Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 20 - 1934
I HEREBY CERTIFY. That I attended deceased from April 27 1934 to May 20 1934
I last saw her alive on May 20 1934 Death is said to have occurred on the date stated above, at 7:05 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 4/27/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Edgar Zellert M. D.

(Address) 3739 Eastern Ave

AY 24 1934

04682

F 01682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St., **2-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME **Helen Taskulski**(a) Residence: No. **313 S. Washington** St., _____ Ward. **004**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **female** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **married**

If married, widowed, or divorced

HUSBAND of
(or) WIFE of**William**DATE OF BIRTH (month, day, year) **12/31/1892**AGE **41** Years **42** Months **4** Days **21** If LESS than 1 day, ____ hrs. or ____ min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

HousewifeBIRTHPLACE (city or town)
(State or country)**N.Y.**13. NAME **Henry Raitaga**14. BIRTHPLACE (city or town)
(State or country) **Poland.**15. MAIDEN NAME **Millie Skuder**16. BIRTHPLACE (city or town)
(State or country) **Poland**

INFORMANT

(Address)

Records.**JOHNS HOPKINS HOSPITAL**

BURIAL, CREMATION, OR REMOVAL

Place

St. StanislausDate **May 86th 1934**

UNDERTAKER

(Address)

George A. Weber
700 S. Ann St

FILED

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May 22 1934**22. I HEREBY CERTIFY, That I attended deceased from **April 24 1934** to **May 22 1934**I last saw her alive on **May 22 1934** Death is said to have occurred on the date stated above, at **6:00 P.M.**

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease
"Low Reserve Kidney"

Date of onset

June 1933
" 1933

Other contributory causes of importance:

Branchopneumonia**5-21-34**

Name of operation

Date of

What test confirmed diagnosis? **None** Was there an autopsy? **NO**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If _____

(Signed)

John Hopkins Hospital
a. Baptiste

01683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01683

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp*)

St. *13* Ward

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *50* yrs. mos. da. How long in U. S. If of foreign birth

FULL NAME

James Suinan

3630 Roland Ave. St.

Ward.

(If non-resident give city or town and State)

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

2. Date of Birth (month, day, year) *Aug 31 1864*

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Policeman*

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Policeman*

5. Date deceased last worked at this occupation (month and year)

6. BIRTHPLACE (city or town) (State or country) *Virginia*

7. NAME *Edward Suinan*

8. BIRTHPLACE (city or town) (State or country) *Ireland*

9. MAIDEN NAME *Hanora Mc Grow*

10. BIRTHPLACE (city or town) (State or country) *Ireland*

11. Informant *Reverend*

12. Informant (Address)

13. Burial, Cremation, or Removal *New Catholic*

14. Undertaker *Chenoweth*

15. Undertaker (Address) *3615 71 Street Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/22 1934*

22. I HEREBY CERTIFY, That I attended deceased from *5/18 1934* to *5/22 1934*

I last saw him alive on *5/22 1934* Death is said to have occurred on the date stated above, at *10:25 am*

The principal cause of death and related causes of importance were as follows:

Heart disease, arteriosclerosis, Hypertension, Coronary sclerosis, Myocardial failure

Other contributory causes of importance:

Broncho pneumonia, Arterial thrombosis, Left popliteal

Name of operation *None* Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *Richard France* M. D.

(Address) *Union Memorial Hosp.*

24 1934

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01684

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Mercy Hospital St., 13-01 Ward)Place of residence in city or town where death occurred 13-01 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME James P. Wheelera) Residence: No. 4138 Falls Rd St., 13-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. Married, widowed, or divorced Married
USAND of Bessie E. Wheeler
WIFE of7. DATE OF BIRTH (month, day, year) Oct 24, 18838. Years 50 Months 6 Days 28 If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Overseer10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.E. Hagerman11. Date deceased last worked at this occupation (month and year) 5 20 14 11. Total time (years) spent in this occupation 2812. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Michael Wheeler14. BIRTHPLACE (city or town) Baltimore (State or country) MD15. MAIDEN NAME Agnes Rutherford16. BIRTHPLACE (city or town) Baltimore (State or country) MD17. FORMANT Bessie E. Wheeler(Address) 4138 Falls Rd.18. BURIAL, CREMATION, OR REMOVAL Cathedral Date May 26, 193419. UNDERTAKER Chenoweth & Son(Address) 3615-17 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1934

22. I HEREBY CERTIFY. That I attended deceased from

19... to 19...

I last saw him alive on May 21, 1934 Death is saidto have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture Skull Date of onset 1 1/2 daAccidentFall down cellar stepsOther contributory causes of importance: at his homeHemorrhage - Brain 1 1/2 daName of operation yes Date of 4 22 34What test confirmed diagnosis? operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? at his home Date of injury 5 21, 1934Where did injury occur? at his home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Home fall down stepsManner of injury Fracture SkullNature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) James M. Fenton M. D. Coroner(Address) 13-01

Registrar.

✓ F 01685

01683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

Y OF BALTIMORE: (No.

St. 13-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mr. Geo. S. Krebs

(a) Residence: No.

3817 Hickey Ave

St. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

EX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

If married, widowed, or divorced

HUSBAND of Carrie S. Krebs

(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1, 1892

AGE 41 Years 7 Months 22 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 184

BIRTHPLACE (city or town) (State or country) Md.

3. NAME Wm. H. Krebs

4. BIRTHPLACE (city or town) (State or country) York, Pa.

5. MAIDEN NAME Laura E. Gies

6. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT John W. Krebs

(Address) 4023 Hathland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Wesley Chapel Co. Date May 26, 1934

UNDERTAKER Chingworth

(Address) 3415-17 E. Pratt St.

Regist. 24 100-15

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-19-1934 to 5-23-1934

I last saw him alive on 5-23-1934. Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

Tuber pneumonia

Date of onset 5-17-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. C. Trodor M. D.

(Address) 1000 Lee Ave

01686

F 01686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 W Lexington St., 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary Morris

(a) Residence: No.

2230 W Lexington St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Morris

DATE OF BIRTH (month, day, year)

May 10th 1869

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

65

0

13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Michael M. Sloan

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Sabina Gallagher

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT (Address)

Winfred M. Schuyler 2230 W Lexington St

BURIAL, CREMATION, OR REMOVAL

Place

New Catholic Grave 5/20 1934

UNDERTAKER (Address)

John J. Brown & Son 901 Hollins St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to May 23, 1934.

Last saw him alive on May 23, 1934. Death is said to have occurred on the date stated above, at 1:30 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

5/1/34

Other contributory causes of importance:

Arteriosclerosis, Chronic Arteriosclerosis

Name of operation

None

Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Lorton

M. D.

(Address)

888 W. Lombard St

24 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01687

93-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 877 W Fayette St. 18-01 Ward)

FULL NAME John J. McMahon

(a) Residence: No. 877 W Fayette St. (Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of face white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Kate McMahon (or) WIFE of

DATE OF BIRTH (month, day, year) June 24th 1856 AGE 78 Years 11 Months 24 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

8. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Michael McMahon

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Hannah Conroy

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mrs Kate McMahon 877 W Fayette St (Address)

BURIAL, CREMATION, OR REMOVAL Place North A Street 1934

UNDERTAKER John J. Conroy & Son 108 N Fulton St (Address)

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 26 1934 to May 23 1934. I last saw him alive on May 22 1934. Death is said to have occurred on the date stated above, at 7:45 AM

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Other contributory causes of importance:

Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. O'Neill 108 N Fulton Ave M. D.

(Address)

D. H. 1268-9
688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01688

121

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *7-01* Ward)

Length of residence in city or town where death occurred

FULL NAME

(a) Residence: No. *817 N. Luzerne Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color of Race *Wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced HUSBAND of *Mrs. Madeline Leland* (or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 31, 1902*
AGE *32* Years *8* Months *23* Days *2* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Radio Dispatcher*
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Police Dept. 061*
8. Date deceased last worked at this occupation (month and year) *5-16-34* 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *N. Y.* (State or country)

13. NAME *Patrick J. Leland*

14. BIRTHPLACE (city or town) *Ireland* (State or country)

15. MAIDEN NAME *Margaret Sullivan*

16. BIRTHPLACE (city or town) *N. Y.* (State or country)

INFORMANT *Mercy Hospital Records* (Address)

BURIAL, CREMATION, OR REMOVAL Place *New Cathedral Cn* Date *5/26/34*

UNDERTAKER *John J. Curran & Son* (Address) *401 Hollins St*

FILED *19* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-23-34* 19 *19*
22. I HEREBY CERTIFY, That I attended deceased from *5-17-34* 19 *19* to *5-23-34* 19 *19*

I last saw him alive on *5-23-34* 19 *19* Death is said to have occurred on the date stated above, at *1:35* A. M.

The principal cause of death and related causes of importance were as follows:
Volvulus Omentum (gangrenous)

Other contributory causes of importance:
Paralytic Ileus Nephritis

Name of operation *Excision of gangrenous omentum for appendectomy* Date of *5-17-34*

What test confirmed diagnosis? *Operation* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Joseph V. [Signature]* M. D.

(Address) *Mercy Hospital*

H. J. [Signature]

01688 HEALTH DEPARTMENT—CITY OF BALTIMORE

167 F 01689

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

Place of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. *Charles Harris* St. *700 W. Lexington* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*HUSBAND of *Mildred Harris* or WIFE ofDATE OF BIRTH (month, day, year) *Unknown*Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 040
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) *md.*
(State or country)

NAME

BIRTHPLACE (city or town) *md*
(State or country)MAIDEN NAME *Fannie B. Craft*BIRTHPLACE (city or town) *md*
(State or country)FORMANT *A. M. Snyder*

Funeral, CREMATION, OR REMOVAL

Funeral *Frederick* Date *May 26 1934*UNDERTAKER *A. M. Snyder*(Address) *int. City and*

FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24 - 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of head.

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in the following: *Suicide* 5/24 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Shot self in head*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Arthur J. Kelly* M. D.
(Address) *2739 Eastern Ave.*

Ida M. Ritz

F 01690

01690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193422. I HEREBY CERTIFY. That I attended deceased from
5-18-1934 to 5-22-1934I last saw him alive on 5-22-1934 Death is said
to have occurred on the date stated above, at 8:10 a.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Pneumococcus Meningitis 5/17/34

Other contributory causes of importance:

Sinnsitis -
Congenital Syphilis5/17/34
Birth

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

M. D.

MAY 24 1934

Registrar

F 01691

F 01691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

enroute to

Y OF BALTIMORE: (No.

Hopkins Hospital

St. 5-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Olive Harris

(a) Residence: No.

1417 May

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or divorced (write the word)
Female	black	Married

4. Married, widowed, or divorced
 (a) HUSBAND of
 (b) WIFE of

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
 (State or country)

????

NAME

Unknown

BIRTHPLACE (city or town)
 (State or country)

Unknown

MAIDEN NAME

Unknown

BIRTHPLACE (city or town)
 (State or country)

FORMANT Northeastern Police Dist.

(Address)

RITUAL, CREMATION, OR REMOVAL

Place University of Md. Date May 24, 1934

DEFTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on about 7 A.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Cardio-vascular disease

???

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

24 1934

0425

01692

01692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

enroute to Hopkins Hospital

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No.

St. 3-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

George Hobec Or Hover

(a) Residence: No.

1411 Eastern Ave

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Sex	3. Single, Married, Widowed, or Divorced (Indicate the ward)
white	e	Widower

4. Married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year)

Years	Months	Days	IF LESS than 1 day, hrs. or min.
62			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Killian Pckg Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

????

NAME

Unknown

BIRTHPLACE (city or town) (State or country)

N

MAIDEN NAME

N

BIRTHPLACE (city or town) (State or country)

N

FORMANT

Eastern Police Dist

(Address)

RIAL, CREMATION, OR REMOVAL

Place

Date May 24, 1934

NDERTAKER

24 1934

ED

0126

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

Coroner

F 01693

F 01693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 W. Lombard St. 18-01 Ward)

Age of decedent in city or town where death occurred: 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1209 W. Lombard St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

HUSBAND or WIFE of: Louise L. Slope

DATE OF BIRTH (month, day, year): Mar 4-1860

E Years: 74 Months: 2 Days: 2 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) ? spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1934

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on Inquiry Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

May 5, 1934

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis Inquiry

Is there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Joseph L. Volturni & Co. D. Coroner

(Address)

16 South Broadway

MAY 1934

MAY 1934

F 01694

1694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *1st* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>M</i>	C. Color or Race <i>WHITE</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>SEPARATED</i>
-----------------	----------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *July 26 1907*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>26</i>	<i>10</i>	<i>9</i>	<i>24</i>

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

1. NAME

2. BIRTHPLACE (city or town)
(State or country)

3. MAIDEN NAME

4. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24 1934*

22. I HEREBY CERTIFY, That I attended deceased from

May 22 1934 to *May 24 1934*I last saw him alive on *May 24 1934*. Death is saidto have occurred on the date stated above, at *5:45* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Intestinal Obstruction

Other contributory causes of importance:

Chronic Alcoholism
Chronic Bronchitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

Registrar.

1695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01695

CERTIFICATE OF DEATH

PLACE OF DEATH

Aged Men's Home
1400 W. Lexington St. (9-21) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1400 W. Lexington St.)

Date of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

George Wagner

(a) Residence: No. 1400 W. Lexington St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 1840

AGE

Years 4

Months 1

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Mary E. Forestal
1400 W. Lexington St.

BIAL, CREMATION, OR REMOVAL

Place

London Ark Date May 25, 1934

UNDERTAKER

(Address)

7 Yarns/Reaper
1532 Hall Street

1934

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY That I attended deceased from

Sept. 16, 1929 to May 23, 1934

I last saw him alive on May 23, 1934 Death is said

to have occurred on the date stated above, at 10:35 AM.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Infarctus Coronarii

Date of onset

?

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas B. Jones
1115 St. Paul St.

M. D.

1696 HEALTH DEPARTMENT—CITY OF BALTIMORE 1696

85761 CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Sam Battaglia

(a) Residence: No. 207 Caylor

(Usual place of abode)

St. _____ Ward. Houston Texas

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) 11-6-1927

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
6	6 1/2	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Texas

13. NAME

Sam Battaglia

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Syble Emmite

16. BIRTHPLACE (city or town) (State or country)

Texas

INFORMANT

Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Houston Texas Date May 24 1934

UNDERTAKER

(Address)

Frank V. Bisputone
2818 E. Baltimore St.

4 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 21 1934, to May 23 1934

I last saw him alive on May 23 1934. Death is said to have occurred on the date stated above, at 10⁵⁵ p.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor?

Date of onset

1933

Other contributory causes of importance:

Name of operation Exploratory Craniotomy Date of 5-23-34

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul A. Kuehl M. D.

(Address) The Johns Hopkins Hospital

F 01697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01697

CERTIFICATE OF DEATH

REGISTERED NO.

PLACE OF DEATH

CITY OF BALTIMORE: (No.

3903 Tawanda Ave ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Salvatore J Greco

RESIDENCE NO.

3903 Tawanda Ave ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male white married

Married, widowed, or divorced

HUSBAND of Jennie Greco

(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 2 - 1879

Years

Months

Days

If LESS than 1 day, hrs. or min.

55

9

19

OCCUPATION OF DECEASED

Trade, profession or particular kind of work.

Fruit inspector

General nature of industry, business, or establishment in which employed (or employer)

Name of employer

BIRTHPLACE (city or town) (State or country)

Italy

NAME OF FATHER

Mungio Greco

BIRTHPLACE OF FATHER (city or town) (State or country)

Italy

MAIDEN NAME OF MOTHER

Rosa Flava

BIRTHPLACE OF MOTHER (city or town) (State or country)

Italy

Informant

(Address)

Jennie Greco 3903 Tawanda Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 21, - 1934

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1934, to May 21, 1934.

that I last saw him alive on May 21, 1934

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Paresis

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

Exhaustion

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano, M.D.

may 22, 1934 (Address) 407 R. E. Co. V

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

New Cathedral

DATE OF BURIAL

May 25 1934

20 UNDERTAKER

Frank J. Pisitone

ADDRESS

2818

24 1934

698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Riverside Ave. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Winfield Russell Howard Jr.

(a) Residence: No. 1145 Riverside Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 28 - 1920

AGE Years 13 Months 8 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Winfield R. Howard Jr.

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Matilda C. Upthorpe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Winfield R. Howard Jr.

(Address) 1145 Riverside Ave.

BURIAL, CREMATION, OR REMOVAL

Place Western Date May 25 1934

UNDERTAKER Margaret J. Thum

(Address) 2107 N. Milton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933 to May 23, 1934

I last saw him alive on May 22, 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Sarcoma of Scapula

About 4/25/33

Other contributory causes of importance:

Exhaustion

4/22/34

Name of operation Scapulectomy Date of 10/5/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: violent, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If not

Signed R. L. Campbell, M. D. 5/24/34 (Address) 1644 Hanover St.

47934

(Jensen)

F 01699

1699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp 5-21*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. *3809 W. Fauson St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Lizabeth Jensen*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Aug 25 1874*AGE *59* Years *8* Months *28* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Booker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town). *Balto Md*
(State or country)

13. NAME

14. BIRTHPLACE (city or town).
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town).
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Lorraine* Date *8/25* 19 *34*

UNDERTAKER

(Address)

*1834**Huntington Williams, Inc.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/21* 19 *34*22. I HEREBY CERTIFY. That I attended deceased from *2/6* 19 *34* to *5/21* 19 *34*I last saw him alive on *5/21* 19 *34* Death is said to have occurred on the date stated above, *3:45 pm*

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy

Date of onset

Other contributory causes of importance:

Chronic nephritis
*manic depression**2 years*Name of operation *Prostatectomy* Date *8/25/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. P. Boume

M. D.

(Address)

Balto City Hosp

01700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 01700

✓ 139-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolts City Prop 24-01* St. *24* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *29* yrs. *2* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *Gertrude Silver*(a) Residence: No. *1816 Burr St.* St. *Burr* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Arthur Silver*
(or) WIFE ofDATE OF BIRTH (month, day, year) *2/24/1905*
AGE Years Months Days *29* *2* *29* If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brw.*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *37*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Bolts*
(State or country)13. NAME *John Schramm*14. BIRTHPLACE (city or town) *Bolts*
(State or country)15. MAIDEN NAME *Margaret*16. BIRTHPLACE (city or town) *Bolts*
(State or country)INFORMANT *Prop 24-01*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Linden Pk.* Date *May 26 1934*UNDERTAKER *C. H. Ballard & Sons*

1934

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/23* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/21* 19*34* to *5/23* 19*34*I last saw him alive on *5/23* 19*34* Death is said to have occurred on the date stated above, at *8:53 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial infarction (rt.)
Post-operative adhesions*Date of onset *5/21*

Other contributory causes of importance:

*Post-operative shock.*Name of operation *Relief of adhesions*Date of *5/23/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. R. Brown*

M. D.

(Address) *Bolts City Prop 24-01*

F/01701

HEALTH DEPARTMENT—CITY OF BALTIMORE

1701

CERTIFICATE OF DEATH

x✓53

PLACE OF DEATH *Union Memorial Hospital*
CITY OF BALTIMORE: (No. *12-01* St., *12-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John Leonard Colburn Jr.

(a) Residence: No.

Annapolis St. Annapolis Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 1. Color or Race *Wh.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

*May 10 1930*AGE *4* Years *2* Months *13* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

West Annapolis, Md.

12. NAME

John Leonard Colburn

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Carrie Johnson

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

1934

100 S W Baltimore St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 24 1934

22. I HEREBY CERTIFY, That deceased from

*Jan 24th 1934 to May 24th 1934*I last saw him alive on *May 24 1934* Death is said to have occurred on the date stated above, at *11 A* m.

The principal cause of death and related causes of importance were as follows:

Cerebellar tumor - (malignant)

Date of onset

11-15-31

Other contributory causes of importance:

Name of operation

Craniotomy & excision of tumor

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Richard Francis M. D.

(Address)

Union Memorial Hosp.

F 01702

F 01702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ. Hospital St. 14-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *Wentworth* mdk.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *M*

If married, widowed, or divorced

HUSBAND of *Maggie Jane Stambaugh*DATE OF BIRTH (month, day, year) *Dec 1 1888*AGE Years *5* Months *5* Days *23* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) *May 12*11. Total time (years) spent in this occupation *30*BIRTHPLACE (city or town) *Smith Station Pa.*
(State or country)13. NAME *Henry J. Stambaugh*14. BIRTHPLACE (city or town) *?*
(State or country)15. MAIDEN NAME *Maggie Jane Wildman*16. BIRTHPLACE (city or town) *?*
(State or country)INFORMANT *J. S. Stambaugh (Son)*(Address) *Wentworth*

BURIAL, CREMATION, OR REMOVAL

Place *Wentworth* Date *May 27* 1934UNDERTAKER *H. Bankard & Son*(Address) *Wentworth*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-24-1934*22. I HEREBY CERTIFY, That I attended deceased from *May 19* 1934, to *May 24* 1934I last saw deceased live on *May 24* 1934, at *7:30* m. Death is said to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

*Cellulitis of the right leg
probable septicaemia
myocardial failure*

Date of onset

*5-12-34**5-24-34*

Other contributory causes of importance:

*Diabetes mellitus**1934*

Name of operation

Date of

What test confirmed diagnosis? *Micro* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John A. Van Meter*(Address) *Univ. Hospital*

M. D.

51934

F 01703

F 01703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *200 S. Clinton St.*)

FULL NAME

William Figinski

(a) Residence: No.

200 S. Clinton St.

Ward.

(If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced, give name of HUSBAND or WIFE of

DATE OF BIRTH (month, day, year) *June 3rd 1920*

AGE Years Months Days *13 11 21*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked in this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore Md*

(State or country)

12. NAME *Raymond Figinski*

14. BIRTHPLACE (city or town) *Baltimore Md*

(State or country)

15. MAIDEN NAME *Helen Slowikowski*

16. BIRTHPLACE (city or town) *Baltimore Md*

(State or country)

INFORMANT *Mrs Helen Figinski*

(Address) *300 S. Clinton St*

BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaus Cem* Date *May 24th 1934*

UNDERTAKER *George A. Weber*

(Address) *700 S. Ann St.*

25 1934 *St. Stanislaus Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 21st 1934* to *May 24 1934*

I last saw him alive on *May 24 1934* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Tonsillar Dysphasia

Date of onset *3/5/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Raymond C. Beard*

(Address) *St. Stanislaus Hospital*

D. B. 1934

F 01704

F 01704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Hayward Ave 7-41 Ward)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Lewis A Thirkeld

(a) Residence: No.

(Usual place of abode)

3709 Hayward Ave

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or race White 5. Single, Married, Widowed, Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of

Hattie E

DATE OF BIRTH (month, day, year)

Nov 8-1848

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

85

6

16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1911

11. Total time (years) spent in this occupation

018

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Geo Thirkeld

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Catherine Baker

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

(Address)

Hattie E Thirkeld 3709 Hayward Ave

BURIAL, CREMATION, OR REMOVAL

Place

Date 5/26 1934

UNDERTAKER

(Address)

William Cook 1217 S. ...

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1934

22. I HEREBY CERTIFY. That I attended deceased from March 19 to May 24 1934

I last saw him alive on May 23 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Senility & Infirmitas

Date of onset

Other contributory causes of importance:

Infirmitas of age

Name of operation

Date of

What test confirmed diagnosis? Urinal Was there an autopsy? ad

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

R. P. Carman M. D.

1701 N. Caroline st

F 01705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01705

95-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. *John Hopkins Hosp 8-01*)

FULL NAME

(a) Residence: No. *1700 N. Collington Ave*

John Hopkins Hosp 8-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred: *Life* yrs. How long in U. S. If of foreign birth? *Life* yrs. *Life* mos. *Life* ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*

6. HUSBAND of (or) WIFE of *Single*

7. DATE OF BIRTH (month, day, year) *Aug 3 - 1920*

8. AGE 13 Years 9 Months 20 Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) *Baltimore*

13. NAME *Geo Tate*

14. BIRTHPLACE (city or town) *Baltimore*

15. MAIDEN NAME *Marion*

16. BIRTHPLACE (city or town) *Baltimore*

17. INFORMANT *Marie Tate*

18. (Address) *1700 N. Collington Ave*

19. BURIAL, CREMATION, OR REMOVAL *Holy Redeemer*

20. Place *126/34*

21. UNDERTAKER *William*

22. (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on *11/15* 19 *11/15* A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Heart

Rheumatic Heart Disease

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Pinner* M. D.

(Address) *100 E. Pratt St*

23 1934

F 01706

F 01706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

PLACE OF DEATH

CITY OF BALTIMORE: (No. 10227 Monroe St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

Yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Margaretta Knight

(a) Residence: No.

10227 Monroe St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced
HUSBAND of (or) WIFE of *Single*

DATE OF BIRTH (month, day, year)

AGE *8* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY That I attended deceased from May 22, 1934 to May 24, 1934

I last saw him alive on May 24, 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of
Breast

Date of onset

13

not

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) Charles C. Clark M. D.

(Address) 3014 Parkwood

251934

B. 1245

F 01707

F 01707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Union Memorial Hospital

CITY OF BALTIMORE: (No. _____)

St. _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

William E. Lowes

(a) Residence: No. _____

2313 Chelsea Terrace

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
White	Married
3. Date of Birth (month, day, year)	4. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
Apr 13 1863	Passenger Agent
5. Years	6. Months
71	1
7. Days	8. If LESS than 1 day, hrs. or min.
10	
9. Date deceased last worked at this occupation (month and year)	10. Total time (years) spent in this occupation
	07

BIRTHPLACE (city or town) (State or country)

Ohio

NAME

James Lowes

BIRTHPLACE (city or town) (State or country)

Ohio

MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Mrs. Kathryn Lowes

(Address)

2313 Chelsea Terrace

BURIAL, CREMATION, OR REMOVAL

Place Hamilton Ohio Date May 25, 1934

UNDERTAKER

(Address)

John O. Mitchell & Sons 1901 Canton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to _____ 19 _____

last saw him alive on _____ 19 _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Fractured skull - Caused by falling down house stairs

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 5-23, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Falling down house stairs

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

John H. Hossinger

M. D.

(Address)

3832 Roland Ave

1934

01708

F 01708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *93-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *60* yrs. *00* mos. *00* ds. How long in U. S. If of foreign birth? *00* yrs. *00* mos. *00* ds.

FULL NAME

Dr. Hartley Hellyer, F.W.(a) Residence: No. *1204 W. Fayette St.* St., *93-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced

HUSBAND of *Mary E. Hellyer*

(or) WIFE of

DATE OF BIRTH (month, day, year) *Aug 10 1876*

AGE

76 YearsMonths *9**12* Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Physician

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

England

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Stella P. Parnish

(Address)

1204 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place

*Baltimore*Date *May 26, 1934*

UNDERTAKER

(Address)

*John C. Mitchell & Co.**1400 Central Place*

FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/23/1934*22. I HEREBY CERTIFY, That I attended deceased from *5/22/1934* to *5/22/1934*I last saw him alive on *5/23/1934* Death is said to have occurred on the date stated above, at *4 P. m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Hypertensive A. S. Heart Disease

Date of onset

Other contributory causes of importance:

Coronary Heart Failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ch. Taylor
University Hospital

F 01709

F 01709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Herman Greenwald

(a) Residence: No.

Walnut & Patapasco Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced:
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
 (State or country)

Ind.

13. NAME

14. BIRTHPLACE (city or town)
 (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
 (State or country)

Germany

INFORMANT

Mrs Mary Mieserbach

(Address)

2432 Elder St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel

Date 5/26/34

UNDERTAKER

(Address)

Philip Henry Jones
2016 Orleans St.

FILED

R. E. Taylor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 18, 1934, to May 24, 1934

I last saw him alive on May 24, 1934. Death is said

to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Intraoperative Hemorrhage
 Hypertension

Date of onset

2 day

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

T. Phagel

(Address)

Baltimore City Hosp

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 No. Carey St. 18-91 Ward)

Age of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick A. Barrall

(a) Residence: No. 107 No. Carey St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1860

AGE 74 Years Months Days if LESS than 1 day. hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME James W. Barrall

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Ann Ellen Jenkins

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 26, 1934

DEKTAKE

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Date of onset

Sudden

Other contributory causes of importance:

Arteriosclerosis

Unknown

Name of operation

Date of

What test confirmed diagnosis? Inquiry as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Coroner

M. D.

01711

E 01711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Portland St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Louisa E. Nixon

(a) Residence: No.

711 Portland

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widow*

If married, widowed, or divorced
HUSBAND of *Louis E. Nixon*
(or) WIFE of

DATE OF BIRTH (month, day, year) *Dec. 25, 1853*

AGE Years *80* Months *4* Days *28* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Md.*
(State or country)

12. NAME

*John E. Apple*14. BIRTHPLACE (city or town)
(State or country)*Germany.*

15. MAIDEN NAME

*Catherine Heyde*16. BIRTHPLACE (city or town)
(State or country)*Germany.*

INFORMANT

Louis E. Nixon

(Address)

711 Portland St.

BURIAL, CREMATION, OR REMOVAL

Place

*Baltimore*Date *May 26, 1934*

UNDERTAKER

(Address)

*Dr. Mrs. John W. Taylor & Son**801 W. Fayette St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Feb. 18th, 1934* to *May 23rd, 1934*I last saw him alive on *May 23rd, 1934* Death is said to have occurred on the date stated above, at *11 p.m.*

The principal cause of death and related causes of importance were as follows:

Chronic hypertensive cerebral arteriosclerosis, senility

Date of onset

2/18/34

Other contributory causes of importance:

*Cardiac Failure**5/21/34*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

J. E. Poulton

M. D.

(Address)

3909 Hanson Blvd.

25 1934

✓ F 01712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Liberty Heights Ave. St., 46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Thomas Hilbur Edmondson

(a) Residence: No.

3602 Liberty Heights Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

M.

White

Widowed

If married, widowed, or divorced, name of

HUSBAND of (or WIFE of)

Olivia J. Edmondson

DATE OF BIRTH (month, day, year)

Dec. 25-1857

AGE

76

Years

Months

4

Days

29

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Stockman / Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Penna R.R.

10. Date deceased last worked at this occupation (month and year)

Dec. 31 - 1928

11. Total time (years) spent in this occupation

43

BIRTHPLACE (city or town) (State or country)

Dorchester Co. Md

13. NAME

James Edmondson

14. BIRTHPLACE (city or town) (State or country)

Dorchester Co. Md

15. MAIDEN NAME

Mary Hooper

16. BIRTHPLACE (city or town) (State or country)

Dorchester Co. Md

INFORMANT

Mrs. Julia E. Brown

(Address)

3602 Liberty Hts. Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Druid Ridge

Date

May 26, 1934

UNDERTAKER

(Address)

2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Feb 1 - 1934 to May 24, 1934

I last saw him alive on May 24, 1934 Death is said

to have occurred on the date stated above, at 3 4. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver & Metastases

Date of onset

Oct. 1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-ray & Physical Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James Brown M. D.

(Address) 1663 W. North Ave.

25 1934

01713

F 01713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *8-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Virginia M. McMullen(a) Residence: No. *2202 Hermeman St.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 25-1923*AGE Years Months Days If LESS than 1 day, hrs. or min.
1 1 38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Robert L. McMullen*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*15. MAIDEN NAME *Fannie M. Clark*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md.*INFORMANT *Fannie M. McMullen*
(Address) *2202 Hermeman Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Oaklawn Cem.* Date *May 26, 1934*

UNDERTAKER

George W. Zinkler
(Address) *1737 E. Egan St.*

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*22. I HEREBY CERTIFY. That I attended deceased from *5/18/34*, 19*34*, to *5/23/34*, 19*34*.I last saw him alive on *5/23/34*, 19*34*. Death is said to have occurred on the date stated above, at *10:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Rheumatic Fever

Date of onset

Other contributory causes of importance:

*Sepsis
Osteomyelitis
Carditis*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. J. Taylor
University Hospital

B. 12449

F 01714

F 01714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 10-01 Ward 34

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? yrs. ____ mos. ____ da.

FULL NAME

Lillie Taylor

(a) Residence: No. 1019 Hager Court St., Ward ____ (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

7/8/88

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, ____ hrs. or ____ min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

H. W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) _____ (State or country) _____

3. NAME

Luke Edwards

4. BIRTHPLACE (city or town) _____ (State or country) _____

5. MAIDEN NAME

Liza Dawson

6. BIRTHPLACE (city or town) _____ (State or country) _____

INFORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Asbury

Date May 26 1934

UNDERTAKER

(Address)

John W. Henderson
1503 E. Massachusetts St.

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1934 to May 13, 1934

I last saw her alive on May 23, 1934 Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency - Syphilitic
myocardial insufficiency

Date of onset

Sept '33

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____ 19 ____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

K. Michael Tilghman
Johns Hopkins Hospital

M. D.

(Address) _____

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Mercy Hospital 18-01 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

a) Residence: No. 817 W. Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6. Name of deceased, widowed, or divorced Rebecca Davis

7. Date of birth (month, day, year) Nov 24, 1891

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile mill

10. Date deceased last worked at this occupation (month and year) 2-1-34

11. Total time (years) spent in this occupation 21

12. Birthplace (city or town) South Carolina

13. Name James Davis

14. Birthplace (city or town) S. Carolina

15. Maiden Name Rebecca Davis

16. Address 817 W. Lexington

17. Place of burial, cremation, or removal Mount Zion

18. Date May 28, 1934

19. Undertaker Joseph A. Smith

20. Address 409 N. Mount Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on May 14, 1934 Death is said to have occurred on the date stated above, at Hospital

The principal cause of death and related causes of importance were as follows:

Deep lacerations of chest due to have been caught in fertilized slide at work accident

Other contributory causes of importance:

Inhalation of fertilized gas

Name of operation None Date of None

What test confirmed diagnosis? H. Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 4-4, 1934

Where did injury occur? Carlton

Specify whether injury occurred in industry, in home, or in public place Yes

Manner of injury Caught in slide

Nature of injury Inhalation of fertilized gas

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify James M. Benton M. D. (Signed) Boorcher Coroner (Address)

51934

01716 HEALTH DEPARTMENT—CITY OF BALTIMORE

01716

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.

1578 Thames

St., 3-01 Ward)

th of residence in city or town where death occurred 40 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Lucia Wenzinjak

(a) Residence: No. 1528 E. Thames St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Sex 3. Single, Married, Widowed, or Divorced (write the word)

Female White

Married.

4. married, widowed, or divorced
HUSBAND of Wladyslaw Wenzinjak
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 15/1882

5. Years 6. Months 7. Days 8. If LESS than 1 day, ____ hrs. or ____ min.

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Poland

1. NAME Joseph Biniaz

2. BIRTHPLACE (city or town) (State or country)

Poland

3. MAIDEN NAME Madline Biniaz

4. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT Wladyslaw. Wenzinjak
(Address) 1528 E. Thames St.

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May. 26/34

UNDERTAKER Lilly & Ziebert
(Address) 402 E. ...

25 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Blue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Signature

744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 403 n Ann St., 6-01 Ward)

th of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
C
5. Single, Married, Widowed, or Divorced (write the word)
S

married, widowed, or divorced

11. BRAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Years Months Days
1 11 23
If LESS than
1 day, hrs.
or min.Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

NAME

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 15, 1934 to May 24, 1934

I last saw her alive on May 24, 1934. Death is said
to have occurred on the date stated above, at 11:30 A. M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Bronchitis Pneumonia

May 12
1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in, industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

ED

25 1934

718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

St. 17-01 Ward) 46

Y OF BALTIMORE: (No.

FULL NAME

Ella Bond

(a) Residence: No. 1039 Myrtle Ave
(Usual place of abode)

St.

Ward.

St Elizabeth
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male
2. Color or Race colored
3. Single, Married, Widowed, or Divorced (write the word) widowed
4. If married, widowed, or divorced, name of HUSBAND or WIFE of

5. DATE OF BIRTH (month, day, year)
6. AGE 50
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation 27
11. If LESS than 1 day, hrs. or min.

12. BIRTHPLACE (city or town)
(State or country) not none

13. NAME

14. BIRTHPLACE (city or town)
(State or country) not none

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) not none

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 24 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to May 22, 1934

I last saw him alive on May 22, 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Date of onset

3 weeks

Other contributory causes of importance:

Arteriosclerosis
Hypertension

6 mos.

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed)

(Address)

Joseph J. Ostergren, M. D.
ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

25-1934

B 1208-9
719

HEALTH DEPARTMENT—CITY OF BALTIMORE 01719

CERTIFICATE OF DEATH

Registered No. 121

PLACE OF DEATH

Y OF BALTIMORE: (No. Church Home & Infirmary 16-01 Ward)

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Place of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Harold Ernest Lee

(a) Residence: No. 3001 Lyttleton Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

2. Married, widowed, or divorced HUSBAND of Lena Marie Lee (or) WIFE of

3. DATE OF BIRTH (month, day, year) Oct 27/1888
4. Years 45 Months 6 Days 26 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Prop.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 056

BIRTHPLACE (city or town) Relay, Md. (State or country)

NAME John Lee

BIRTHPLACE (city or town) Md. (State or country)

MAIDEN NAME Anna Biggle

BIRTHPLACE (city or town) Md (State or country)

FORMANT Lena H. Lee 3001 Lyttleton Road (Address)

RITIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/26/24

NDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, 2.35 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Acute Appendicitis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Lee

M. D.

(Address)

508 E. 17th

11720

F 01720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (T.C.)
 CITY OF BALTIMORE: (No. 9-01 St., 9-01 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

FULL NAME Jack Johnson

(a) Residence: No. 1206 N. Eden st. St., ____ Ward. ____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June, 1911

AGE Years Months Days If LESS than
22 11 11 1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Unknown

10. Date deceased last worked at
this occupation (month and
year) Unknown 11. Total time (years)
spent in this
occupation Unknown

BIRTHPLACE (city or town)
(State or country) South Carolina

13. NAME Charles Johnson

14. BIRTHPLACE (city or town)
(State or country) South Carolina

15. MAIDEN NAME Kate Foster

16. BIRTHPLACE (city or town)
(State or country) South Carolina

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Blackstock, N.C. Date May 26, 1934

UNDERTAKER Mrs. R. A. Eldred

(Address)

1129 N. Caroline

25 1934 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from
March 19, 1934, to May 21, 1934

I last saw him alive on May 21, 1934 Death is said
to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Disseminated Tuberculosis Jan 1934

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. W. Jacobs M. D.

(Address) Baltimore City Hospitals

F 01721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

PLACE OF DEATH

Y OF BALTIMORE: (No. *Franklin Sq Hospital 24-61*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Dorothy May Calline Brooks*(a) Residence: No. *586 W Cross St* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) *Jan 4 - 1933*8. AGE Years *1* Months *4* Days *19* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Albert Brooks*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Beatrice Calline*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Beatrice Calline* (Address) *586 W Cross St*

18. BURIAL, CREMATION, OR REMOVAL

19. Placed in *W.D. Auburn* Date *May 26 1934*20. UNDERTAKER *James A. Hayes* (Address) *142 W. Cross St*21. REGISTRAR *W. D. Auburn* Date *May 26 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19..... to 19.....

I last saw him alive on *Inquiry* Death is said to have occurred on the date stated above, at *3 P* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Fractured Skull**May 21 1934*

Other contributory causes of importance:

*Accident*Name of operation *operated on by Dr. Coblenz* Date of *May 23*What test confirmed diagnosis *Inquiry* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *May 21 1934*Where did injury occur? *586 W Cross St* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *In home*Manner of injury *Fall off of step*Nature of injury *Fractured skull*24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify(Signed) *Joseph L. Vahlsing* Coroner(Address) *16 South Broadway*25 1934 *W. D. Auburn* Registrar

B-100
01722

✓ F 01722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 7th Port St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

George Robert Boorman

(a) Residence: No.

1813 7th Port St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

4. Married, widowed, or divorced
HUSBAND of
WIFE of

Louise Boorman

DATE OF BIRTH (month, day, year)

5. Age 6. Years 7. Months 8. Days 9. If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Helweg Dept.

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hewitt & Co 1886

12. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

14. BIRTHPLACE (city or town) (State or country)

Balto. Md.

15. NAME

Robert Boorman

16. BIRTHPLACE (city or town) (State or country)

Balto. Md.

17. MAIDEN NAME

Elizabeth Askey

18. BIRTHPLACE (city or town) (State or country)

Balto. Md.

19. INFORMANT (Address)

Mr. J. W. Boorman
3444 Piedmont Ave

20. BURIAL, CREMATION, OR REMOVAL

Place 21. Date May 25 1934

22. UNDERTAKER (Address)

Wm. J. Tiekens
1014 E. Baltimore Ave

23. 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on

19 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Cardiac Hypertrophy etc

???

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Boorman

M. D.

(Address)

508 E. Lombard Ave

F 01723

F 01723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE:

No. 229 Biddle

ST.

11-01 WARD

—FULL NAME

Ezra B. Taylor

a) RESIDENCE NO.

229 W Biddle St.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

Age 40 yrs. mos. ds.

How long in U. S., if foreign birth? yrs. mos. ds.

Date of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

Male Colored Married

Married, widowed, or divorced

Widowed

HUSBAND of Mrs B. Taylor

DATE OF BIRTH (month, day, and year)

E 00 Years 20 Months 11 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

a) Trade, profession or particular kind of work

Janitor

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

BIRTHPLACE (city or town) State or country

Va

NAME OF FATHER

Unknown

1 BIRTHPLACE OF FATHER (city or town) (State or country)

Unknown

2 MAIDEN NAME OF MOTHER

Ann B. Taylor

3 BIRTHPLACE OF MOTHER (city or town) (State or country)

Va

Informant

Rose B. Taylor

(Address)

229 W Biddle St

125 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 24/34

17

I HEREBY CERTIFY, That I attended deceased from

May 11, 1934, to May 24, 1934.

that I last saw him alive on May 24, 1934

and that death occurred, on the date stated above, at 12:00 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Nephritis

(duration) Unknown

CONTRIBUTORY (Secondary) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Jas C. Carson, M. D.

19 (Address) 143 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt Auburn Cemetery

20. UNDERTAKER

Thomas B. Nelson

DATE OF BURIAL

May 26 1934

ADDRESS

1303 Eusebio St

F 01724

F 01724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Arlington St., 16-01 Ward)

Date of residence in city or town where death occurred: 1 yr. 6 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Annie Ruth Watson

Ward.

(If non-resident give city or town and State)

(a) Residence: No. 913 N. Arlington St. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: Col 2. Sex: Female 3. Single, Married, Widowed, or Divorced (write the word): Single

4. Married, widowed, or divorced: HUSBAND of (or) WIFE of

5. DATE OF BIRTH (month, day, year): Jan. 16, 1933 6. Age: 1 yr. 3 mos. 4 days 7. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Baltimore 13. (State or country): Maryland

14. NAME: Robert Watson

15. BIRTHPLACE (city or town): Baltimore 16. (State or country): Maryland

17. MAIDEN NAME: Pearl Buchanan

18. BIRTHPLACE (city or town): Baltimore 19. (State or country): Maryland

20. INFORMANT: Robert Watson 21. (Address): 913 N. Arlington St.

22. BURIAL, CREMATION, OR REMOVAL: Buried 23. Date: May 25, 1934

24. UNDERTAKER: Mrs. Katie R. Williams 25. (Address): 322 N. Broadway St.

26. (Address): 322 N. Broadway St. 27. Registrar: J. H. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934 to May 25, 1934

I last saw her alive on May 24, 1934 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis (10 days)

Other contributory causes of importance:

measles (3 weeks)

Name of operation: None Date of operation: None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: None Date of injury: None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed): J. H. Williams M. D.

(Address): 142 W. See

1934

F 01725

F 01725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 18-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Mary Jenkins

(a) Residence: No.

1017 Vane

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, name of HUSBAND or WIFE of Charles

7. DATE OF BIRTH (month, day, year)

May 13, 1891

AGE

Years

Months

Days

43

10

If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Pa

13. NAME

William Lewis

14. BIRTHPLACE (city or town) (State or country)

?

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

(Address)

Records Balt City Hosp.

17. BIRTH INFORMATION OR REMOVAL

Place

Date May 25, 1934

UNDERTAKER

(Address)

Kater R. Williams 322 N. School

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 23, 1934.

I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 1:30 A. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Phagel Balt. City Hosp.

M. D.

25 1934

Regis

F 01726

F 01726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 11-01 Ward

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth yrs. mos. da.

FULL NAME

Louise Thander

(a) Residence: No.

1141 Park Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX female

4. Color or Race colored

5. Single, Married, Widowed, or Divorced (write the word) widowed

6. If married, widowed, or divorced, name of HUSBAND or (last) WIFE of Robert (dead)

DATE OF BIRTH (month, day, year)

AGE 60? Years 3 Months 2 Days 17?

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Samuel Pessy

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

Burial, cremation, or removal

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 193422. I HEREBY CERTIFY, That I attended deceased from March 11 1934 to May 19 1934I last saw her alive on May 18 1934 Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia right side

& cerebral hemorrhage

Hypertension

Intussuscar

Date of onset

3 years?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Phazel

Balt. City Hosp

M. D.

51934

F 01727

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01727

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. *Baltimore City Hospital* Ward *5-81*)

FULL NAME

John H. Robinson

(a) Residence No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 2. Color or Race *White* 3. Single, Married, Widowed, or Divorced (write the word) *Single*

4. (If married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Dec. 27, 1861*

AGE *72* Years *4* Months *25* Days If LESS than 1 day, hrs. or min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Marine Engineer*

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *090*

7. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Chesapeake City Md.* (State or country)

13. NAME *Henry Chesapeake Md.*

14. BIRTHPLACE (city or town) *Chesapeake Md.* (State or country)

15. MAIDEN NAME *Celia Lynch*

16. BIRTHPLACE (city or town) *Chesapeake Md.* (State or country)

INFORMANT *Piccolo*

BURIAL, CREMATION, OR REMOVAL *Bald City Hosp.*

Place *University of Md* Date *May 25, 1934*

UNDERTAKER *Wm. H. Williams*

(Address) *Bald City Hosp.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 2, 1934* to *May 22, 1934*

I last saw him alive on *May 22, 1934* Death is said to have occurred on the date stated above, at *9:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
auricular fibrillation

Myocardial Infarction 2 hrs

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed)

(Address)

Phagiel

Bald City Hosp.

M. D.

FILED *1934*

04:30

1728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01728

CERTIFICATE OF DEATH

+V48

PLACE OF DEATH

Y OF BALTIMORE: No.

Maryland General Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME

Mrs. Sarah Bruce Alexander

(a) Residence: No.

Kingville, Md.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 14, 1902

AGE Years 31 Months 8 Days 9 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 037BIRTHPLACE (city or town) Beltin, Md. (State or country)

3. NAME

George Bruce

4. BIRTHPLACE (city or town) Beltin, Md. (State or country)

5. MAIDEN NAME

Sarah Lantieri

6. BIRTHPLACE (city or town) Beltin, Md. (State or country)

INFORMANT

Edw. McCann

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hyde M. E. Cane Date May 27, 1934

UNDERTAKER

(Address)

Clement E. Arthur

5-1934 Wm. E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 193422. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 to May 25, 1934I last saw her alive on May 25, 1934. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Ovary with metastases to lungs.

Date of onset:

Feb. 1933

Other contributory causes of importance:

Name of operation Anterior resection of ovary Date of Apr. 7, 1934What test confirmed diagnosis? Yes Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. E. Taylor M. D.
(Address) Md. Gen. Hospital

F 01729

01729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Windsor Ave. St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3400 Windsor Ave St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 1. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Fannie Ford Richardson
(or) WIFE ofDATE OF BIRTH (month, day, year) May, 28, 1859AGE Years 74 Months 11 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Insurance10. Date deceased last worked at this occupation (month and year) April 193411. Total time (years) spent in this occupation 60 yrs.12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Chas. A. Richardson14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Margaret de St. Vincent16. BIRTHPLACE (city or town) Havana
(State or country) CubaINFORMANT Mrs. Fannie F. Richardson (wife)
(Address) 3400 Windsor AvenueBURIAL, CREMATION, OR REMOVAL
Place Landon Park (Cmc.) Date May 26/34UNDERTAKER Stewart & Brown Company
(Address) 102 W. North Avenue5-1834 St. Anthony Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193422. I HEREBY CERTIFY That attended deceased fromFeb. 15, 34 to May 24, 34I last saw him alive on May 24, 34 Death is saidto have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Colon all year

Other contributory causes of importance:

Arteriosclerosis 5

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased

No If so, specify _____(Signed) Edgar T. Sandrock M. D.(Address) Medien Court 1514g

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01730

CERTIFICATE OF DEATH

Registered No. 93-001

PLACE OF DEATH

Y OF BALTIMORE: (No. *City Hospital* St. *1-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Ella M Wendelstedt*(a) Residence: No. *3019 Fair Ave* St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*HUSBAND of *William F Wendelstedt*
(or) WIFE ofTE OF BIRTH (month, day, year) *Aug 10 1881*E Years Months Days If LESS than 1 day, hrs. or min.
*2 52 79 23 13*Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *md*NAME *William Hunter*BIRTHPLACE (city or town) *md* (State or country)MAIDEN NAME *Elizabeth Davis*BIRTHPLACE (city or town) *md* (State or country)FORMANT *William F Wendelstedt*(Address) *3019 Fair Ave*

URIAL, CREMATION, OR REMOVAL

Place *Cornell* Date *5-26-21*NDERTAKER *Wendell E Humphreys*(Address) *501 N. Broadway*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23* 19*24*

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at *7:10 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute myocardial Failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? *Urin* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D P Herzog M.D.* M. D.(Address) *1305 N. Beltham Ave* Coronet

1934

F 01733

01733 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54-002

PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. *Mary Hospital* St. *11-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *12* yrs. *0* mo. *0* ds. How long in U. S. If of foreign birth? yrs. mo. ds.

FULL NAME

Bertha White(a) Residence: No. *928 Madison Ave*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

(a) WIFE of *William White*DATE OF BIRTH (month, day, year) *Sept. 15 - 1900*

AGE Years Months Days 2 8 7 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *037*BIRTHPLACE (city or town) *South Carolina* (State or country)(b) NAME *Levi Harris*14. BIRTHPLACE (city or town) *South Carolina* (State or country)15. MAIDEN NAME *Roseanna Whittenburg*16. BIRTHPLACE (city or town) *S. C.* (State or country)INFORMANT *William White*(Address) *928 Madison Ave.*BURIAL, CREMATION, OR REMOVAL *16*Place *Spoutanburg* Date *5-20-39*UNDERTAKER *Reiner Easton*(Address) *916 E. Ave.*

51934

Reiner Easton, M.D.
916 E. Ave.
Spoutanburg, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 22*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *May 20*, 19*38*, to *May 22*, 19*38*I last saw him alive on *May 22*, 19*38*. Death is said to have occurred on the date stated above, at *10* p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uterine Fibroids
Post op. shock &
hemorrhage

Other contributory causes of importance:

Name of operation *Hysterectomy*Date of *5/22/38*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. M. Haman*

M. D.

(Address) *Mary Hospital*

E 01734

1734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 7564 Laurel Park

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Luke S. Romig

(a) Residence: No. 7564 Laurel Park

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of hair: *White* 5. Single, Married, Widowed, or Divorced (write the word): *Married*
 6. HUSBAND of *Annie Romig*
 7. WIFE of *Annie Romig*

DATE OF BIRTH (month, day, year)

8. Years: *69* Months: *7* Days: *19* If LESS than 1 day, hrs. or min.: *Retired*

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Penna.*
(State or country)NAME *Charles Romig*BIRTHPLACE (city or town) *Penna.*
(State or country)MAIDEN NAME *Mary Schuyler*BIRTHPLACE (city or town) *Penna.*
(State or country)INFORMANT *Mrs. Annie Romig*(Address) *7564 Laurel Park*

BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *May 26, 1934*UNDERTAKER *Margaret S. Flynn*(Address) *117 N. Baltimore St.*1934 *Huntington Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23rd, 1934*

I HEREBY CERTIFY, That I attended deceased from *Jan 1932*, 19... to *May 23rd, 1934*
 I last saw him alive on *May 23rd, 1934* Death is said to have occurred on the date stated above, at *4 P. M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia bronchitis

Date of onset

2 yrs.

Other contributory causes of importance:

*Myocardial stenosis**6 mos.*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) *Sydney Piro*

M. D.

(Address) *2202 W. North St.*

735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01735

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Bartlett Ave 9-01 St. Ward)

Length of residence in city or town where death occurred: 50 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

FULL NAME

Fannie Graham Spedden

(a) Residence: No.

3403 Lyndale Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male White Married

If married, widowed, or divorced

HUSBAND of Alex. Spedden, Jr. (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 66 Years 5 Months 19 Days If LESS than 1 day, 1 hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 3403 Lyndale Ave

BURIAL, CREMATION, OR REMOVAL

Place of Burial, Cremation, or Removal

UNDERTAKER

(Address) 2326 Calver St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 23, 1934.

I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:

Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. G. Hall

M. D.

(Address)

16212 North Ave

6 1934

F 01736

1736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 Barclay St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

FULL NAME

Joseph Payne

(a) Residence: No.

2416 Barclay

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of Race White 2. Single, Married, Widowed, or Divorced (write the word) Widower

3. If married, widowed, or divorced, name of HUSBAND or WIFE of

Nellie Buckler

DATE OF BIRTH (month, day, year) Mar. 17, 1860

AGE Years 74 Months 2 Days 177 If LESS than 1 day, -- hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

6. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) St. Mary's County Maryland (State or country)

12. NAME John Lewis Payne

14. BIRTHPLACE (city or town) Maryland (State or country)

13. MAIDEN NAME Jane Morgan

16. BIRTHPLACE (city or town) St. Mary's County Maryland (State or country)

INFORMANT Miss Bessie B. Payne (Address) 2416 Barclay Street

17. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery 5/26 1934

UNDERTAKER

(Address) 805 N. Calver St.

FILED

H. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

1. I last saw him alive on May 22nd, 1934 Death is said

to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

March 1934

(Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What was the cause of death? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Geo. W. Morgan, M.D.

(Address)

401 E 28th St

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01737

✓ 23

1737

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

length of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mos. da.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 2. Color or Race 3. Single, Married, Widowed or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of

(or WIFE of)

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis, bilateral
Lungs pneumonia, right
Basilar pneumonia, left

Date of onset

Other contributory causes of importance:

Name of operation: Partial Thymoplasty Date of 4 9 34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

F 01738

01738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Linden Ave 11-01

St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*
 If married, widowed, or divorced, name of (or) WIFE of *Caleb G Richardson*

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24, 1934*

22. I HEREBY CERTIFY. That I attended deceased from *May 7 to May 24*, 1934, to *May 24*, 1934.
 I last saw him alive on *May 22*, 1934. Death is said to have occurred on the date stated above, at *9:00* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

5/17/34

Other contributory causes of importance:

auricular Fibrillation - Hyper-tension *3 years*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so specify

(Signed)

(Address)

J. E. Sullivan *3909 Gamson Blvd* M. D.

6 1934

✓ F 01739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Duncan St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 22 mos. 22 ds. How long in U. S. If of foreign birth? 22 yrs. 22 mos. 22 ds.

FULL NAME

Mary C. Trager

(a) Residence: No.

901 N. Duncan St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Henry Trager
(or) WIFE of

DATE OF BIRTH (month, day, year)

July 17th 1889

AGE

Years

Months

Days

If LESS than
1 day... hrs.
or... min.44107

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

For Lady's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

West End Laundry

10. Date deceased last worked at this occupation (month and year)

Oct 193311. Total time (years) spent in this occupation 6BIRTHPLACE (city or town)
(State or country)Martinsburg
W. Va.

13. NAME

Chas. T. McBe14. BIRTHPLACE (city or town)
(State or country)Martinsburg
W. Va.

15. MAIDEN NAME

Susan Rhodes16. BIRTHPLACE (city or town)
(State or country)Martinsburg
W. Va.

INFORMANT

(Address)

Mr. Samuel Hunt
901 N. Duncan St.

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Date May 28th 1934

UNDERTAKER

(Address)

Wm Cook
1217 St. Paul St
Washington, D.C.

F 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 193422. I HEREBY CERTIFY, That I attended deceased from Oct 25th 1933 to May 24th 1934I last saw her alive on May 22nd 1934. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia (probably streptococci)
Acute Uracemia10/25/33

Other contributory causes of importance:

Coronary Embolus5/24/34

Name of operation

none

Date of

What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: no no Date of injury 19

Accident, suicide, or homicide

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Joseph Pokorny

M. D.

(Address)

2200 E. Madison St

1740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N. Rose St.)

Length of residence in city or town where death occurred

FULL NAME

(a) Residence: No. 131 N. Rose

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Age or Rate

Single, Married, Widowed, Divorced (write the word)

If married, widowed, or divorced, HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

St. 6-01 Ward

St.

Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

I HEREBY CERTIFY That I attended deceased from May 17, 1934 to May 23, 1934

I last saw him alive on May 23, 1934

to have occurred on the date stated above, at 2:25 AM

The principal cause of death and related causes of importance were as follows:

Chronic Valvular disease of Heart

Chronic Nephritis

Other contributory causes of importance:

Coronary Thrombosis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Schmitz

(Address) 440 N. West Ave

M. D.

6 1934

F 01741

1741 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No

2 FULL NAME

(3) RESIDENCE NO.
(Usual place of abode)

Length of residence in city or town where death occurred

WARD
(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *M.* COLOR OR RACE *Col.* Single, Married, Widowed,
or Divorced, (write the word) *Single*
If married, widowed, or divorced
HUSBAND of
(or) WIFE of *✓*

DATE OF BIRTH (month, day, and year)

AGE Years Months Days
— 39 — — —
If LESS than
1 day, hrs.
or min.

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant
(Address)

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-34

17 I HEREBY CERTIFY. That I attended deceased from
5/19, 1934, to 5/24, 1934
that I last saw him alive on 5-24-1934
and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 9 ds.

CONTRIBUTORY
(Secondary)

(duration) — yrs. — mos. ds.

18 Where was disease contracted
If not at place of death?

Belair Road

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

C. Mansell Lawrence M.D.

19

(Address) 1033 W. Lammale St.

*State the Disease Causing Death, or in deaths from Violent Cause
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

20 UNDERTAKER

DATE OF BURIAL

Mt. Zion Cem. Harford Co. Md.

5/27/1934

ADDRESS

Samuel T. Hensley

575 W. Biddle St.

1934

01742 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01742

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 564 St. Mary St., 17-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mamie Johnikin

(a) Residence: No. 564 St. Mary

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4. Color or Race Col. 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1885

AGE 49 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 070

BIRTHPLACE (city or town) (State or country) Md.

13. NAME

Alexander Martin

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME

Sallie Bond

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT

(Address) 564 St. Mary St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 5/26 1934

UNDERTAKER

(Address) 578 W. Biddle St.

FILED

1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to May 24, 1934.

I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Garcinoma Uterus

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Maud E. Harris, M.D.
627 S. Calver St.

743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01743

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 McCulloch

ST. 14-01

WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME George W. Gosnell

RESIDENCE NO. 1534 McCulloch

ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode) How long in U. S., if foreign birth? yrs. mos. ds.

Place of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

M

ed

Married

married, widowed, or divorced

HUSBAND of (or) WIFE of

Cora V. Gosnell

DATE OF BIRTH (month, day, and year) Sept. 28 1877

Years

Months

Days

If LESS than 1 day, hrs. or min.

6-50

87

26

OCCUPATION OF DECEASED

1 Trade, profession or particular kind of work

waiter

2 General nature of industry, business, or establishment in which employed (or employer)

3 Name of employer

4 PLACE (city or town) State or country

Pikesville

Baltimore Md.

5 NAME OF FATHER

Augustus Gosnell

6 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

7 MAIDEN NAME OF MOTHER

Mary ?

8 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

Informant

Mrs Cora V. Gosnell

(Address)

1534 McCulloch Street

61934

Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24-34

17 I HEREBY CERTIFY, That I attended deceased from 11-27-33 to 5-24-34 that I last saw him alive on 5-24-34 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia (Pneumonia)
Chronic Nephritis
Nevritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

clinical
Dr. B. B. Butler, M. D.

19 1934 (Address)

342 Stone Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St. Paul's Cathedral

5-26-34

20 UNDERTAKER

ADDRESS

Mrs. Geo. H. Holland

1631 Dumbarton

F 01744

7440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 46

PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. _____)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Alex Shumick
(a) Residence: No. Bradshaw Station St. _____ Ward Joppa Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) WidowedHUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) 3-14-1881AGE Years 53 Months 2 Days 11 If LESS than 1 day, _____ hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

2. NAME Shumick

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country)

INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Russian Lia Date 5-26-1934UNDERTAKER John J. Shumick(Address) 1000 S. Chesapeake Ave

6-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 25, 193422. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to May 25, 1934I last saw him alive on May 25, 1934. Death is said to have occurred on the date stated above, at 2:05 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma stomachDate of onset 6 months

Other contributory causes of importance:

Shock following perforation carcinoma stomach

24 hours

Name of operation Resection stomach Date of 5-23-34What test confirmed diagnosis? operation as there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frederic Galt(Address) Johns Hopkins Hospital

M. D.

1745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01745

36

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 E. Port Ave. 7th-11)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Carrie Anne Seward

(a) Residence: No.

1644 E. Port Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced
HUSBAND of Andrew T. Seward
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb 12th 1857

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

77

3

13 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

Feb 1934

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town)
(State or country)

Carroll Co Md.

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Unknown

INFORMANT
(Address)Esther Morgan
1407 Reynolds St

BURIAL, CREMATION, OR REMOVAL

Place

Cedar Hill

Date May 28th 1934UNDERTAKER
(Address)Wm. Cook
1317 3rd Ave. N. W.

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16/34, 19, to May 25/34, 19.

I last saw him alive on May 24/34, 19. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

May 14/34

Other contributory causes of importance:

Injury to leg caused by
slipping while
working

Name of operation

None

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? at Home

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify
Shiny B. Hoffman

(Signed)

(Address)

123 Light St

M. D.

1934

1746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 91746

CERTIFICATE OF DEATH

26

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Irvin Gordon

(a) Residence: No.

774 W. Franklin St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Gordon*

DATE OF BIRTH (month, day, year)

7/2/1852

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*70**10**21*6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Dr.*7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Baltimore, Md.*

13. NAME

*John Long*14. BIRTHPLACE (city or town)
(State or country)*Md.*

15. MAIDEN NAME

*Sarah Parker*16. BIRTHPLACE (city or town)
(State or country)*Baltimore*

INFORMANT

(Address)

Boop Manor

BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery*Date *May 26, 1934*

UNDERTAKER

(Address)

*Mrs. Katie R. Williams
322 N. Schroeder St.*

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*5/23*19*34*

22. I HEREBY CERTIFY, That I attended deceased from

5/9 19*34* to *5/23* 19*34*Last saw him alive on *5/23* 19*34* Death is saidto have occurred on the date stated above, at *10:34 AM*The principal cause of death and related causes of
importance were as follows:*Tuberculosis of spine*

Date of onset

?

Other contributory causes of importance:

*Psoas abscess
secondary aneurysm**3 mos.*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in data the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. B. Crum
Baltimore City, Md.

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1747

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE:

St. 14-01 Ward)

Age of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race Col 5. Single, Married, Widowed or Divorced (write the word) Married

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Virginia

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

12. NAME

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME

15. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

16. BURIAL, CREMATION, OR REMOVAL

Place

17. UNDERTAKER

(Address)

6 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

1934

I last saw him alive on Inquiring death is said

to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis unknown

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Regular there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01748

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (N. Baltimore City Hospital - 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME William Hurley

(a) Residence: No. 2838 Hudson St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Name

7. DATE OF BIRTH (month, day, year) June 12, 1872
AGE 62 Years 11 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware (State or country)

13. NAME T. H. Hurley

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Theophelus? ?

16. BIRTHPLACE (city or town) D. L. A (State or country)

17. INFORMANT Kearney (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland memory Date May 26 1934

19. UNDERTAKER John G. Connolly (Address) Essex Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 23 1934

I last saw him alive on May 23 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia, left - due to old cerebral hemorrhage
Veinous thrombosis (Embolus?) left leg

Other contributory causes of importance:

Date of onset

4 yrs
7 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Magriel

M. D.

(Address) Balt. City Hosp

6 1934

✓ F 01749

1749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Y OF BALTIMORE: (No. 902 E. Chase St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Louis S. Walzl

(a) Residence: No. 902 E. Chase St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race white 5. Single, Married, Widowed, or Divorced (Write the word) Married

married, widowed, or divorced

HUSBAND of Margaret M.

(or) WIFE of

TE OF BIRTH (month, day, year)

YE 47 Years 6 Months 11 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Upholster

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

NAME

Louis Walzl

BIRTHPLACE (city or town) (State or country)

Baltimore, Md

MAIDEN NAME

Margaret Schley

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FORMANT Miss Rita Wiedefield (Address) 914 Greenmount Ave

ERIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 28, 1934

NDERTAKER (Address)

Rita Wiedefield 914 Greenmount Ave

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h alive on , 19. Death in said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Cerebral Hemorrhage (Apoplexy)

Data at onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

01750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01750

62

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City* *Hager* *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred *Life* mo. da. How long in U. S. if of foreign birth? yrs. mo. da.

FULL NAME

Matthe L. Lang(a) Residence: No. *205 W. Henrietta* St., *62* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of *Arthur Lang*

(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

28

Years

Months

3

Days

28

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Wm. Johnson

14. BIRTHPLACE (city or town) (State or country)

Ind.

15. MAIDEN NAME

Henrietta

16. BIRTHPLACE (city or town) (State or country)

Ind.

INFORMANT

(Address)

*Records
Balt City Hago*

BURIAL, CREMATION, OR REMOVAL

Johns Cal at Wm. 5/27/34

UNDERTAKER

(Address)

*Isaiah & Brown & Son
108 W. Montgomery St.*

MAY 1934

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*May 22**1934*I HEREBY CERTIFY, That I attended deceased from *March 17* *1934* to *May 22* *1934*I last saw him alive on *May 22* *1934* Death is said to have occurred on the date stated above, at *12:00* P. M.

The principal cause of death and related causes of importance were as follows:

Pellagra

Date of onset

10/26

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

*Phaziel
Balt City Hago*

M. D.

01751

F 01751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

Church Home & Infirmary
Baltimore, Md. 6-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No

2. FULL NAME Mrs. Nellie Boatwright

(a) RESIDENCE NO.

Wilem Dale Rd. & Taylor Ave
Baltimore, Md.

ST.

WARD

Balts. C. Md.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

Mos.

Ds.

How long in U. S. if of foreign birth?

Yrs.

Mos.

Ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

1. COLOR OR RACE

3. Single, Married, Widowed, or Divorced, (write the word)

male

white

Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mr. Roy Boatwright

DATE OF BIRTH (month, day, and year)

04. 13. 1897

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

36

7

12

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

Own home

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

10. NAME OF FATHER

Mr. James Sanders

11. BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12. MAIDEN NAME OF MOTHER

Margie Grove

13. BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

Informant (Address)

Roy Boatwright
Wilem Dale Rd

Filed 26 1934

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

May 25, 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 22, 1934, to May 25, 1934

that I last saw him alive on May 25, 1934

and that death occurred, on the date stated above, at 7⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

2 wks.

(duration)

Yrs.

Mos.

Ds.

CONTRIBUTORY (Secondary)

Pulmonary Edema

Several days (duration)

Yrs.

Mos.

Ds.

18. Where was disease contracted? If not at place of death?

At home

Did an operation precede death?

no

Date of

Was there an autopsy?

Yes

What test confirmed diagnosis?

General condition

(Signed)

W. J. Hasler Jr. M. D.

19

(Address)

Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-MOVAL

My orland Park

DATE OF BURIAL

5/28/34

20. UNDERTAKER

ADDRESS

Emmy Lou Inc 2215 Greene St

B 1268-9
1752

F 01752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Cold Spring Lane St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Joseph Archer Crumpton

(a) Residence: No.

2815 Cold Spring Lane

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of

Edna E.

DATE OF BIRTH (month, day, year)

Nov-9-1876

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.57616

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Lanville
Virginia

13. NAME

Joseph A. Crumpton14. BIRTHPLACE (city or town)
(State or country)Lanville
Va.

15. MAIDEN NAME

unknown16. BIRTHPLACE (city or town)
(State or country)?
Virginia

INFORMANT

Edna E. Crumpton

(Address)

2815 Kate Ave

BURIAL, CREMATION, OR REMOVAL

Place

Louisa Park

Date

May 281934

UNDERTAKER

(Address)

Ellis S. White
2554 Madison Ave

DATE

MAY 26 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to May 25, 1934I last saw him alive on 5-24-, 1934. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

5-4-34

Other contributory causes of importance:

Previous Cerebral Hemorrhage24-34Hypertensionunknown

Name of operation

Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Chester Riland,

M. D.

(Address) 2532 Edmondson Ave.

F/ 01753

HEALTH DEPARTMENT—CITY OF BALTIMORE

01753

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Ken Oak Rd 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 560 Old Pineico Rd

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of Harry M Wagner (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 24/1861

AGE Years 72 Months 7 Days 0 LESS than 1 day, hrs. or min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10/27

11. Total time (years) spent in this occupation Railway N. J.

12. NAME Nicholas Causant

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Amelia P. Moses

16. BIRTHPLACE (city or town) (State or country) N. J.

INFORMANT Mr. Robert B. Wagner

(Address) 109 Longwood Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 26, 1934

UNDERTAKER Com. Wm. J. Jones

(Address) 109 Longwood Road

Huntington Williams, N. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY. That I attended deceased from

5/24/34 19 to 5/24/34 19

I last saw him alive on 5/24/34 Death is said

to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis.

Coronary arterio sclerosis

Other contributory causes of importance:

Coronary artery occlusion

Name of operation

Date of

What test confirmed diagnosis? Physical Exam an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. W. Louisury Ch. M. D.

(Address) 92 Chas St

FILED 1934

B 01754

1754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH *West Baltimore General Hospital* Registered No. *93-003*
 CITY OF BALTIMORE: (No. *Rogers & Dubland* St., *20* Ward)
 Birth of residence in city or town where death occurred *86* yrs. *10* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *John T. Holmes*
 (a) Residence: No. *407* *Dennison* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Widower*

If married, widowed, or divorced
 HUSBAND of *Elizabeth J. Holmes*
 (or) WIFE of _____

DATE OF BIRTH (month, day, year) *July 9, 1846*
 AGE *86* Years *10* Months *16* Days If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Letter Carrier*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*

10. Date deceased last worked at this occupation (month and year) *4/26* 11. Total time (years) spent in this occupation *40 yrs.*

BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Md.*

13. NAME *John Holmes*

14. BIRTHPLACE (city or town) *Unknown*
 (State or country)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Unknown*
 (State or country)

INFORMANT *Mrs. Marcella Marriott*
 (Address) *407 Dennison St.*

BURIAL, CREMATION, OR REMOVAL *Baltimore*
 Place *St. Mary's* Date *May 28, 1934*

UNDERTAKER *Wm. H. Jones*
 (Address) *North 8th St.*

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 23, 1934* to *May 25, 1934*

I last saw *him* alive on *May 25, 1934*. Death is said to have occurred on the date stated above, at *7:55 p.m.*

The principal cause of death and related causes of importance were as follows:

1. Chronic Myocardial Disease & Arteriosclerosis of circulation

Other contributory causes of importance:

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

(Signed) *Sam. Arlman* M. D.
 (Address) *West Baltimore, Md. Hosp.*

1934

01755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Sinner Hospital

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME (Richard Jacob Kauffman) Richard Jacob Kauffman

(a) Residence: No. 2918 Grantley Road St. _____ Ward. _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ Male ☐ Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of _____

DATE OF BIRTH (month, day, year) June 6 - 1920
 AGE Years Months Days If LESS than 1 day, hrs. or min.
13 11 17 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) Baltimore Md
 (State or country)

13. NAME Baron L. Kauffman

14. BIRTHPLACE (city or town) Porton, Pa
 (State or country)

15. MAIDEN NAME Sentinel Store

16. BIRTHPLACE (city or town) Grantley Road
 (State or country)

INFORMANT Dr. S. L. Kauffman
 (Address) 2918 Grantley Road

BURIAL, CREMATION, OR REMOVAL
 Place Parkwood Cem Date May 28, 1934

UNDERTAKER H. J. Williams
 (Address) Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 25, 1934

I last saw him alive on May 25, 1934 Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Card. Vascular Disease
myocardial infarction in suff.
Cardiac hypertrophy & dilato.
Cardiac insuff.
Congenital heart dis?

Other contributory causes of importance:
Pericardial Effusion

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. J. Williams M. D.

(Address) Sinner Hosp.

1934

1756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01756

✓ 131

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 Dolphin St. 17-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Place of residence in city or town where death occurred _____

How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

(a) Residence: No. 734 Dolphin St., _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of

(or) WIFE of Jennie TaylorDATE OF BIRTH (month, day, year) May 16, 1869

AGE

Years

Months

Days

If LESS than

1 day

hrs.

or min.

6588. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Snow Hill
Ind.

13. NAME

John Taylor14. BIRTHPLACE (city or town)
(State or country)Ind.

15. MAIDEN NAME

Jennie Taylor16. BIRTHPLACE (city or town)
(State or country)Ind.

INFORMANT

(Address)

Jennie Taylor
734 Dolphin

BURIAL, CREMATION, OR REMOVAL

Place

Ind.Date May 27, 1934

FUNERAL

(Address)

Ind.

6. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 11, 1934 to May 24, 1934I last saw him alive on May 23, 1934 death is oldto have occurred on the date stated above, at 4 P m.The principal cause of death and related causes of
importance were as follows:Nephritis

Date of onset

Other contributory causes of importance:

Name of operation NoneDate of 0What test confirmed diagnosis? YesWas there an autopsy? No23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? If so, specify

(Signed)

(Address)

John C. Kewitt, M. D.
704 W. Lafayette St.

757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01757

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 418 n. Bethel

ST. 6-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Annie Ashton

(a) RESIDENCE NO.

418 n. Bethel

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

64

mos

ds.

How long in U. S., if of foreign birth?

yes

mos

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

(COLOR OR RACE)

Single, Married, Widowed, or Divorced, (write the word)

Female Colored

If married, widowed, or divorced HUSBAND of (or) WIFE of

Widowed

DATE OF BIRTH (month, day, and year)

1870

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

070

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

M.D.

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

unknown

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

unknown

Informant (Address)

Edler Cantor 418 n. Bethel st.

81834

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-23-34

17

I HEREBY CERTIFY, That I attended deceased from

5-22-1934, to 5-23-1934

that I last saw him alive on 5-22-1934

that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Valvulitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Intermittent Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

M.D. Barger

M. D.

5-25-1934 (Address) 611-n. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Asbury cemetery

DATE OF BURIAL

May 26 1934

20 UNDERTAKER

Edward Bryson

ADDRESS 1681 Orleans st

F 01758

F 01758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Tucker Ave., St. 28-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary Virginia Russell

Ward.

(If non-resident give city or town and State)

(a) Residence: No. 2301 Tucker Ave. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 18 58
AGE 76 Years 3 Months 25 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia13. NAME William Russell14. BIRTHPLACE (city or town) (State or country) Mass.15. MOTHER'S NAME Maynard16. BIRTHPLACE (city or town) (State or country) Mass.INFORMANT Miss Victoria R. Russell
(Address) 2301 Tucker Ave.BURIAL, CREMATION, OR REMOVAL
Place Baltimore City Date May 28 1934UNDERTAKER Easton Sons
(Address) 1111 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That attended deceased from Feb 14, 1934 to May 21, 1934

I last saw her alive on May 21, 1934 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Trouble.

Date of onset

1934

Other contributory causes of importance

Valvular Heart Trouble and General Anaemia

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Everhart M. D.

(Address) 1111 N. E. St.

127 1934

F 01759

F 01759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

*125-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Univ Hospital* St. *4-01* Ward)Length of residence in city or town where death occurred yrs. *4* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: *John Jacob Haller*
No Williamsburg Pa St., *4-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of *Edna Foller*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec 17-1889*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*44**5**9*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Supt. Silt Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Silt mill

10. Date deceased last worked at this occupation (month and year)

*Feb. 31*11. Total time (years) spent in this occupation *30*BIRTHPLACE (city or town)
(State or country)*Hanover Pa.*

13. NAME

*William Haller*14. BIRTHPLACE (city or town)
(State or country)*Hanover*

15. MAIDEN NAME

*Rebecca Seigist*16. BIRTHPLACE (city or town)
(State or country)*Hanover Pa.*

INFORMANT

(Address)

Norman H. Haller
York Pa.

BURIAL INFORMATION, OR REMOVAL

Place

York Pa

Date

May 29, 1934

UNDERTAKER

(Address)

William Cook
1217 St Paul SE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Dec 1933* to *May 26, 1934*I last saw him alive on *May 26, 1934*. Death is said to have occurred on the date stated above, at *12:00 Noon*.

The principal cause of death and related causes of importance were as follows:

Barbuncle neck
Metastatic Empyema Rt.
Mesenteric lymph (multiple)
Multiple abscesses of kidney

Date of onset

*Dec 1933**Jan 1934**April?**?*

Other contributory causes of importance:

Left Myocarditis
*Terminal Nephritis**April 24**May 1934*Name of operation *Thoracotomy - Altoona Pa Feb 22/34*What test confirmed diagnosis? *Univ Hosp. March 28 Day 934*Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *John L. Van Meter* M. D.
(Address) *Univ. Hospital*27 1934 *At Engle Williams, N.Y.*

F 01760

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)
18 yrs. mos. ds.

PLACE OF DEATH

CITY OF BALTIMORE: (No. CYLBURNE COURT APTS

St. 13-01 Ward)

Date of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth?

FULL NAME

SOLOMAN E. COHN

St.

Ward.

(If non-resident give city or town and State)

(a) Residence: No.

CYLBURNE COURT APTS.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

MALE

WHITE

MARRIED

If married, widowed, or divorced

HUSBAND of (or) WIFE of

SADIE EMRICH COHN

DATE OF BIRTH (month, day, year)

AGE

67

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

RETIRED MERCHANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

RUSSIA

13. NAME SAMUEL COHN

14. BIRTHPLACE (city or town) (State or country)

RUSSIA

15. MAIDEN NAME ELKA

16. BIRTHPLACE (city or town) (State or country)

RUSSIA

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

HEBREW FRIENDSHIP

Date

5-27-34. 19

UNDERTAKER

(Address)

JACK LEWIS INC.
2100 EUTAW PLACE

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24-34. 19

22. I HEREBY CERTIFY, That I attended deceased (from May 2 1934 to May 24 1934 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:
Cardio-vascular disease

Date of onset

Other contributory causes of importance:
Cerebral thrombosis

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

2211 Eutaw Place

D. R. F-01761

F 01761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sinner Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mon. ds. How long in U. S. if of foreign birth? 4 yrs. mon. ds.

2. FULL NAME

Jacob Fisher

(a) Residence: No. 2466 Lakeview Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Married

If married, widowed, or divorced

HUSBAND of Sarah (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Charles

14. BIRTHPLACE (city or town) (State or country)

Russia

15. MAIDEN NAME

Rebecca

16. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Burial Date 5/26/34 19

UNDERTAKER

(Address)

Jacob Sussman 1339 E. Baltimore St.

27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-34, 19

22. I HEREBY CERTIFY, That I attended deceased from

May 22, 1934, to May 25, 1934.

I last saw him alive on May 25, 1934. Death is said

to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pylorus
Arteriosclerosis
Chronic diffuse nephritis
Emphysema

Date of onset

4-10-34

?

?

4-25-34

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mark Haller

M. D.

(Address)

Sinner Hospital

F-01762

F/01762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 17-1 (Ward)

Date of residence in city or town where death occurred

3 yrs. 3 mos. 3 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Moses Robinson

(a) Residence: No.

743 Bradley

(Usual place of abode)

St.

Ward.

Cuniole 9th

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single
4. Married, widowed, or divorced		
HUSBAND of		
(or) WIFE of		
Divorced		

5. Date of Birth (month, day, year)	6. Age	7. Years	8. Months	9. Days	10. If LESS than 1 day, hrs. or min.
April 14 1889	45	1	12		

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	12. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	13. Date deceased last worked at this occupation (month and year)	14. Total time (years) spent in this occupation
Laborer		5 Mo	23

15. BIRTHPLACE (city or town)	16. BIRTHPLACE (State or country)
Cuniole Md	

17. NAME
Thomas Robinson

18. BIRTHPLACE (city or town)	19. BIRTHPLACE (State or country)
Cuniole Md	

20. MAIDEN NAME
Margaret Arthur

21. BIRTHPLACE (city or town)	22. BIRTHPLACE (State or country)
Cuniole Md	

23. INFORMANT
Archie C. Brown

24. BURIAL, CREMATION, OR REMOVAL
Brown

25. PLACE
Brown

26. UNDERTAKER
J.B. Brown

27. ADDRESS
Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1934

22. I HEREBY CERTIFY. That I attended deceased from 5-22-1934 to 5-26-1934

I last saw him alive on 5-26-1934. Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows: Hypertensive Cardiovascular renal disease

Date of onset

?

Other contributory causes of importance: Myocardial degeneration 5-10-29

Name of operation

Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J.B. Brown

(Address)

M. D.

7 1934

F 01763

F 01763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Remondale

CITY OF BALTIMORE: (No.)

St. 27-41 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth 25 yrs. mos. da.

FULL NAME

Daniel Churgan

(a) Residence: No.

Belvedere & Greenway

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Date

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

1840
LESS than
1 day, hrs.
or min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Unknown

13. BIRTHPLACE (city or town) (State or country)

Russia

14. MAIDEN NAME

Unknown

15. BIRTHPLACE (city or town) (State or country)

Russia

INFORMANT

(Address)

BUTIAL, CREMATION, OR REMOVAL

Burial Point Road Cemetery, Date May 27, 1934

UNDERTAKER

(Address)

Sol Harrison & Son, 147 7 E. Balto. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

5-24, 1933, to 5-25, 1934

I last saw him alive on 5-24, 1934 Death is said

to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cor. Myocarditis
Arteriosclerosis
Hypertension
Aortic dilatation of heart

Data at onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Edmund Levine

M. D.

(Address)

Remondale

27 1934 P. E. in Williams, H.

D. 10-1764

Laita Levin

F 01764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(B) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

3

9

27

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Balto md.

13. NAME

Frank Levin

14. BIRTHPLACE (city or town)
(State or country)

Balto md.

15. MAIDEN NAME

Jeanette Myers.

16. BIRTHPLACE (city or town)
(State or country)

Balto md.

INFORMANT

(Address)

Samuel Levin
3532 Over View Rd.

BURIAL, CREMATION, OR REMOVAL

Place

Hebrew Washington Rd. Date May 27 1934

UNDERTAKER

(Address)

S. Levinson
1127 E. Pratt St.
Huntington, W. Va.

7-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pneumonia

Hypertension

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jeanette Boggs

M. D.

(Address)

Sydney Hospital

F 01765

F 01765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-002

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hospital

St.

27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs. Annie Tellis

(a) Residence: No.

5025 Reisterstown Rd

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widow

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Walter Tellis

DATE OF BIRTH (month, day, year)

Feb 24, 1884

AGE

Years

Months

Days

If LESS than
1 day, 2 hrs.
or 30 min.

50

3

3 2

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore Md

13. NAME

Laurence Lemmer

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Sabina Barthelma

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeem Date 7/29/1934

UNDERTAKER

(Address)

Laurence Lemmer

FILED

A. C. F. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 26, 1934, to

May 27, 1934

I last saw her alive on May 27, 1934 Death is said

to have occurred on the date stated above, at 2³⁰ A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hyper tension C.V. Disease
with Cardiac Decompensation5 years
7 weeks

Other contributory causes of importance:

Bronchial asthma

30 yrs?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Burns, M.D.
Mercy Hospital

F 01766

F 01766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 St Paul St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Clara F. Minnick

(a) Residence: No. 2027 St Paul St.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female white Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 10 1861

AGE Years Months Days If LESS than 1 day, hrs. or min.

72

6

15

or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Middleton Frederick Co Md

12. NAME

Ezra Minnick

14. BIRTHPLACE (city or town) (State or country)

Middleton Md

15. MAIDEN NAME

Henrietta Gardner

16. BIRTHPLACE (city or town) (State or country)

Middleton Md

INFORMANT

Rev William J. Minnick

BURIAL, CREMATION, OR REMOVAL

Frederick Co Md

UNDERTAKER

Chas S. Black

DATE

27 1934

Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1933, to May 25, 1934

I last saw him alive on May 25, 1934. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Liver

Date of onset 1933

Other contributory causes of importance:

0

Name of operation

Oligo

Date of

No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

H H Pearl

M. D.

(Address)

2105 Chase St

F 01767

E 01767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Penhurst ave. 15-01)

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 2 mos. 21 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME

Alice Oliver

(a) Residence: No. 4010 Penhurst ave. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4 Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

If married, widowed, or divorced

HUSBAND of George F. Oliver.

(or) WIFE of

DATE OF BIRTH (month, day, year) March 4 1848

AGE Years 86 Months 2 Days 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.

13. NAME

John Rodenmayer

14. BIRTHPLACE (city or town)

Baltimore Md.

15. MAIDEN NAME

Rebecca Cutler

16. BIRTHPLACE (city or town)

Baltimore Md.

INFORMANT

Miss Sarah A. Oliver

(Address)

4010 Penhurst ave.

BURIAL, CREMATION, OR REMOVAL

Burial in cemetery Date May 28, 1934

UNDERTAKER

Chas. E. Black

(Address)

742 W. North ave.

7-1934

R. E. Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1934, to 5/25, 1934

I last saw her alive on 5/25, 1934 death is said to have occurred on the date stated above, at 4:40 PM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Degeneration of Muscles of Heart

Other contributory causes of importance:

old age 86 yrs

Name of operation

Date of

What test confirmed diagnosis?

clinical was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no so, specify

(Signed)

J. C. K. C. D.

(Address)

3401 Harrison St.

D. B. 1244 01768

F 01768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Welkens - Caton

25-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph O'Brien

(a) Residence: No.

1502 De Sota Rd. St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb. 17, 1934

AGE

Years

Months

Days

If LESS than
1 day, hra.
or min.

3

8

9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

13. NAME

Charles O'Brien

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

15. MAIDEN NAME

Marie Luber

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

INFORMANT

(Address)

Marie O'Brien
1502 De Sota Ave

BURIAL, CREMATION, OR REMOVAL

Place

Woodmont

Date

5/28

1934

UNDERTAKER

(Address)

William C. O'Brien
1212 Maryland St. Balt.
Harrington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 19, 1934, to May 26, 1934

I last saw him alive on May 26, 1934 Death is said

to have occurred on the date stated above, at 8²⁰ a. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

5/26/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James S. Harahan

M. D.

(Address)

FILED

7 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Edmondson Ave. 20-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Josephine Kovak Conway

(a) Residence: No.

3933 Edmondson Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, give name of (or) WIFE of Henry C. Conway

DATE OF BIRTH (month, day, year) Jan 20-1857

AGE 77 Years 4 Months 6 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Brooklyn N.Y. (State or country)

13. NAME Ignatius Batory

14. BIRTHPLACE (city or town) Budapest Hungary (State or country)

15. MAIDEN NAME Josephine Kovak

16. BIRTHPLACE (city or town) Warsaw Poland (State or country)

INFORMANT Frank B. Conway

(Address) 3933 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 24 1934

UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

RECEIVED 127 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1934 to 5-26-1934

I last saw him alive on 5-26-1934 Death is said to have occurred on the date stated above. 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Nephritis - Cirrhosis

Other contributory causes of importance:

Nephritis - Interstitial

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. S. D. Wall

(Address) 5522 Liberty Ave. C.

D. B. E-01770

F 01770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 9

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Maryland Ave St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Patricia Evans

(a) Residence: No.

2013 Maryland Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
----------------------	----------------------------------	--

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) April 24 - 1934

AGE <u>0</u>	Years <u>1</u>	Months <u>2</u>	Days <u>2</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X11. Total time (years) spent in this occupation XBIRTHPLACE (city or town)
(State or country)BaltoMd

13. NAME

Harry C. Evans14. BIRTHPLACE (city or town)
(State or country)Lynchburg Va

15. MAIDEN NAME

Debois Petrus16. BIRTHPLACE (city or town)
(State or country)BaltoMd.

INFORMANT

(Address)

Harry C. Evans
2013 Maryland Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Harford Rd) Date May 28 1934

UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from

Apr 24 1934 to May 26 1934I last saw him alive on Apr 25 1934 Death is saidto have occurred on the date stated above, at 9:00

The principal cause of death and related causes of importance were as follows:

Whooping coughDate of onset
Cough
about
May 18
1934

Other contributory causes of importance:

Bronchio pneumoniaMay 24
1934

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Rosecoe E Cross

M. D.

(Address) 2438 Maryland Ave

AY 27 1934

F 01771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

OF BALTIMORE: (No.

3101 Rueckert Ave., Hamilton WARD

FULL NAME

Robert E. L. Hartzell

RESIDENCE NO.

3101 Rueckert Avenue ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

th of residence in city or town where death occurred

63 yrs. 6 mos. 20 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

le

White

Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of

Clara Schulze

TE OF BIRTH (month, day, and year)

Nov. 6, 1870

Years

Months

Days

If LESS than
1 day... hrs.
or... min.

63

6

20

OCCUPATION OF DECEASED

1 Trade, profession or
particular kind of work2 General nature of industry,
business, or establishment in
which employed (or employer)

Upholsterer

3 Name of employer

Hochschild, Kohn & Co.

4 BIRTHPLACE (city or town)
(state or country)

Baltimore

Maryland

5 NAME OF FATHER

John Hartzell

6 BIRTHPLACE OF FATHER (city or town)

Not obtainable

(State or country)

7 MAIDEN NAME OF MOTHER

Mary Pfisterer

8 BIRTHPLACE OF MOTHER (city or town)

Baltimore

(State or country)

Maryland

9

Mrs. Clara Hartzell

(Address)

3101 Rueckert Avenue

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 26/34

17

I HEREBY CERTIFY, That I took charge of the

remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

inquiry find that said deceased came to his death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris (Probably Organic)

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

Inquiry

(Signed)

Coroner M. D.

5/27/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Cathedral Cemetery

DATE OF BURIAL

5/29 1934

ADDRESS

20 UNDERTAKER

Kendrick & Sons

1

1934

Registrar

F 01772

F 01772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (N)

212 No Payson St. 20-01 Ward

Length of residence in city or town where death occurred: 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Landon St. L. Barnett

(a) Residence: No

212 No Payson St.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	2. Color of Race	3. Single, Married, Widowed, or Divorced (write word)
Male	White	Single

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year)

May 23 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	3		

Trade, profession, or particular kind of work done, as splorer, sawyer, bookkeeper, etc.

Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

May 25-34

11. Total time (years) spent in this occupation

2

BIRTHPLACE (city or town) (State or country)

Horseshoe Gully MC

3. NAME

Dudley P. Barnett

4. BIRTHPLACE (city or town) (State or country)

Virginia

5. MAIDEN NAME

Lorisama White

6. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

Marguerite L. Talley

(Address)

212 No Payson

BURIAL INFORMATION, OR REMOVAL

Place

Landon Park

Date 5/28/34

UNDERTAKER

Henry W. Meany

(Address)

805 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

1919 to 1934
 I last saw him alive on May 26, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Death due to Strangulation
 (Hanging)

May 26-1934

Other contributory causes of importance:

Suicide

Name of operation

Anguine

May 26-34

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Suicide May 26 34

Accident, suicide, or homicide? Date of injury

Where did injury occur? 212 Payson St. Baltimore MD

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Hanging - Suicide

Nature of injury

Strangulation

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

J. L. Volentine, M.D.

(Address)

16 So. Maryland

21 1934

D. 12657 F 01773

F 01773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 Harford Ave. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 952 Harford Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hanlon

DATE OF BIRTH (month, day, year) Not known

AGE Years Months Days If LESS than 1 day, hrs. or min.

About 68 yrs 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Matthew P. Maguire

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McGee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Hanlon

(Address) 952 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral May 28, 1934

19. UNDERTAKER Edmund J. Connelley

(Address) 124 E. Eager St.

20. HUNTINGTON WILLIAMS, M.D.

21. DATE OF DEATH (month, day, year) May 25, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/21 1934 to 5/25 1934

I last saw her alive on 5/24 1934 Death is said to have occurred on the date stated above, at 5 am.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Other contributory causes of importance:

Ante Cardiac Dilatation

Name of operation none Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sigl. Littman M. D.

(Address) 1308 S. Chase

27 1934

12454 1774

HEALTH DEPARTMENT—CITY OF BALTIMORE 1774

CERTIFICATE OF DEATH

✓ 186-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital St. 75-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ellen J. McCulliffe

(a) Residence: No. *2237 Annapolis Ave St. Westport* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Female* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

6. Married, widowed, or divorced

HUSBAND of (or) WIFE of

Dennis McCulliffe

7. DATE OF BIRTH (month, day, year)

June 23rd 1860

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>73</i>	<i>11</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Ellen J. McCulliffe

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Catherine Jones

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

Mr. Mamie E. Jones

(Address)

2237 Annapolis Ave St. Westport

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic*

Date *5/28/34* 19

19. UNDERTAKER

John J. Cowan & Son

(Address)

901 Hollister St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *3/27/34* 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance:

Accidental Fracture of Left Femur

Name of operation

Date of

What test confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *Yes* Date of Injury *5/14, 1934*

Where did injury occur? *2237 Annapolis Ave* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Home*

Manner of Injury *Fell down steps*

Nature of Injury *Fract of R Hip*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*

(Signed)

B. F. Ferguson M.D.

M. D.

(Address)

1307 Patterson St.

F 01775

F 01775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. da.

FULL NAME

(a) Residence: No.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: Male 2. Color: White 3. Marital Status: Married

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE: 80 Years, 0 Months, 0 Days. If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country)

3. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (Address)

DECEASED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocarditis

Sudden

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01776

F 01776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MO.

St. 12-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

Date of residence in city or town where death occurred yrs. mos. ds.

FULL NAME

Anna

Zimmerman Hall St. 5 Ward St. Joseph's Hosp

(a) Residence: No.

2107 Barclay

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color of Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced, name of (or) WIFE of

William Zimmerman

DATE OF BIRTH (month, day, year)

AGE 64 Years 65 Months 7 Days 9 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Auriferous

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

2. NAME of deceased

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY That I attended deceased from May 13, 1934 to May 25, 1934

I last saw her alive on May 25, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease with failure

Date of onset

Other contributory causes of importance:

Cerebral Arteriosclerosis Chronic Nephritis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph J. Osterman, M.D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registrar

R-1268-

F 01778

✓ F 01778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 424 S Eden St., 3-01 Ward)

th of residence in city or town where death occurred 49 yrs. mos. da, How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Francisco Galadino

(a) Residence: No. 424 S Eden St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. married, widowed, or divorced

HUSBAND of Caramela (or) WIFE of

DATE OF BIRTH (month, day, year) Apr 1868

AGE 66 Years 1 Months 12 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Italy (State or country)

NAME Michael Galadino

BIRTHPLACE (city or town) Italy (State or country)

MAIDEN NAME Caramela Tindilla

BIRTHPLACE (city or town) Italy (State or country)

INFORMANT Angelina Delane (Address) 424 S Eden

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 28, 1934

UNDERTAKER Marydell Johnson (Address) 300 S. Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) H. K. Henry M.D. Coroner

(Address) 1305 N. Holloman St.

28 1934

D. 26

F 01780

F 01780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Linear Hospital St. 2-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1703 E Baltimore* St., *2-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Late Ella*DATE OF BIRTH (month, day, year) *1868*AGE Years *74* Months *0* Days *0* If LESS than 1 day, hrs. *0* or min. *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *000*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Max Rosenthal*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Esther*16. BIRTHPLACE (city or town) (State or country) *Russia*INFORMANT *Hyman Rosenthal*(Address) *1703 E Balto St*

BURIAL, CREMATION, OR REMOVAL

Place *Bellevue Southern Ave*Date *May 28* 19*34*UNDERTAKER *J. J. Swinson*(Address) *1127 E Balto St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 25*, 19*34*, to *May 27*, 19*34*I last saw him alive on *May 27*, 19*34*. Death is said to have occurred on the date stated above, at *2:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Date of onset

May 24

Other contributory causes of importance:

*Carcinoma of caecum*Name of operation *Hemostomy*Date of *May 25*

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel Weisman*

M. D.

(Address) *Linear Hospital*

FILED 28 1934

F 01781

F 01781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Union Memorial Hospital 15-61 Ward)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Henry Blackburn Davis

(a) Residence: No.

3407 Fairview Ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

6-17-1927

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

6

11

9

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Henry Blackburn Davis

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

15. MAIDEN NAME

Catherine Welch

16. BIRTHPLACE (city or town)
(State or country)

Bristol, Md.

INFORMANT

(Address)

Henry B. Davis
3407 Fairview Ave, City

BURIAL, CREMATION, OR REMOVAL

Place

Union Ridge

Date

May 28, 1934

UNDERTAKER

(Address)

Wm J. Tickert
North & Calve

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1934, to 5-26, 1934.

I last saw him alive on 5-26, 1934. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

mesenteric, pyogenic
Brain abscess

Date of onset

5-23-34

5-23-34

Other contributory causes of importance

Mastoiditis, bilateral
Adenitis, cervical
Osteomyelitis of 9th rib
Maxillary sinusitis

4-33

2-33

7-34

Name of operation: Maxillary sinusitis, bilateral

4-29-33

Date of 2-18-33

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W B Seale

M. D.

(Address)

Union Memorial Hospital

MAY 28 1934

F 01782

F 01782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 7000 Station St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Baby Boy Chamberlain

(a) Residence: No. 1810 7000 Station St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

May 26 1934

AGE

Years

Months

Days

If LESS than 1 day, 10 hrs. or 55 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Charles C. Chamberlain

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Helen Lirley

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

M. C. Chamberlain

(Address)

1810 7000 Station St

BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn Date May 28 1934

UNDERTAKER

(Address)

L. H. Chamberlain

FILED

28 1934

A. E. J. [Signature]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 26 1934

to

May 27 1934

I last saw him alive on May 27 1934. Death is said

to have occurred on the date stated above, at 12:00 midnight

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity (7 1/2 months)

Other contributory causes of importance:

Cardiac decompensation

Name of operation

Date of

What test confirmed diagnosis?

el

Was there an autopsy?

no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

L. H. Chamberlain 3321 [Address]

M. D.

F 01783

F 01783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *Harvey Gancey*(a) Residence: No. *923 Jordan*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>Male</i>	<i>Colored</i>	<i>Widowed</i>

If married, widowed, or divorced	
HUSBAND of	<i>Albata (dead)</i>
(or) WIFE of	

DATE OF BIRTH (month, day, year) *Dec. 15, 1896*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>37</i>	<i>5</i>	<i>8</i>		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
<i>Labourer</i>	<i>040</i>

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	

8. Date deceased last worked at this occupation (month and year)	9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *North Carolina*
(State or country)13. NAME *Thomas*14. BIRTHPLACE (city or town) *N. C.*
(State or country)15. MAIDEN NAME *Lula Crowley*16. BIRTHPLACE (city or town) *N. C.*
(State or country)INFORMANT *Records*
(Address) *Bald City Hosp*BURIAL, CREMATION, OR REMOVAL
Place *Mt Auburn Cem* Date *5-28-34*UNDERTAKER *Frank H. Carter*
(Address) *916 E. ...*

28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 23, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 8, 1934* to *May 23, 1934*I last saw him live on *May 23, 1934* Death is said to have occurred on the date stated above, at *7:20 A.M.*

The principal cause of death and related causes of importance were as follows:

<i>Infarct of Myocardium</i>	Date of onset
<i>Myocardial Transpiration</i>	<i>5-20</i>
<i>& congestive failure</i>	<i>5-20</i>

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phazel* M. D.(Address) *Bald City Hosp*

1784 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Gen Hosp 27-01 Ward)Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.FULL NAME Rebecca White(a) Residence: No. 633 House

(Usual place of abode)

St.,

Ward Gen Sch Beach & Co

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race W.C. 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE ofDATE OF BIRTH (month, day, year) 1-9-1870AGE 64 Years 4 Months 16 Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 137BIRTHPLACE (city or town) Annapolis Co.
(State or country) Maryland13. NAME Richard Peterson14. BIRTHPLACE (city or town) A.A. Co.
(State or country) Maryland15. MAIDEN NAME Mary Garrett16. BIRTHPLACE (city or town) A.A. Co.
(State or country) MarylandINFORMANT Patent(Address) 633 House St.

BURIAL, CREMATION, OR REMOVAL

Place mt Auburn Cemetery Date May 28 1934UNDERTAKER Thomas E. Nelson(Address) 1303 Presetman St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 193422. I HEREBY CERTIFY, That I attended deceased from 5-23, 1934 to 5-25-34, 1934I last saw h. 2 alive on 5-25, 1934 Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular disease
Chronic NephritisDate of onset Unknown

Other contributory causes of importance:

Intestinal distensionDate of onset UnknownName of operation NoneDate of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1934Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:(Signed) Robert E. Brown

M. D.

(Address) 222 N. Tucker St.

F 01785

F 01785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131
Registered No.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Mount St., 15-01 Ward)

Length of residence in city or town where death occurred: yrs. 30 mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1307 Mount St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of Josephine Meredith (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 27, 1886

AGE Years Months Days If LESS than 1 day, hrs. or min.
+7 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Texas

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

Josephine Meredith 1307 N. Mount St

BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn Cemetery Date May 28 1934

UNDERTAKER (Address)

Thomas G. Nelson 303 President St

FILED

12

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1934, to 5/25, 1934

I last saw deceased alive on 5/25, 1934, death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Nephritis
Aortic Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Thos. G. Nelson
2/134 D.H.

M. D.

12-2-26-A Co.-200 Hks.
F 01786

HEALTH DEPARTMENT-CITY OF BALTIMORE

F 01786

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

Declared dead at

of BALTIMORE: (No.

Hopkins Hospital

St. 7-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Jacob Pasala

(a) RESIDENCE NO.

510 N. Linwood Avenue

St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

(X)

(Color or Race)

Single, Married, Widowed, or Divorced, (write the word)

Male

White

Widower

Married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

YE

Years

Months

Days

1881

IF LESS than
1 day hrs.
or min.

53

11

?

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country)

Poland

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Poland

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Poland

Informant
(Address)

James Pasala (Son)

510 N. Linwood Avenue

Filed

19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

1934 May 25 34

(7)

I HEREBY CERTIFY, That I took charge of the

remains described above, held an inquiry

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

inquiry

And that said deceased came to his death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Pistol shot wound above rt ear
in cellar of his home.

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

(Signed)

(Coroner)

M. D.

5/28/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Holy Rosary

May 29 1934

ADDRESS

UNBERTAKER

John M. Weber

401 S. Chester St

F 01787

F 01787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No.

St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs Anna M. Gripp

(a) Residence: No.

3509 Old Frederick Rd. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race	2. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Charles Gripp

DATE OF BIRTH (month, day, year)

July, 19, 1866

AGE

67

Years

Months

10

Days

7

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore Md

12. NAME

August Furaw

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT
(Address)Hospital records
3509 Old Frederick Road

BURIAL, CREMATION, OR REMOVAL

Place

Western

Date

May 29, 1934

UNDERTAKER
(Address)Mrs. John H. Gripp, Son
H. Gripp, Son

FILED

28 1934

Huntington Hill, Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26 - 12 Noon, 1934, to May 26 - 20 PM, 1934.

I last saw her alive on 5-26, 1934. Death is said to have occurred on the date stated above, at 10 PM.

The principal cause of death and related causes of importance were as follows:

Strangulated ventral hernia

Date of onset

5-23

Other contributory causes of importance:

Cardiac failure

Name of operation

Ventral hernia

Date of operation

5-26

23. Was there an autopsy? 1934

24. Was death due to external causes (violence) fill in also the following: assault, suicide, or homicide? Date of injury 1934

Where did the injury occur? (Specify city or town, county, and State)

Specify where the injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

7/0

If so, specify

(Signed)

H. Gripp

M. D.

(Address)

Mrs. Gripp

88

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01788

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Death is said
to have occurred on the date stated above, atThe principal cause of death and related causes of
importance were as follows:Pneumonia
Bronchopneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 West North Ave. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mo. da. How long in U. S. if of foreign birth? 40 yrs. mo. da.

2. FULL NAME

Benjamin Landau

(a) Residence: No. 1740 West North Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Landau

DATE OF BIRTH (month, day, year) Aug. 18, 1859

AGE Years 74 Months 9 Days 9 if LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Diamond Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Landau

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mrs. B. Landau (Address) 1740 West North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date May 29, 1934

UNDERTAKER (Address) 1902 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to May 27, 1934

I last saw him alive on May 27, 1934. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic gastritis
with hypertension

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

1844 W. North Ave.

M. D.

MAY 28 1934

✓ F 01790

01790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Simi* *Hospital* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

*Adèle K. Winternity**Adèle K. Winternity*(a) Residence: No. *3319 Burleigh Ave* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of

(or) WIFE

*Louis Winternity*DATE OF BIRTH (month, day, year) *May 23, 1894*

AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

*40**4**4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town; State or country)

St. Louis, Mo.

13. NAME

Louis Kohn

14. BIRTHPLACE (city or town; State or country)

St. Louis, Mo.

15. MAIDEN NAME

Emilia Enrich

16. BIRTHPLACE (city or town; State or country)

N. Y.

INFORMANT

(Address)

M. L. Winternity
3319 Burleigh Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Har. Sinai Date *May 29, 1934*

19. UNDERTAKER

(Address)

David Souda
1902 E. Main Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *4-21* 19 *34* to *May 27* 19 *34*I last saw her alive on *May 27* 19 *34* Death is said to have occurred on the date stated above, at *8:30 Am.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of Breast**Cellulitis of arm, post-operative*

Date of onset

4-13-34

Other contributory causes of importance:

Name of operation *Radical breast* of

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Mark Hollander

M. D.

(Address)

Simon Hospital

FILED

MAY 28 1934

19

William A. D.

01791

F 01791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 S. Calton Ave. 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Baby Macfield

(a) Residence: No.

514 S. Calton Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

5-26-34

AGE

Years

Months

Days

If LESS than
1 day...7 hrs.
or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

12. NAME

Samuel R. Macfield

14. BIRTHPLACE (city or town)
(State or country)Ellicott City
Maryland

15. MAIDEN NAME

Theresa P. Morris

16. BIRTHPLACE (city or town)
(State or country)Ellicott City
MarylandINFORMANT
(Address)Samuel R. Macfield
514 S. Calton Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Not buried Date 5-28-34

UNDERTAKER
(Address)J. B. McPherson & Son
300 E. Baltimore Ave.

MAY 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/26/1934

22. I HEREBY CERTIFY, That I attended deceased from

5/26/1934 to 5/26/1934

I last saw him alive on 5/26/1934 Death is said

to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Bernard J. Perry
910 W. L. Avenue

M. D.

Registrar

1792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *514 S. Caton Ave* Ward *20-81*)

Birth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Harfield

(a) Residence: No.

514 S. Caton Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of		
7. DATE OF BIRTH (month, day, year) <i>5-26-34</i>		
8. AGE	Years	Months Days
		If LESS than 1 day, / hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Samuel R. Harfield

14. BIRTHPLACE (city or town) (State or country)

Ellicott City Maryland

15. MAIDEN NAME

Thelma P. Morris

16. BIRTHPLACE (city or town) (State or country)

Ellicott City Maryland

INFORMANT

Samuel R. Harfield

(Address)

514 S. Caton Ave

BURIAL, CREMATION, OR REMOVAL

Place *Not Buried*

Date *May 28, 1934*

UNDERTAKER

(Address)

W. B. Hippen & Son 1300 E. Baltimore Ave

MAY 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/26/34* 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

5/26/34 to *5/26/34* 19*34*

I last saw him alive on *5/26/34* 19*34* Death is said

to have occurred on the date stated above, at *12:00* P. M.

The principal cause of death and related causes of importance were as follows:

Immaturity

Date of onset

(Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19*34*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Dr. J. J. Perry

(Address)

9106 Lombard

M. D.

1793

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01793

CERTIFICATE OF DEATH

167

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2661 Frederick Ave St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

William H. Hammerbacher

(a) Residence: No.

2661 Frederick Ave

St.,

Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced

HUSBAND of Annie K. Hammerbacher

(or) WIFE of

DATE OF BIRTH (month, day, year)

1885

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

48

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Butcher

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

12. NAME John Hammerbacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Annie K. Hammerbacher (Address) 2661 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park

Date May 28th, 1934

UNDERTAKER F. B. Wippert & Son 1300 Eutaw Place

MAY 28 1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 4.30P Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Death due to bullet shot through head & brain May 25-34

Other contributory causes of importance:

Name of operation

Suicide Inquest Date of 25-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Suicidal Date of injury May 25, 1934

Accident, suicide, or homicide?

Where did injury occur? 2661 Frederick Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Home

Nature of injury Pistol wound in head

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) Joseph L. Valentini D. M. D.

(Address) 16 So Monmouth

11-2-25-A Co.-200 Bks.
01794

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01794

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1915 W. Lombard

20-01
Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph V. Bowen

(a) RESIDENCE NO. 1915 W. Lombard

St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race White Single, Married, Widowed, Divorced, (write the word)

Male White Married

If married, widowed, or divorced, HUSBAND or (or) WIFE of Ella C. Bowen

DATE OF BIRTH (month, day, and year) Sept 1st-1911

AGE Years Months Days 22 8 26 If LESS than 1 day...hrs. or...min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Harrisburg Pa.

10 NAME OF FATHER Bowen

11 BIRTHPLACE OF FATHER (city or town) Harrisburg, Pa.

12 MOTHER NAME OF MOTHER Leona Addick

13 BIRTHPLACE OF MOTHER (city or town) Pa.

Informant Ella C. Bowen (Address) 1915 W. Lombard St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th, 1934

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute & chronic B heart

May 26-34 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(Signed) Joseph L. Ventrone D. (Coroner)

By 27, 1934 (Address) 16 So Broadway,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR Date of Burial

London Park May 26/34

ADDRESS

MAY 28 1934

Huntington Williams, M.D. Wm. H. Putnam, M.D. 1300 E. Howard St

01785

F 01785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH *Ward for Women of Md*
 CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred *2* yrs. *9* mos. *5* ds. How long in U. S. If of foreign birth? *2* yrs. *9* mos. *5* ds.

2. FULL NAME *Anna Barsatti*

(a) Residence: No. *1716 E. Lafayette* St., _____ Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *7* 4. Color or Race *W-* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced
 HUSBAND of *Erminio Barsatti*
 (or) WIFE of

DATE OF BIRTH (month, day, year) *1888*

AGE *46* Years Months Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Italy*
 (State or country)

13. NAME *Vincent Cerillo*

14. BIRTHPLACE (city or town) *Italy*
 (State or country)

15. MAIDEN NAME *Louise Trapani*

16. BIRTHPLACE (city or town) *Italy*
 (State or country)

17. INFORMANT *Erminio Barsatti*
 (Address) *1716 E. Lafayette Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Holy Redeemer* Date *5-29-34*

19. UNDERTAKER *Wendell & Humphreys*
 (Address) *1501 N. Broadway*

FILED *1934* *Huntington Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 25, 1934*

22. I HEREBY CERTIFY. That I attended deceased from *May 14th 1934 to May 25th 1934*
 I last saw her alive on *May 25, 1934* Death is said to have occurred on the date stated above, at *11:30* p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis acute
Phlebitis (Rt+Lt leg.)
Pulmonary embolism

Date of onset *April 1934*

May 10
May 25

Other contributory causes of importance:

Diabetes mellitus
Secondary anemia

1933
?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *W. Allen Dec 1st* M. D.

(Address) *Woman's Hospital*

796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01796

CERTIFICATE OF DEATH

122-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mrs. Patrick (Esther) Stiles

(a) Residence: No.

706 Newington Ave., St. Baltimore

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND
(or) WIFE of*Patrick Stiles*

DATE OF BIRTH (month, day, year)

Dec 24, 1904

AGE

29

Years

5

Months

2

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

W. C. Carter

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Sarah F. Reynolds

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

Wm. C. Carter

(Address)

BURIAL, CREMATION, OR REMOVAL

*Interred in Union Memorial Hospital*Date *May 29, 1934*

UNDERTAKER

(Address)

John W. Mitchell & Sons

FILED

1934

19

F 7

F 7

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F 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 25, 1934, to May 26, 1934*I last saw her alive on *May 26, 1934*. Death is said to have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Cardiac failure

Date of onset

5/24/34

Other contributory causes of importance:

*Rheumatic fever**Intestinal Obstruction?*Name of operation *Laparotomy*Date of *5/25/34*

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. B. Seale*

M. D.

(Address)

Union Memorial Hospital

797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01797

49

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary H. Dobler

(a) Residence: No.

Homewood Apts.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

48

Years

Months

Days

April 8, 1886If LESS than
1 day, hrs.
or min.19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Ind.

13. NAME

John F. Dobler14. BIRTHPLACE (city or town)
(State or country)Ind.

15. MAIDEN NAME

Emma Seebold16. BIRTHPLACE (city or town)
(State or country)Ind.

INFORMANT

(Address)

John F. Dobler
3309 Emerald Ave

BURIAL, CREMATION, OR REMOVAL

Place

Green Mount

Date

May 30 1934

UNDERTAKER

(Address)

John O. Mitchell
1920 Union Ave

FILED

AY 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY. That I attended deceased from

Aug 24, 1933, to May 27, 1934.I last saw him alive on May 27, 1934 Death is said to have occurred on the date stated above, at 9:14 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary

Date of onset

1934?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. B. Seidel

M. D.

(Address)

Union Memorial Hospital

798

HEALTH DEPARTMENT—CITY OF BALTIMORE

01788

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Womans Hospital

Ward)

CITY OF BALTIMORE: (No. *John Lafayette* St. *14-01*)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Mrs. Delia Curtis

Ward.

(If non-resident give city or town and State)

(a) Residence: No. *6901 Fenway Rd*

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Married

a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Dennis Curtis

DATE OF BIRTH (month, day, year)

2 2

7/2/1893

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

41

3

24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

II. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT (Address)

Husband
6901 Fenway Rd.

8. BURIAL, CREMATION, OR REMOVAL

Place *Care Home* Date *Mar. 30* 19 *34*

9. UNDERTAKER (Address)

John C. Muelhens
400 Easton Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26*, 19 *34*22. I HEREBY CERTIFY, That I attended deceased from *April 24*, 19 *34*, to *May 26*, 19 *34*I last saw her alive on *May 26*, 19 *34* Death is said to have occurred on the date stated above, at *3:30 Pm.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

5/18/34

Other contributory causes of importance:

Carcinoma of Stomach 4/2/32

Name of operation *Resection of Stomach* Date of *5/15/34*What test confirmed diagnosis *Sections* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Beverly C. Compton, M. D.*

(Address)

Womans Hospital

28 1934

799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

F 01799

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 M. Lafayette St. SE. 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

B. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date May 28, 1934

UNDERTAKER

(Address) 322 N. Broadway St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from
5/22, 1934, to 5/25, 1934.I last saw him alive on May 23, 1934. Death is said
to have occurred on the date stated above, at 6 P. M.The principal cause of death and related causes of
importance were as follows:

Data of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAY 28 1934

Huntington Williams, M.D.

800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01800

CERTIFICATE OF DEATH

67

PLACE OF DEATH

CITY OF BALTIMORE: (No.

927 W. Franklin St. 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Samuel James Bowser Jr.

(a) Residence: No.

927 W. Franklin St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

DATE OF BIRTH (month, day, year) May 11, 1934

AGE Years Months Days If LESS than 1 day, hrs. or min. 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Balto. Md.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel James Bowser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Brungole

16. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

INFORMANT Mary Bowser

(Address) 927 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date May 28, 1934

UNDERTAKER Mrs. Katie R. Williams

MAY 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934, to May 27, 1934.

I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Status Thymoscolymphaticus.

Other contributory causes of importance:

Name of operation None Date of Clin

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. D.

(Address) Univ. Hosp.

Registrar

301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01801

131

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 18-40 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Harriett Robinson

(B) Residence: No.

824(?) W. Fayette St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male Color or Race colored Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 41 ? Years Months Days If LESS than 1 day. hrs. or min.

2. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Maryland

13. NAME

Horace Thomas

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

Riggs Back City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Calvary Cemetery Md. Date May 30, 1934

UNDERTAKER (Address)

Mrs. Katie R. Williams 322 A. Esplanade St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1933, to May 26, 1934

I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 12:00 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension, arteriosclerosis, Hemiplegia, Cerebral hemorrhage, old.

Date of onset 10 mos

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) T. P. Magill

M. D.

(Address) Back City Hospital

Y 28 1934

Thurston Williams, M.D.

F 01802

F 01802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

PLACE OF DEATH

TY OF BALTIMORE: (No.

1319 Ashland Ave

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred

Life

mos.

da.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

FULL NAME

Abraham Bicks

(a) Residence: No.

1319 Ashland Ave

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX 77 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Anna Bicks

DATE OF BIRTH (month, day, year)

March 4, 1872

AGE

Years 62

Months 2

Days 21

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

George Bicks

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

Ada Rose Baughman 1319 Ashland Ave

BURIAL, CREMATION, OR REMOVAL

Place

Int. Cemetery

Date May 27, 1934

UNDERTAKER

(Address)

Mrs. Robert A. C. Baughman 1319 Ashland Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 21, 1934 to May 25, 1934

I last saw him alive on May 24, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction

Date of onset

June 1

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chest X-ray

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

Bennett Harris

M. D.

(Address)

1307 N. Caroline St.

28 1934

Co. 5-11 200
F 01803

HEALTH DEPARTMENT—CITY OF BALTIMORE 01803

CERTIFICATE OF DEATH

131V

PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. 22 1/2 St.) St. 12-01 Ward

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? yrs. _____ mos. _____ ds.

FULL NAME Joseph Turner

(a) Residence: No. 420 E. 22 1/2 St. St. _____ Ward _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Maudie Turner

DATE OF BIRTH (month, day, year) May 28 - 1891
AGE 42 Years 43 Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richard Turner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

INFORMANT Maudie Turner - Wife
(Address) 420 E. 22 1/2 St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date May 28, 1934

UNDERTAKER Ans. Rott & Co. - Daughters
(Address) 1129 N. Calver St.

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to May 23, 1934

I last saw deceased alive on May 22, 1934, death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative
Hepatitis

Date of onset Jan 15, 1934

Other contributory causes of importance:

Acute Hepatitis

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. L. Hall M. D.

(Address) 426 E. 23 St. Balto, Md.

01804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01804

CERTIFICATE OF DEATH

122-002

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race
5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

8 1934

Registrar

F 01805

F 01805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>F.</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
------------------	----------------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>1</i>	<i>22</i>	<i>7</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *New Cathedral Cem.* Date *May 29, 1934*

UNDERTAKER

(Address)

FILED

1 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from *May 14th* 19*34* to *May 27th* 19*34*
I last saw her alive on *May 27th* 19*34* Death is said to have occurred on the date stated above, at *6:25* a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchopneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

F 01806

F 01806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

St. 7-01 Ward

CITY OF BALTIMORE: (No. _____)

Date of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Sarah R. R.

Ward. Dundalk

(If non-resident give city or town and State)

(a) Residence: No. 106 Ventnor Terrace

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Edward
(or) WIFE of

DATE OF BIRTH (month, day, year)

5/12/06

AGE

28

Years

Months

Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Md

1. NAME

Sam. Riley

2. BIRTHPLACE (city or town) (State or country)

Wet

3. MAIDEN NAME

Ella Flannigan

4. BIRTHPLACE (city or town) (State or country)

Md

INFORMANT

(Address)

JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1723 N. Patterson Park Ave

FILED

19

Registrar.

21. DATE OF DEATH (month, day, year)

5/26/34. 19

22.

I HEREBY CERTIFY. That I attended deceased from

May 21, 1934, to May 26, 1934.

I last saw him alive on May 26, 1934. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

pleurisy effusion
haemorrhagic pneumonia

Date of onset

5/24/34

1934

Other contributory causes of importance:

Full term pregnancy

Aug 1933

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address)

F 01807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Pronounced dead at
 CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Adam Slouck. Sr.

(a) Residence: No. 1615 Race St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, HUSBAND of Elizabeth Slouck.

DATE OF BIRTH (month, day, year) January 30, 1890

AGE Years 43 Months 3 Days 26 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

3. NAME Henry Slouck.

4. BIRTHPLACE (city or town) (State or country) Pennsylvania.

5. MAIDEN NAME Margaret Allen.

6. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Charles A. Slouck Jr. (son)
 (Address) 1615 Race St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 28, 1934

UNDERTAKER Bernard A. Fink
 (Address) 5135 Norfolk Road

81934

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Congestion,
 Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None. Inquiry Date of Yes.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? Southern Police Station
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto W. Reinhardt M. D.
 6/28/34 (Address) 1017 E. Charles St. Coroner

D. B. E-9 01808

808
HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 MON. di.

PLACE OF DEATH

PLACE OF DEATH
CITY OF BALTIMORE: (No. 1101 N. Kenwood Ave. Sta. 0 Ward 0)
where death occurred yrs. 1 mon. 2 ds. How long in U. S. I

Birth of residence in city or town where death occurred..... yrs. *1307* *Willing*

FULL NAME

FULL NAME *Baby* *1st* *St.*
(a) Residence: No. *1101* *W. Remond* *ave*
(Usual place of abode)
PARTICULARS

(a) Residence: No. 77 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

Page	5. Single, Married, Widow Divorced (write the w
------	--

4. Color or Race	
------------------	--

If married, widowed, or divorced?
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) _____ Months

DATE OF BIRTH	Years	Months
AGE		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, cotton mill, bank, etc.

u. Date deceased last worked at
this occupation (month and
year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

13. NAME:

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME:

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address) *221 1st Ave*
 BURIAL, CREMATION, OR REMOVAL *221 1st Ave*

Place

UNRELIABLE

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

21. DATE OF DEATH (month, day, year) May 26 1934 I HEREBY CERTIFY, That I attended deceased from 1934

22. 26 1934 to May 26 1934 death is said

22. I HEREBY CERTIFY that May 26, 1938 to May 26, 1938 Death is said
I last saw him live on May 26, 1938 at 8 P.M.
to have occurred on the date stated above, at 8 P.M.
Death and related causes of

Date of onset

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

What test confirmed diagnosis _____

23. If death was due to external causes (violence) following: _____ Date of Injury _____, 19____

Murder or homicide? _____ State _____

Where did injury occur? (Specify city or town, county, and State)
occurred in industry, in home, or in public

Specify whether injury occurred in industry.

Manner of injury

Manner of Injury	Nature of Injury	In any way related to occupation of deceased?

24. Was disease or injury in any way related to occupation of deceased?
Specify: *Yes* M. D.

(Signed) Paul Thompson M. D.

(Address) 2203 E. 17th St

F 01809

D. B. 1268-9

01809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: *City*

2. FULL NAME

(a) Residence: No. *852 W. Fairmount Ave. St.* Ward. *9*
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *Al* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *July 6 - 1933*
AGE Years Months Days If LESS than 1 day. hrs. or min. *10 20*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *William Harris*14. BIRTHPLACE (city or town) (State or country) *Ala*15. MAIDEN NAME *Flora Jennings*16. BIRTHPLACE (city or town) (State or country) *Ala*INFORMANT *Flora Harris (mother)*
(Address) *852 W. Fairmount Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *Cathryn* Date *May 28, 1934*
UNDERTAKER *Robert Williams*
(Address) *1515 McAdams St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 26, 1934*
I last saw *per* alive on *May 26, 1934* Death is said to have occurred on the date stated above, at *12:45 P. M.*

The principal cause of death and related causes of importance were as follows:

*Pertussis
Bronchopneumonia*

Date of onset

5/23/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Charles E. Byrard, M.D.*
(Address) *Sydenham Hospital*

28 1934

F 01810

D. P. 1708-9

810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *27-01* Ward)Place of residence in city or town where death occurred *17* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *4510* St. *George* av. St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 2. Color or Race *Colored* 3. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced

HUSBAND of (or) WIFE of *Unknown*DATE OF BIRTH (month, day, year) *March 1, 1895*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *4*BIRTHPLACE (city or town) (State or country) *Georgia*12. NAME *Fate Barnes*14. BIRTHPLACE (city or town) (State or country) *Georgia*15. MAIDEN NAME *Lena Barnes*16. BIRTHPLACE (city or town) (State or country) *Georgia*INFORMANT (Address) *Mercy Hospital*

BURIAL, CREMATION, OR REMOVAL

Place *Abney Cem*Date *May 30, 1934*UNDERTAKER (Address) *15-18 McElroy St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 21, 1934* to *May 27, 1934*I last saw him alive on *May 27, 1934*. Death is said to have occurred on the date stated above, at *6:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach (with metastasis to liver)

Date of onset

2

Other contributory causes of importance:

Name of operation *Stomachotomy*Date of *5.9.34*What test confirmed diagnosis? *Ply right* Is there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) *Dr. J. C. Williams*(Address) *Mercy Hospital*

M. D.

281934

F 01811

HEALTH DEPARTMENT—CITY OF BALTIMORE

01811

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No.

St., 7-06

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Bernice Henning

(a) Residence: No.

2624 E. Monument

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Dec. 22, 1924

AGE

Years 5

Months 5

Days 4

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

John C. Henning

14. BIRTHPLACE (city or town) (State or country)

Chesterstown Md.

15. MAIDEN NAME

Evelyn Beck

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

(Address)

2624 E. Monument St.

BURIAL, CREMATION, OR REMOVAL

Place

Buried

Date May 30, 1934

UNDERTAKER

(Address)

John A. T. [unclear] 2000 E. [unclear] St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to May 26, 1934.

I last saw her alive on May 26, 1934. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Myocardial Failure
Empyema

Date of onset

May '34

Other contributory causes of importance:

Pulmonary Embolism

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

J. C. Proctor

M. D.

(Address)

The Gen Hospital

1934

F 01812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **3-01** Ward)Length of residence in city or town where death occurred **25** yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

William Triffin
34 S. Caroline St.

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE **50** Years Months Days **24** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

12. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date **May 30, 1934**

UNDERTAKER

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **5-26-1934**22. I HEREBY CERTIFY, That I attended deceased from **5-18-34** to **5-26-1934**I last saw him alive on **5-26-1934** Death is said to have occurred on the date stated above, at **11:50 A.M.**

The principal cause of death and related causes of importance were as follows:

Coronary occlusion. Sclerosis of coronary arteries. Myocardial Failure.Date of onset **5-18-34**

Other contributory causes of importance:

Pneumonia of 5 days durationDate of onset **5-21-34**

Name of operation

Date of

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed)

(Address)

Thos. M. P. Brown M. D.
Johns Hopkins Hospital

1934

F 01813

01813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital Ward)Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced

HUSBAND of

Mildred Gentry

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

24 25 2 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Richard Gentry

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Carrie Rickers

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Mount OlivetDate May 30, 1934

UNDERTAKER

George L. Schwalb

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 26, 193422. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to May 26, 1934I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis May 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Christopher C. Shaw, M.D.
Baltimore City Hospitals

F 01814

1814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Speakers House* Ward)2. FULL NAME *Clara Berzine*(a) Residence: No. *2720 Elliott* St., *26* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of (or) WIFE of *Ang*DATE OF BIRTH (month, day, year) *Aug 10 - 1932*AGE Years *1* Months *109* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto* (State or country) *Ms.*13. NAME *John. Berzine.*14. BIRTHPLACE (city or town) *Raney, D.C.* (State or country)15. MAIDEN NAME *Juranna Gabringska.*16. BIRTHPLACE (city or town) *Poland.* (State or country)INFORMANT *John Berzine.*(Address) *2720 Elliott St.*

BURIAL, CREMATION, OR REMOVAL

Place *St. Stanislaus* Date *May 29 1934*UNDERTAKER *Lilly & Zwick*(Address) *403 N. 1st St.*

8-1934

Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27th 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 16th 1934* to *May 27th 1934*I last saw her alive on *May 27th 1934* Death is said to have occurred on the date stated above, at *6:10 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia
Bronchopneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) (1) in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) *James E. Deard*(Address) *Spaulding Hospital*

F 01815

HEALTH DEPARTMENT—CITY OF BALTIMORE

1815

CERTIFICATE OF DEATH

✓ 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *2812 Elliott* St., *1801* Ward)Length of residence in city or town where death occurred *41* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *Helene Boehmke*(a) Residence: No. *2812 Elliott* St., *26* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*If married, widowed, or divorced
HUSBAND of *the late Adolph Boehmke.*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan 30 1873*
AGE Years Months Days If LESS than 1 day, hrs. or min.
*61 4 3 26*6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Retired*
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) *Germany.*
(State or country)13. NAME *Jedname Kichelskei*
14. BIRTHPLACE (city or town) *Germany.*
(State or country)15. MAIDEN NAME *?*
16. BIRTHPLACE (city or town) *Germany*
(State or country)INFORMANT *Travis Stielbach*
(Address) *Middle River Md.*BURIAL, CREMATION, OR REMOVAL
Place *Sacred Heart* Date *May 29 1934*UNDERTAKER *Lilly & Ziller Inc.*
(Address) *403 E. J. Volpe St.*FILED *20571* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26 1934*22. I HEREBY CERTIFY. That I attended deceased from
19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at *840 A. M.*

The principal cause of death and related causes of importance were as follows:

carcinoma of liver

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis *Hist* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) *E. J. Volpe M.D.* M. D.
(Address) *120571 Fallers Park Ave*

8 1934

1816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 04816

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mos. ds.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 S. Conkling St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds.

FULL NAME

Andrew H. Schenk

(a) Residence: No. 1008 S. Conkling St., 26 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced, HUSBAND of *Helen S. Schenk* (or) WIFE of

DATE OF BIRTH (month, day, year) *April 10 - 1889*

AGE *45* Years Months *1* Days *17* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur, #23*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Standard Oil*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto Md* (State or country)13. NAME *George Schenk*14. BIRTHPLACE (city or town) *Balto* (State or country)15. MAIDEN NAME *Christina Kuenbeck*16. BIRTHPLACE (city or town) *?* (State or country)

INFORMANT

(Address) *Helen Schenk wife*

BURIAL, CREMATION, OR REMOVAL

Place *Care Lawn* Date *May 31, 1934*

UNDERTAKER

(Address) *2426 Pennsylvania Ave*

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-27-34*22. I HEREBY CERTIFY, That I attended deceased from *April 31, 1934* to *May 31, 1934*I last saw him alive on *5-25-34* Death is said to have occurred on the date stated above, at *4:45 a.m.*

The principal cause of death and related causes of importance were as follows:

Tuberculosis Meningitis

Date of onset

Contributory causes of importance:

*Pulmonary Tuberculosis*Name of operation *none*

Date of

What test confirmed diagnosis? *Clin* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

M. C. Porter, M. D.

(Address)

316 So. Patterson Ave

1817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01817

✓ 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Main Hospital

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Weber

(a) Residence: No.

3309 Fleet St

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race W	5. Single, Married, Widowed, or Divorced (write the word) Married
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charcoal Weber		
DATE OF BIRTH (month, day, year) July 4 - 1858		
AGE 75	Years 10	Months 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

2. BIRTHPLACE (city or town) (State or country)

Germany

13. NAME

Leonard Thier

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Teresa Martel

16. BIRTHPLACE (city or town) (State or country)

Germany

7. INFORMANT (Address)

Teresa Weber
3309 Fleet St

8. BURIAL, CREMATION, OR REMOVAL

Place Buried Date May 30 1933

9. UNDERTAKER (Address)

Lilly & Feiler Inc.
4030 Wood St.

8-1834

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933, to May 27, 1933.

I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Pulmonary Edema
Uremia

Date of onset

May 26

May 26

May 26

Other contributory causes of importance:

Kidney Stones

Name of operation. Rt. nephrectomy Date of May 25 1933

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel W. Wynn M. D.

(Address) Main Hospital

1818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01818

CERTIFICATE OF DEATH

Registered No. 56

PLACE OF DEATH

CITY OF BALTIMORE: (No. 10-21)

Place of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male*

4. Color or Race *White*

5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *John Polkoska*

DATE OF BIRTH (month, day, year)

AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>41</i>			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

3. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

12. BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-26-1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 to 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Endocarditis (Rheumatic)

Date of onset

5/8/34

Other contributory causes of importance:

Acute Cardiac Failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 01819

1819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nicholas Glas(a) Residence: No. *3245 Philadelphia St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
-----------------------	----------------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of *?*DATE OF BIRTH (month, day, year) *Oct. 7, 1952*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>81</i>	<i>7</i>	<i>26</i>		

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Nicholas Glas*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Lizzie Beggeman*16. BIRTHPLACE (city or town) *Germany*
(State or country)INFORMANT *Records*
(Address) *Bald City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *Bald City Hosp.* (Date *May 29, 1934*)UNDERTAKER *Wm. J. Williams*
(Address) *334 Baltimore St.*

8-1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March 3, 1934* to *May 27, 1934*I last saw him alive on *May 27, 1934* Death is said to have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis
Pseudo-bulbar palsy
Arricular fibrillation*

Date of onset

?
3 yrs

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Phaguel*

M. D.

(Address) *Bald City Hosp.*

F 01820

F 01820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (NO. 5807 N. Preston ST. 17-01 WARD)

2. FULL NAME

(a) RESIDENCE NO. 5807 N. Preston

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4 COLOR OR RACE Cal. 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of Henry Thomas

DATE OF BIRTH (month, day, and year) 5/26

AGE Years 58 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Prince Georges Md (State or country)

10 NAME OF FATHER Edward King

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

Informant (Address) 5807 N. Preston

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/34

17

I HEREBY CERTIFY, That I attended deceased from 4/5, 1934, to May 26, 1934 that I last saw him alive on 5/26, 1934

and that death occurred, on the date stated above, at 6:35 P. M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY

Chronic Interstitial Nephritis (duration) yrs. 4 mos. 7 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. H. Thompson

(Address) 512 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Mt Auburn Cem

DATE OF BURIAL

20 UNDERTAKER

Samuel J. Hemley

ADDRESS

5784 Riddle

9 1934
7 29 1934

F 01821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01821

X 27-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lucas Hospital* St. *7-01* Ward)

2. FULL NAME

(a) Residence: No. *Edgemore, Md.*

(Usual place of abode)

St., *Edgemore, Md.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*If married, name of HUSBAND of (or *Widowed*) *Catherine Rote*DATE OF BIRTH (month, day, year) *Oct- 1874*AGE Years *59* Months *7* Days *—* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *Retired*12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *George Rhoten*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*INFORMANT *Sidney Rhoten*(Address) *Spawoods Point Md*

17. BURIAL, CREMATION, OR REMOVAL

Place *Dover Md*Date *May 30, 1934*18. UNDERTAKER *Edward C. C. C.*(Address) *2111 E. E. C. C.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 24, 1934* to *May 28, 1934*I last saw him alive on *May 28, 1934* Death is said to have occurred on the date stated above, at *12:20 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Obc of lungs

Other contributory causes of importance:

*Post-operative hemorrhage**May 26*Name of operation *Incision + drainage of abscess* Date of *5/28/34*What test confirmed diagnosis? Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel Weisman* M. D.(Address) *Lucas Hospital*

MAY 27 1934

04822

HEALTH DEPARTMENT—CITY OF BALTIMORE

04822

CERTIFICATE OF DEATH

157-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Heights* St., *14-01* Ward)Length of residence in city or town where death occurred *18* mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Hampstead, Maryland* St., *18* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *May 9-1934*AGE Years Months *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupationBIRTHPLACE (city or town) (State or country) *Maryland*12. NAME *Alvin Rill*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Sallie Elsewode*16. BIRTHPLACE (city or town) (State or country) *Maryland*INFORMANT *Alvin Rill*
(Address) *Hampstead Md*BURIAL, CREMATION, OR REMOVAL
Place *Wesley Cem* Date *May 24 34*UNDERTAKER *Edw & Tipton*
(Address) *Hampstead Md*

29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-28-1934*22. I HEREBY CERTIFY. That I attended deceased from *5-9-1934* to *5-28-1934*I last saw him alive on *5-28-1934* Death is said to have occurred on the date stated above, at *6:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Meningitis*Other contributory causes of importance;
Ruptured meninges

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. L. Ayres*(Address) *University Hospital*

F 01823

F 01823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Division St. 14-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1531 Division St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

a. If married, widowed, or divorced, HUSBAND OF Mary D. Jackel (Name of deceased)

DATE OF BIRTH (month, day, year) May 20 1876 AGE Years 58 Months - Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. at 056
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Immaculate Conception Church
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs. Mary D. Jackel

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

7. INFORMANT

(Address) 1531 Division St.

8. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Church Date May 31 1934

9. UNDERTAKER

(Address) 301 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to May 26 1934

I last saw him alive on May 26 1934 Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

MAY 29 1934

F 01824

F 01824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Joseph Hospital

St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME

Lydia Lubber

(a) Residence: No.

4526 Weitzel Ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Jacob Lubber

DATE OF BIRTH (month, day, year)

Dec 13/1874

AGE Years 59 Months 5 Days 15 If LESS than 1 day.....hrs. or.....min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto., Md. (State or country)

9. NAME

Wolfgang Engelmeier

10. BIRTHPLACE (city or town) Balto., Md. (State or country)

11. MAIDEN NAME Clara Wering

12. BIRTHPLACE (city or town) Balto., Md. (State or country)

INFORMANT

Jacob Lubber

(Address)

4526 Weitzel Ave

BURIAL, CREMATION, OR REMOVAL

Place of burial, cremation, or removal

Date

19 34

UNDERTAKER

(Address)

29 1934

MEDICAL CERTIFICATE OF DEATH

May 26/34

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5.05 A.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis

5 yrs

Chr Nephritis

" "

Date of onset

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Coroner

1825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Camel St. Ward 17-01)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 521 Camel St. Ward 17-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) widow

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1879

AGE Years 39 Months — Days — If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) va

17. INFORMANT Jos. Johnson

(Address) 206 Dorsey St.

18. BURIAL, CREMATION, OR REMOVAL

Place md

Date 5-29

19. UNDERTAKER Daniel Easton

(Address) 916 E. Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to May 27, 1934

I last saw him alive on May 27, 1934 Death is said to have occurred on the date stated above at 104

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis 5/1/34

Other contributory causes of importance:

Rheumatic Fever 1/1/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

MAY 29 1934

D. B. 1934-5

F 01826

F 01826

85686 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITALSt., 9-01 WardCITY OF BALTIMORE: (No. 25)Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 25 yrs. 0 mos. 0 ds.FULL NAME John Price

St.,

Ward.

(If non-resident give city or town and State)

(a) Residence: No. 2833 Reese

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX M4. Color or Race Black5. Single, Married, Widowed, or Divorced (write the word) marriedIf married, widowed, or divorced HUSBAND of (or) WIFE of LaviniaDATE OF BIRTH (month, day, year) 6/14/1893

AGE

Years 40Months 11Days 11

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation NoneBIRTHPLACE (city or town) (State or country) Rhode Island13. NAME John Price14. BIRTHPLACE (city or town) (State or country) Penn15. MAIDEN NAME Susie Robinson16. BIRTHPLACE (city or town) (State or country) Rhode IslandINFORMANT (Address) Records

BURIAL, CREMATION, OR REMOVAL

Place Mt. VernonUNDERTAKER (Address) Deer Creek

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 193422. I HEREBY CERTIFY, That I attended deceased from May 19, 1934 to May 25, 1934I last saw him alive on May 25, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertension, arteriosclerosis, arterio-sclerotic nephritis, vascular retinitisDate of onset Jan 1934

Other contributory causes of importance:

Name of operation autopsyDate of yesWhat test confirmed diagnosis (violen) fill in also, the following: yes23. If death was due to external cause (violen) fill in also, the following: yesAccident, suicide, or homicide? yes Date of injury 19Where did injury occur? yes (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no(Signed) Prof. J. Bergmeier(Address) Johns Hopkins Hospital

MAY 29 1934

D. B. F 01827

✓ F 01827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St. 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Barlow

(a) Residence: No. 1552 Argyle ave.

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Carrie (or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 23, 1884

AGE Years 49 Months 6 Days 3 If LESS than 1 day, _____ hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Washington (State or country) District of Columbia

13. NAME Thomas

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

15. MAIDEN NAME Alicia (?)

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 5-27-34

19. UNDERTAKER (Address)

Daniel E. Foster 316 6th Ave. S.E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934 to May 26, 1934

I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset Aug. 1933

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Mayor W. Jacobsen M. D.

(Address) Baltimore City Hospitals

828

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01828

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Roslyn Ave. St. 15-21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Wilbur H. Gorsuch,

(a) Residence: No. 2604 Roslyn Ave (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 5, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	--	22		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O. Dept. 009

10. Date deceased last worked at this occupation (month and year)

11. BIRTHPLACE (city or town) Harford Co. Md.

12. NAME Luther M. Gorsuch,

14. BIRTHPLACE (city or town) Harford Co. Md.

15. MAIDEN NAME Sarah E. Henderson,

16. BIRTHPLACE (city or town) Harford Co. Md.

7. INFORMANT Mrs. Sarah Beadenbush
(Address) 2604 Roslyn Ave8. BURIAL, CREMATION, OR REMOVAL
Place Harford Co. Md. Date MAY 30 19349. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

MAY 27 1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from May 27, 1934, to May 27, 1934

I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency

Chronic Hypertension Nephritis

Date of onset

Chronic 4 yr.

Other contributory causes of importance:

Chronic Arterial Hypertension (years).

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) Carroll Lockard M. D.

(Address) 41 P. Nelson St

28 1934

Thurston Williams, Jr.

829 65-0

F 01829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Edgewood St St. 16-01 Ward)Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 610 Edgewood St St. 16-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 20-18608. AGE Years 74 Months — Days 8 If LESS than 1 day, — hrs. or — min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Mrs. J. C. (State or country)13. NAME John Sullivan14. BIRTHPLACE (city or town) Frederick Md (State or country)15. MAIDEN NAME Amelia Hobbs16. BIRTHPLACE (city or town) Mrs. J. C. (State or country)17. INFORMANT Chas E. French (Address) 610 Edgewood St18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date May 31, 193419. UNDERTAKER Harry W. Eilen (Address) 1024 N. Highland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 193422. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to May 28 1934.I last saw her alive on May 28 1934. Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

1 day

Other contributory causes of importance:

Hypertension
Chronic NephritisName of operation none Date of ✓What test confirmed diagnosis? ur Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

S. Ferman
3503 Edgewood St

M. D.

MAY 29 1934

1830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *326 N. Greene* St., *Ward.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Catherine Seifert (nee Noll)* (or) WIFE ofDATE OF BIRTH (month, day, year) *1880*

AGE

54

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mirror fitter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *086*BIRTHPLACE (city or town) *Balto.* (State or country) *Md.*13. NAME *Conrad Seifert*14. BIRTHPLACE (city or town) *Germany* (State or country)15. MAIDEN NAME *Augusta Therau*16. BIRTHPLACE (city or town) *Germany* (State or country)INFORMANT *Mrs. Catherine Seifert,* (Address) *326 N. Greene St.*BURIAL, CREMATION, OR REMOVAL *Mt. Olivet* Place Date *May 29, 1934*UNDERTAKER *Edmondson Ave.* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/26, 1934*22. I HEREBY CERTIFY. That I attended deceased from *5/26, 1934* to *5/26, 1934*(last seen alive on *5/26/34* Death is said to have occurred on the date stated above, at *11:15 A.M.*)

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation

Date of

Was test confirmed diagnosis *Edmondson* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. H. Edmondson*(Address) *Edmondson Ave.*

M. D.

Y 29 1934

F 01831

01831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 W. Franklin St. St. 20-01 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Charles F. Burkett

(a) Residence: No.

3404 W. Franklin St. St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Anna M. Burkett (nee Christopher) (or) WIFE of

DATE OF BIRTH (month, day, year) April 26, 1877.

AGE 57 Years 1 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Easton, Md.

13. NAME

John F. Burkett

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Fannie Perry

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT Mrs. Anna M. Burkett (Address) 3404 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place Easton, Md.

Date May

1934

UNDERTAKER

(Address) 4101 Sanderson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to May 27, 1934

to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

?

Other contributory causes of importance:

Acute Cardiac Distention

1 day

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED

MAY 29 1934

H. L. Williams, M.D.

F 01832

F 01832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *934 Boyd St.* *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *yr.* *mos.* *ds.* How long in U. S. If of foreign birth? *yr.* *mos.* *ds.*

2. FULL NAME

(a) Residence: No. *934 Boyd St.*

(Usual place of abode)

St.,

Ward, *18*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
-----------------------	------------------------------------	---

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
	<i>53</i>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn*Date *May 3, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 21, 1934* to *May 28, 1934*I last saw him alive on *May 28, 1934* Death is said to have occurred on the date stated above, at *9 p. m.*

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia

Date of onset

5/26/34

Other contributory causes of importance:

*Acute L. Suffer.**5/21/34*

Name of operation

Date of

What test confirmed diagnosis? *Pyemia* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

291834

19

Registrar.

F 01833

F 01833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. East Ave. St., 1-01 Ward)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 308 S. East Ave. St., ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, HUSBAND of Alma Murdock (or) WIFE ofDATE OF BIRTH (month, day, year) Feb 15/1878AGE 56 Years 3 Months 12 Days If LESS than 1 day, hrs. ____ or min. ____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship chandler9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship chandler

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore (State or country) ____13. NAME James Murdock14. BIRTHPLACE (city or town) Md (State or country) ____15. MAIDEN NAME Winifred16. BIRTHPLACE (city or town) Ireland (State or country) ____17. INFORMANT Mrs. Alma Murdock (Address) 308 S. East Ave18. BURIAL, CREMATION, OR REMOVAL New Cathedral Place May 31, 193419. UNDERTAKER Philip H. Hargrave (Address) 2016 Hollands St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 193422. I HEREBY CERTIFY. That I attended deceased from May 26, 1934, to May 27, 1934.I last saw him alive on May 27, 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

MyocarditisName of operation Saw Patient at 5-26-34 Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. H. Hargrave M. D. (Address) 3015 E. Howard Ave

MAY 29 1934

Huntington Williams

F. 01834

F 01834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 N. Port St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

Ludwig-Lewis Sachs(a) Residence: No. 1704 N. Port St., 8-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (Write the word) WidowedIf married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine SachsDATE OF BIRTH (month, day, year) Feb. 22/1848AGE 86 Years 3 Months 6 Days If LESS than 1 day, 5 hrs. or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Germany13. NAME Sachs14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Germany7. INFORMANT Mrs. Betty Buhl(Address) 1704 N. Port St.

8. BURIAL, CREMATION, OR REMOVAL

Place Bedar Hill Date May 30, 19349. UNDERTAKER Philip Strwig Sons(Address) 2016 Park Ave.10. FILED 28 1934Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 193422. I HEREBY CERTIFY. That I attended deceased from May 17, 1934 to May 27, 1934I last saw him alive on May 26, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset

Other contributory causes of importance:

Wrenia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Jacob Fisher(Address) 1823 N. Main St.

M. D.

7105194

01836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01836

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4433 Reswick Rd St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs 7 mo 23 ds. How long in U. S. If of foreign birth 75 yrs 7 mo 23 ds.

2. FULL NAME

(a) Residence: No. 4433 Reswick Rd St., 27-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Oct-5-1858

AGE Years 75 Months 7 Days 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School teacher

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Bill Colson Smyth

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Helena Frew

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. J. E. Suquette (sister) (Address) 4433 Reswick Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Mt Date May 31 1934

19. UNDERTAKER Shaw-Morris (Address) 105 W. Market Ave.

20. FILED May 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to May 28 1934

I last saw h. 34 alive on May 28 1934. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
Chronic myocardial degeneration
Cerebral embolus

Date of onset

May 21

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed) Jack R. Morgan M. D.
(Address) 6 E. 2nd St. Balt. Md.

01837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01837

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Park Ave. St. 13-01 Ward)

Length of residence in city or town where death occurred 78 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 78 yrs. 0 mos. 0 ds.

2. FULL NAME

Emma Mary Mackenzie Stitley

(a) Residence: No.

1809 Park Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Marshall Stitley

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

About 78

0

0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

none

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town)
(State or country)Baltimore
Maryland

13. NAME

Rev. Morley Mackenzie

14. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

15. MAIDEN NAME

Maitha A. Downing

16. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

INFORMANT

(Address)

Mrs. Mackenzie (wife)
76 Eversham

BURIAL, CREMATION, OR REMOVAL

Place

Burial

Date

May 29, 1934

UNDERTAKER

(Address)

Huntington Williams, Jr.
108 W. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 27

1934

22. I HEREBY CERTIFY. That I attended deceased from

1929

to

May 27

1934

I last saw her alive on May 27, 1934. Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Rt. fem. plaque

Date of onset

May

19/34

Cerebral arteriosclerosis

many years

Other contributory causes of importance:

Cardiac Failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Carroll Lockard

M. D.

(Address)

481 N. ... St

MAY 29 1934

19

Registrar

01838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01838

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

901 N. Fremont St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Adelaide Elizabeth Butler

(a) Residence: No.

901 N. Fremont

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

If married, widowed, or divorced

(or) WIFE of

Samuel E. Butler

DATE OF BIRTH (month, day, year)

Oct. 21 - 1860

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

73

8

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Life

BIRTHPLACE (city or town) (State or country)

Champlain Co. Va.

12. NAME

Albert

O'Neil

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

Mary

O'Neil

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

(Address)

Calvin Douglass (nephew)
901 N. Fremont.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

5/31/34

UNDERTAKER

(Address)

Mrs. George B. Holland
1631 Drexel Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 17, 1934, to May 27, 1934

I last saw her alive on May 27, 1934 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Pleurisy

Ch. Myocarditis

Date of onset

5/16/34

83 no. 80

Other contributory causes of importance:

age + obesity.

Name of operation

none

Date of

What test confirmed diagnosis?

Resection

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

J. W. Keown

M. D.

(Address)

1938 Linden Ave

FILED

MAY 29 1934

19

H. H. Williams, M.D.

F 01839

F 01839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 12-26* Ward)Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Fred. Green*(a) Residence: No. *3110 Calvert*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
--------------------	----------------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Feb. 20, 1862*

AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
<i>72</i>		<i>3</i>	<i>4</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME *Thomas*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Emma Sanford*

16. BIRTHPLACE (city or town) (State or country)

INFORMANT *Reardo*(Address) *Bal. City Hosp*

BURIAL, CREMATION, OR REMOVAL

Place *University of Md*Date *May 29*19*34*UNDERTAKER *W. E. A. Brown*

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 24*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *April 18*, 19*34* to *May 24*, 19*34*I last saw *him* alive on *May 24*, 19*34* Death is said to have occurred on the date stated above, at *1020 A.*

The principal cause of death and related causes of importance were as follows:

*Bronchopneumonia**Arteriosclerosis**Hypertension*

Other contributory causes of importance:

Senility

Date of onset

3 days

?

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed).... *J. Phagel*(Address) *Bal. City Hosp*

M. D.

29 1934

01835

01840

F 01840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Union Memorial Hosp.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 7-01 Ward

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth: yrs. mos. da.

FULL NAME

Lamar Dylea

(a) Residence: No.

705 S. Bithol

St. Batts Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: *Wh.* 5. Single, Married, Widowed, or Divorced: *Single.*

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 27th 1934

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

Batts. Md.

13. NAME

Lamar Bithol Dylea

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Julia Barron

16. BIRTHPLACE (city or town)
(State or country)

High Bridge N.J.

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place of Burial: *St. Mary's* Date: *May 29, 1934*

UNDERTAKER

(Address)

John M. Decker
401 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 27, 1934, to May 28, 1934

I last saw him alive on May 28, 1934. Death is said
to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of
importance were as follows:

Date of onset

Pneumonia
disseminated

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

By: *Byrles Grimes* M. D.
Union Memorial Hosp.

91934

F 01841

HEALTH DEPARTMENT—CITY OF BALTIMORE

1841

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced *Married*If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Katie Matthews*

DATE OF BIRTH (month, day, year)

AGE *51* *50* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Quilter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Sumner, Ohio*12. NAME *Joe Matthews*14. BIRTHPLACE (city or town) (State or country) *St. Louis*15. MAIDEN NAME *Fry Young*16. BIRTHPLACE (city or town) (State or country) *St. Louis*INFORMANT (Address) *Katie Matthews*
1053 W Lexington

BURIAL, CREMATION, OR REMOVAL

Place *Int. Burial* Date *May 31, 1934*UNDERTAKER (Address) *Mrs. Katie Williams*
*327 S. ... St*FILED *St. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 26, 1934*

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

last saw him alive on 19

to have occurred on the date stated above, at

The principal cause of death and related causes

Importance were as follows:

*Myocarditis**2 months*

Other contributory causes of importance:

1842

Page 34
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2807 Simpson St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race Negro 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced, give name of husband or wife of Thorton Page

DATE OF BIRTH (month, day, year)

AGE 67 Years 1 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(11. Total time (years) spent in this occupation 070

BIRTHPLACE (city or town) Va
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Boys
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date June 1 1934

UNDERTAKER

Mrs. Kate R. Williams
(Address) 322 R. Williams St.

Thorton Williams, Jr.
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26 193422. I HEREBY CERTIFY, That I attended deceased from 5/17 1934 to 5/26 1934

I last saw her alive on 5/26 1934 Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

Stricture of aorta

Date of onset

1

Other contributory causes of importance:

Arteriosclerosis

Name of physician Dr. J. H. Williams Date of 5/27/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

F 01843

1843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. Milton Ave. 9-01) Ward.

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 538 N. Milton Ave. 9-01 (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of ROSE C. FISCHER (or) WIFE of

DATE OF BIRTH (month, day, year) May 15/1866

AGE 68

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Albert Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Corale

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT

(Address) 538 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet

19. UNDERTAKER

(Address) 334 N. Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 1, 1934, to May 28, 1934

I last saw him alive on May 28, 1934 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach - (carcinomatous)

Other contributory causes of importance:

chronic nephritis

Date of onset

1 yr.

1 yr.

Name of operation none

Date of

What test confirmed diagnosis? X-ray, etc. an autopsy? no

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Grumlein

(Address) 722 N. Kenwood Ave

M. D.

91834

1844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01844

CERTIFICATE OF DEATH

PLACE OF DEATH

Ms. Gen. Hospital

St., 11-01 Ward

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Emanuel Bosley

(a) Residence: No.

Rocks Maryland

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Oct 23-1924

AGE

Years 9

Months 7

Days 46

If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Hartford Conn

12. NAME

Sherman Bosley

14. BIRTHPLACE (city or town) (State or country)

Galt Conn

13. MAIDEN NAME

Julia Kennedy

16. BIRTHPLACE (city or town) (State or country)

Hartford Conn

INFORMANT

(Address)

Julia Bosley
Rocks Md.

BURIAL, CREMATION, OR REMOVAL

Place Walters mens. car

May 31 1934

UNDERTAKER

(Address)

E. G. Smith & Son
Saint Paul Md.
St. E. Smith & Son

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/29 1934

22. I HEREBY CERTIFY. That I attended deceased from 5/27/34 to 5/29/34.

I last saw him alive on 5/29/34. Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

Tetanus

Date of onset

Other contributory causes of importance:

Splinter in right foot.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. Proctor

M. D.

(Address) Md Gen. Hospital

91934

F 01845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1845

PLACE OF DEATH

CITY OF BALTIMORE: (No.

239 W. Preston St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Joe Henry

(a) Residence: No. 239 W. Preston St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 1. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year)

5-27-34

AGE

Years

Months

Days

If LESS than 1 day, 12 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Newborn.

Belts, Md.

13. NAME

Joe Horsey

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Anna Henry

16. BIRTHPLACE (city or town) (State or country)

Hagerstown, Md.

INFORMANT

(Address)

Anna Henry (mother) 239 W. Preston St

BURIAL, CREMATION, OR REMOVAL

Place

Date

May 29 1934

UNDERTAKER

(Address)

1934

Stanton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 28 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 27 1934 to May 28 1934

I last saw her alive on May 28 1934 Death is said

to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Spontaneous abortion 24 wks.

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Clue

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

J. J. Savage M. D. Univ Hosp.

01846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Johns Hopkins Hospital

St.,

Ward) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Stanley

(a) Residence: No. 1708

Madison Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 20, 1934

AGE

Years

Months

Days

If LESS than 1 day, 11 hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

Richard Stanley

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Jean Wallace

16. BIRTHPLACE (city or town) (State or country)

Pennsylvania

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Med College

Date

May 29, 1934

19. UNDERTAKER (Address)

Huntington Williams, Jr.

FILED

9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1934, to May 20th, 1934I last saw her alive on May 20, 1934. Death is said to have occurred on the date stated above, at 8³⁰ P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

5-20-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

John M. Spence, Jr.

M. D.

(Address)

Johns Hopkins Hospital

01847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01847

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins & Caton

St.

Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. John Ehas

(a) Residence: No. 4231 Euclid Ave St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of Mary A. Ehas (or WIFE of)

DATE OF BIRTH (month, day, year)

AGE

72

Years

Months

1

Days

1

If LESS than 1 day,hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Orange Ind.

13. NAME

August F. Ehas

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Mary Hardy

16. BIRTHPLACE (city or town) (State or country)

Germany

7. INFORMANT

(Address) Mary A. Ehas 4231 Euclid Ave

8. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 30, 1934

9. UNDERTAKER

(Address)

George W. Gubler 1737 E. Egan St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 12, 1934 to May 27, 1934

I last saw him alive on May 27, 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobor

Date of onset

5-20-34

Other contributory causes of importance:

Name of operation

Appendectomy

Date of

5-12-34

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George W. Gubler M.D. St. Agnes Hosp

9 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01848

CERTIFICATE OF DEATH

F 01848

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 E. North Ave 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Nellie E. Stone

(a) Residence: No.

2228 E. North Ave

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year) Mar 22nd 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55		2	5	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Stoneville N. C.
(State or country)

13. NAME

Pinkney M. Stone

14. BIRTHPLACE (city or town)
(State or country)

Stoneville N. C.

15. MAIDEN NAME

Alice Gosnell

16. BIRTHPLACE (city or town)
(State or country)

Rustertown Md

7. INFORMANT

(Address)

Mary Stone
2228 E. North Ave

8. BURIAL, CREMATION, OR REMOVAL

Place Rustertown Md. Date May 30th 1934

9. UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1934 to May 27, 1934
 I last saw her alive on May 27, 1934 Death is said to have occurred on the date stated above, at 5⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Subacute Hepatitis
 Arterial Hypertension
 General Atherosclerosis,
 Myocardial Insufficiency

Date of onset

24 days

Other contributory causes of importance:

Hypertension

20 days

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) 2025 E. North Ave
 M. D.

F 01849

1849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Walbrook Avenue St. 30-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Zeller

(a) Residence: No. 11 N. Gorman Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
 HUSBAND of Joseph F. Zeller
 (or) WIFE of

DATE OF BIRTH (month, day, year) October 18, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	9	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) Nassau
(State or country) Germany

13. NAME William Kreusler

14. BIRTHPLACE (city or town) Nassau
(State or country) Germany

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) Singhofen
(State or country) Germany17. INFORMANT Mrs. Marie Zimmerman
(Address) 2900 Walbrook Ave.18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 30th, 193419. UNDERTAKER Joseph B. Cook
(Address) 303 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on May 24, 1934. Death is said

to have occurred on the date stated above, at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ernest H. Raher M. D.

(Address) 3005 W. North Ave.

9 1934

01850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01850

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Loudon Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Roland Longley

(a) Residence: No.

401 Loudon Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Hazel Burucher Longley

DATE OF BIRTH (month, day, year) March 3, 1886.

AGE 48 Years 2 Months 24 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Charles E. Longley

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Virginia Cross

16. BIRTHPLACE (city or town) Md. (State or country)

INFORMANT Mr. Charles E. Longley (Address) 2854 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 30, 1934

UNDERTAKER (Address) 4101 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934, to May 27, 1934.

last saw him alive on May 26, 1934. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dehydration

Date of onset May 24

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Symp. symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) M. B. B. (Address) 391 E. Pennsylvania Rd.

M. D.

291934

F 01851

01851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31201 Denmore Ave) Ward 7

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 31201 Denmore Ave (Usual place of abode)

Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced (or) WIFE of George Daniels

DATE OF BIRTH (month, day, year) Aug 22, 1891

AGE Years 42 Months 9 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME William Combs

14. BIRTHPLACE (city or town) (State or country) Balt Md

15. MAIDEN NAME Emma U. Smith

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Louise Breckenridge (Address) 1801 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Cemetery May 29, 1934

19. UNDERTAKER (Address) 2101 McArthur St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 26, 1934

I last saw him alive on May 23, 1934 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Valvular Heart Disease Date of onset May 1/34

Other contributory causes of importance:

Acute Septic Tonsillitis Date of onset Feb 5/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

9 1934

Huntington Williams, Jr. R.R. 15

01852

F 01852

HEALTH DEPARTMENT—CITY OF BALTIMORE

PLACE OF DEATH

CITY OF BALTIMORE: (Name of street and number)

Length of residence in city or town where death occurred

FULL NAME

(a) Residence: No. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color of hair *White* 5. Single, Married, Widowed, or Divorced *Married*If married, widowed, or divorced, name of husband (or) wife of *Marion Blake*

DATE OF BIRTH (month, day, year)

AGE Years *45* Months *2* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked in this occupation (month, day, year)

11. Total time (years) spent in this occupation *20*

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Ward

Ward

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive *May 19, 1934* m.

to have occurred on the date stated above

The principal cause of death and related causes of importance were as follows

*Suicide**Strangulation by**hanging.*

Other contributory causes of importance:

Name of operation *Regular*What test confirmed *Regular*23. If death was due to external causes (violence) fill in also the following: *Suicide*Accident, suicide, *Suicide*Where did injury occur *20 St. Paul Street*Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Hanging - Rope*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. L. Link*

(Address)

30 1934

01853

F 01853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *St. Joseph Hospital* 10-21

pronounced dead at

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *45* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

FULL NAME

Francis W. Richardson(a) Residence: No. *1227 Greenmount Ave.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*

If married, widowed, or divorced

HUSBAND of *Mary A. Murphy*

WIFE of

DATE OF BIRTH (month, day, year) *Dec 5, 1873*

AGE

Years *60*Months *5*Days *23*If LESS than 1 day, *0* hrs. *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wood Canner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

*Driftman*10. Date deceased last worked at this occupation (month and year) *March 19, 1934*11. Total time (years) spent in this occupation *39 yrs*BIRTHPLACE (city or town) *Ohio*

(State or country)

12. NAME *Samuel G. Richardson*14. BIRTHPLACE (city or town) *Ohio*

(State or country)

15. MAIDEN NAME *Sarah Bancroft*16. BIRTHPLACE (city or town) *Ohio*

(State or country)

INFORMANT *Mary A. Richardson*(Address) *1227 Greenmount Ave.*

BURIAL, CREMATION, OR REMOVAL

Place *St. Barnabas*Date *May 26, 1934*UNDERTAKER *Edmund W. Conklin*(Address) *924 E. Eager St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 28, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Failure

Date of onset

Other contributory causes of importance:

Chr Alcoholism

???

Name of operation *inquiry*

Date of

What test confirmed diagnosis?

Was there an autopsy? *NO*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. [Signature]*(Address) *508 E. North St.*

M. D.

30 1934

F 01854

E 01854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Keller

St. Joseph's Hospital

Ward.

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
-------------	---------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, ... hrs.
or ... min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 5/26/34 to 5/29/34

I last saw him alive on 5/29/34. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Immaturity

Date of onset

7/26/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

ST. JOSEPH'S HOSPITAL

M. D.

30 1934

Registered

BALTIMORE, MD.

F 01855 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01855

CERTIFICATE OF DEATH.

✓ 94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: NO **627 Mt. Holly**

ST. **16-01** WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Leo J. Kelly

(a) RESIDENCE. NO.

627 Mt. Holly

ST. WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs. mos.

How long in U. S. If of foreign birth?

Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced (write the word)

Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Oct 17, 1879

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

54

7

11

10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Proprietor of machine shop metal

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Md

10 NAME OF FATHER

James

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore Md

12 MAIDEN NAME OF MOTHER

Anna E. W. Castle

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Md

PARENTS

14

Informant (Address)

James Kelly 627 Mt. Holly St

30 1934

Registrar

H. E. Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 28 1934

17 I HEREBY CERTIFY. That I attended deceased from

May 7 1934 to May 28 1934

that I last saw him alive on **May 28 1934**

and that death occurred, on the date stated above, at **3:15 P. M.**

The CAUSE OF DEATH* was as follows:

Angina Pectoris

CONTRIBUTORY (Secondary)

(duration)

Yrs.

mos. 21 ds.

Cardiac paralysis

(duration)

Yrs.

mos. 1 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis? **Clinical symptoms**

(Signed) **John B. Gourd** M. D.

(Address) **270 Reed St**

*State the Disease Causing Death, or in deaths from Violent Causes, State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

St. Mary's Cemetery

5/31/34

20 UNDERTAKER

St. Mary's Cemetery

ADDRESS

1136 E. 1st St

F 01856

F 01856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hk* St. *14-01* Ward)Length of residence in city or town where death occurred *2* yrs. *1* mos. *0* ds. How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME

(a) Residence: No. *1516* *Butter Place* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	2. Color or Race <i>White</i>	3. Single, Married, Widowed, Divorced (write the word) <i>Married</i>
4. HUSBAND or WIFE of <i>Margaret S. Day</i>		
DATE OF BIRTH (month, day, year) <i>1872</i>		
AGE <i>61</i> Years	Months	Days
5. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Unemployed</i>		
6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
7. Date deceased last worked at this occupation (month and year)		
8. Total time (years) spent in this occupation <i>Cittsburg</i>		

BIRTHPLACE (city or town) (State or country)

13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Pittsburg*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Pittsburg*

INFORMANT

Address *1516 Butter Place*

BURIAL, CREMATION, OR REMOVAL

Buried *London Park* Date *6/7/34*

UNDERTAKER

Address *2425 E. Charles St.*

JUL 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May - 28 - 1934*22. I HEREBY CERTIFY, That I attended deceased from *8:30 P* to *19*

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Other contributory causes of importance:

Intoxication by Alcohol
Cause Unknown

Name of operation

What test confirmed diagnosis? *Clu* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. C. McLaughlin*(Address) *1305 E. Baltimore Ave*

M. D.

F 01857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Becker Ave. St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 0 How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 611 N. Becker Ave. St. 11 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of Hattie Eagleston (or) WIFE of William S. Eagleston6. DATE OF BIRTH (month, day, year) April 9-18777. AGE Years 63 Months 1 Days 19 If LESS than 1 day, 0 hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oil10. Date deceased last worked at this occupation (month and year) 193411. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME Wm. S. Eagleston14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)15. MAIDEN NAME Mary Whittier16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)17. INFORMANT Mrs. Hattie Eagleston (Address) 611 N. Becker Ave.18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. Date June 1st 193419. UNDERTAKER Mr. H. Valentine (Address) 2324 Arden St.

20. FILED

19

Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/34I HEREBY CERTIFY, That I attended deceased from March 18, 1934 to 5-28-34 I last saw him on 5-27-34 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease
StenosisOther contributory causes of importance: acute Cardiac DilatationName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external cause (violence) fill in also the following: NoneAccident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoneManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) Wm. S. Eagleston(Address) 611 N. Becker Ave.

F 01858

F 01858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

St. 8-01 Ward)

CITY OF BALTIMORE: (No.

2. FULL NAME Harrison Phoebus

(a) Residence: No. 2434 E. Preston st.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced	HUSBAND of	Helen Phoebus
	(or) WIFE of	

DATE OF BIRTH (month, day, year) March 1, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

2. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Phoebus

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Isabel Hannon

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Ave. Date May 31, 1934

19. UNDERTAKER William B. Schaffer
(Address) 1816 E. Monument St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1934

22. I HEREBY CERTIFY That I attended deceased from May 21, 1934 to May 28, 1934

I last saw him alive on May 28, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

1932

Other contributory causes of importance:

Name of operation Date of Clin. Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. Jacobson M. D.
(Address) Baltimore City Hospitals

301834

F 01859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01859

CERTIFICATE OF DEATH

107-001

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital 17-91 Ward)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 560 Oxford
(Usual place of abode)St., _____ Ward. _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed,
or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE

Years

Months

If LESS than
1 day _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place 7th Ave. Lion Date 5-30 193419. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-34 193422. 5-4-34 1934 to 5-27-34 1934
HEREBY CERTIFY. That I attended deceased fromI last saw her alive on 5-27-34 1934 Death is said
to have occurred on the date stated above, at 7:41 P.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Bronchopneumonia
Gillblate 5-27-34

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the fol-
lowing: _____ Date of injury _____
Accident, suicide, or homicide? _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____(Signed) William J. [Signature](Address) President Hospital

M. D.

30 1934

F 01860

F 01860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Argemith St., 9-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1300 Argemith St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Katherine Specht

DATE OF BIRTH (month, day, year): June 29, 1861

AGE: Years 72 Months 11 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1934 11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Anna T. Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sister of Deceased (Address): 1300 Argemith St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL: Place: Under Coffin Date: 6/1, 1934

19. UNDERTAKER: (Address): 1300 Argemith St., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934, to May 29, 1934

I last saw him alive on May 29, 1934 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Valvular Heart Disease 1930

Other contributory causes of importance:

Name of operation: none Date of: 7

What test confirmed diagnosis: Clinical Was there an autopsy: No

23. If death was due to external causes (violence) fill in also the following: no Date of Injury: 19

Accident, suicide, or homicide? no Date of Injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) John S. Frisby M. D.

(Address) 3522 Greenman Ave

Y 31 1934

F 01861

F 01861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. Henry L. Matsen

(a) Residence: No. 3607

Hudson St.

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of Mrs. Eugene Matsen (or) WIFE of _____

DATE OF BIRTH (month, day, year) Aug. 3, 1894

AGE Years 39 Months 8 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. I. of Bay Factory

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country) Sweden

13. NAME Pete Matsen

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Emma Jensen

16. BIRTHPLACE (city or town) (State or country) Sweden

INFORMANT Hospital Records

BURIAL, CREMATION, OR REMOVAL Place _____ Date May 31, 1934

UNDERTAKER _____ (Address) _____

31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28, 1934

22. I HEREBY CERTIFY. That I attended deceased from 5-25, 1934 to 5-28, 1934

I last saw him alive on 5-28, 1934. Death is said to have occurred on the date stated above, at 7:30 PM

The principal cause of death and related causes of importance were as follows:

Ruptured atherosclerotic coronary arteries

Other contributory causes of importance: myocardial failure

Name of operation _____ Date of operation 5/29/34

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ (Address) _____

F 01862

F 01862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Pimbury Rd. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. 27 mos. 01 ds. How long in U. S. If of foreign birth? 20 yrs. 00 mos. 00 ds.

2. FULL NAME

(a) Residence: No. 3411 Pimbury Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced

Widowed Mrs. Mayme Davison

7. DATE OF BIRTH (month, day, year)

Feb 28 - 18818. AGE Years Months Days If LESS than 1 day, hrs. or min.
53 3 2

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Mercantile

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Furniture

11. Date deceased last worked at this occupation (month and year)

all

12. BIRTHPLACE (city or town) (State or country)

Russia13. NAME Moss Davison14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Mascha Davison16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Julius Davison
(Address) New York18. BURIAL, CREMATION, OR REMOVAL
Place New York Date 5/31/34 1919. UNDERTAKER Black & White Co.
(Address) 1439 E. Baltimore St.20. FILE # 10334 R.E.B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 23, 1934, to May 30, 1934I last saw him alive on May 30, 1934. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation _____ Date of _____

What test confirmed diagnosis? Ultrasound Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) B. Kader M. D.(Address) 2306 Eutaw Pl

F 01863

F 01863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Lyford

St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Isaiah Boone

(a) Residence: No.

504 Lyford

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Colored Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) — — 18 50

AGE 84 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

"

15. MAIDEN NAME

"

16. BIRTHPLACE (city or town) (State or country)

"

INFORMANT

(Address)

Susie Bailey 2553 Madison Ave

17. BURIAL, CREMATION, OR REMOVAL

Place

Mt Auburn Cem. Date 5/31 1934

18. UNDERTAKER

(Address)

Samuel T. Hemmley 578 W. Tiddle St.

FILED

19

Registrar

31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 26, 1934, to May 28, 1934

I last saw him alive on 7/27/34 1934 Death is said

to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance:

Lung cancer

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

H. Lee 924 Madison Ave

M. D.

D. R. F 01864

F 01864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 E Fayette St., 76-01 Ward)

Length of residence in city or town where death occurred: 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3523 E Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: *Caucasian* 5. Single, Married, Widowed, or Divorced: *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of: *Malcolm Jones*

DATE OF BIRTH (month, day, year)

AGE: Years: 29 Months: 11 Days: 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date May 31, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1933, to May 30, 1934. I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast
Metastases
Other contributory causes of importance:Acute Cardiac Dilatation
Name of operation: *Funeral* Date of operation: 10

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: *NO* Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed)

(Address)

F 01865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01865

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital* (Ward) *72-01*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *53* yrs. *5* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*If married, widowed or divorced HUSBAND of *Phillip R. Birt* (or) WIFE of *deceased*DATE OF BIRTH (month, day, year) *Sept 27, 1860*AGE *73* Years *8* Months *3* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spliner, Sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ind.*13. NAME *Joseph J. Esper*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Elizabeth A. Esper*16. BIRTHPLACE (city or town) (State or country) *Ind.*17. INFORMANT *Records*(Address) *Balt City Hosp*

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Mount Cem* Date *June 1, 1934*19. UNDERTAKER *John H. Denny*(Address) *715 Light St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 19, 1934* to *May 30, 1934*I last saw him alive on *May 30, 1934* Death is said to have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage
Hypertension
Hypertension*

Date of onset

*12 days
?
?*

(Other contributory causes of importance)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *1 Phlegel*(Address) *Balt City Hosp*

M. D.

31 1934

Huntington Avenue, Ind.

01866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01866

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Dillon St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 3008 Dillon St., 1-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced HUSBAND of Harry W. Lewis (or) WIFE ofDATE OF BIRTH (month, day, year) Dec 23-1871AGE Years 62 Months 5 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md. (State or country)13. NAME Harry D. Heller14. BIRTHPLACE (city or town) Balto Md. (State or country)15. MAIDEN NAME Josiah H. Miller16. BIRTHPLACE (city or town) Balto Md. (State or country)17. INFORMANT Alonzo Lewis(Address) 2406 E Eager

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 31, 193419. UNDERTAKER Geo M. Frisk(Address) 811 N Wolfe St20. FILED Huntington, Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 193422. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to May 28, 1934. I last saw her alive on May 28, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 5/28/34

Other contributory causes of importance:

Name of operation NoneDate of ✓What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

David W. Gould1011 S. Howard Ave

M. D.

F 01867

F 01867

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N. Patterson Park Ave. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs 2 mos 29 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Catherine Heppmann

(a) Residence: No. 405 N. Patterson Park Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F. 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Frank J. Heppmann (or) WIFE of

DATE OF BIRTH (month, day, year) March 1-1882

AGE Years 52 Months 2 Days 29 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore - Md. (State or country)

13. NAME Charles Zoll

14. BIRTHPLACE (city or town) Baltimore - Md. (State or country)

15. MAIDEN NAME Anna Thielke

16. BIRTHPLACE (city or town) Baltimore - Md. (State or country)

17. INFORMANT Frank J. Heppmann (Address) 405 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 1, 1934

19. UNDERTAKER J. J. Herr (Address) 156 N. E. Ave.

20. H. D. 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY That I attended deceased from July 1925 to May 29, 1934

I last saw him alive on May 28, 1934 death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right side of lung (Began in a nodule over rt. upr. lobe)

Other contributory causes of importance:

Name of operation Salivary Date of What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Charles Reid Edwards M.D. (Address) 101 W. Red St. Baltimore Md.

F 01868

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01868

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Penna Ave 15-01 WARD)

2—FULL NAME

Lewis Fleming

(a) RESIDENCE NO.

2334 Penna Ave

WARD

(If non-resident give city or town and State)

Month of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

White

Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Rosa Fleming

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

71

9

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Sheet Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self Maryland

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

Henry Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Rosa Depler

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Maryland

Informant

(Address)

Rosa Fleming 2334 Penna Ave

31-1934

C. F. Fleming

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 29-34

17

I HEREBY CERTIFY, That I attended deceased from

May 20, 1934, to May 29, 1934,

that I last saw him alive on

May 29, 1934

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

History (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy? no

What test confirmed diagnosis?

Consultation by Dr. Decker

(Signed)

Samuel Wheeler

M. D.

5-29-1934

(Address) 2129 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Harriane

June 1

1934

20 UNDERTAKER

Josiah Depler

ADDRESS

1600 W. North Ave

869

F 01869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-005

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ida Hill(a) Residence: No. 1616Waldo St

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color, or Race Black 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced, HUSBAND of George (or) WIFE ofDATE OF BIRTH (month, day, year) 9-1-1895AGE 38 Years 8 Months 28 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland13. NAME Otis Johnson14. BIRTHPLACE (city or town) (State or country) Va15. MAIDEN NAME Emma Ruff16. BIRTHPLACE (city or town) (State or country) VaINTERMANT Records(Address) JOHNS HOPKINS HOSPITALBURIAL, CREMATION, OR REMOVAL both to metPlace St Joseph Ave Date June 10 1934UNDERTAKER Robert J. Williams(Address) 1515 McElderry St31 1934 Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-193422. I HEREBY CERTIFY. That I attended deceased from 5-14-1934 to 5-29-1934I last saw her alive on 5-29-1934 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

Ossifying fibroma, rt. maxilla 1914

Date of onset

Other contributory causes of importance: Cerebral Hemorrhage ?Name of operation Ligation rt. external carotid artery Date of 5/29/34What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19__

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify: Edward S. Stafford M. D. (Signed) The Johns Hopkins Hospital (Address)

M. D. B. 1268-9
01870

F 01870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 W 24 St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 12 mos. 01 da. How long in U. S. if of foreign birth? 5 yrs. 12 mos. 01 da.

2. FULL NAME

Ellwood Parker(a) Residence: No. 203 W. 24 St., 12-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race Cal 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 1 Months 9 Days 17 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Robert Goodwin14. BIRTHPLACE (city or town) (State or country) Pa15. MAIDEN NAME Gertrude Parker16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Gertrude Parker
(Address) 203 W 24 St

18. BURIAL, CREMATION, OR REMOVAL

Place MT Carey Co Date May 31 193419. UNDERTAKER Wm. Williams
(Address) 1515 Mt. Eldon St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 193422. I HEREBY CERTIFY, That I attended deceased from 18 May 1934 to 28 May 1934I last saw him alive on 27 May 1934 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis
Meningitis

Date of onset

1934

Other contributory causes of importance:

Name of operation Nil Date of 28 MayWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) C. Mayfield Boyk M. D.(Address) 666 N. Caroline St

31 1934

Registrar.

01871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 01871

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4424 Stefford St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Yrs. mos. ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Baby Roy Brooks

(a) Residence: No.

4424 Stefford St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

May 30, 1934

AGE

Years

Months

Days

If LESS than 1 day, hrs. or 15 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

13. NAME

James E. Brooks

14. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

15. MAIDEN NAME

Mary C. Brooks

16. BIRTHPLACE (city or town) (State or country)

Baltimore
Maryland

17. INFORMANT

(Address)

James E. Brooks
4424 Stefford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Ceme

May 31, 1934

19. UNDERTAKER

Harry W. Meadison
115 N. Leavitt St.

20. FIELD

MAY 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1934 to May 30, 1934

I last saw him alive on May 30, 1934. Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

Infantile

Date of onset

Other contributory causes of importance:

Permeation with

Name of operation

Date of

What test confirmed diagnosis? E. Diphtheria Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thomas J. Mahan, M. D.

(Address)

429 Calumet St.

01872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01872

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Cold Spring Lane)

2. FULL NAME

(a) Residence: No. 3903 Cold Spring Lane (Usual place of abode)

Ward)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, name of HUSBAND or WIFE of Mr. Webster

DATE OF BIRTH (month, day, year) Dec. 22, 1854

AGE 79 Years 5 Months 7 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) MD.

13. NAME Perry C. Green

14. BIRTHPLACE (city or town) Balto. (State or country) MD.

15. MAIDEN NAME Catherine Wheeler

16. BIRTHPLACE (city or town) Balto. (State or country) MD.

17. INFORMANT Mr. Wm. Webster

18. BURIAL, CREMATION, OR REMOVAL 3903 Cold Spring Lane

Place London Park Date Jan. 1, 1934

19. UNDERTAKER Wm. Webster

(Address) 3903 Cold Spring Lane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934 to May 29, 1934

I last saw her alive on May 29, 1934 Death is said to have occurred on the date stated above, at 10:5 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Arteriosclerosis
Stroke
(Full development of first seen) 2/28/34

Other contributory causes of importance:

Name of operation 700 Date of 700

What test confirmed diagnosis? Clinical (If there an autopsy 700)

23. If death was due to external causes (violence) fill in also the following: Date of Injury 19

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Webster M. D.

(Address) 2207 Harrison Blvd.

MAY 31 1934

✓ F 01873

01873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Francis St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2537 Francis St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Widowed
4. If married, widowed, or divorced HUSBAND of George Edw. Griffin (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 25, 1854
AGE Years 79 Months 8 Days 4 If LESS than 1 day, hrs. or min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
7. Date deceased last worked at this occupation (month and year)
8. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

10. NAME John A. Ficker

11. BIRTHPLACE (city or town) (State or country) Va.

12. MAIDEN NAME Hester Mills

13. BIRTHPLACE (city or town) (State or country) Md.

14. INFORMANT Mrs. Frances S. Sneyd (Address) 2537 Francis St.

15. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery, June 1934

16. UNDERTAKER L. J. Lightner Sons (Address) 1111 N. E. St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1934, to May 29, 1934. I last saw her alive on May 28, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

?

Other contributory causes of importance:

Hypertension

Apr 10, 34

Name of operation

Date of

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

J. E. J. Talbot 2026 Eutaw Pl

M. D.

AY 31 1934

01874 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 W. Kanvale St. 16-01 Ward)Length of residence in 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2307 W. Kanvale St., 16-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Frederick Seipp

DATE OF BIRTH (month, day, year) July 21, 1841

AGE Years 92 Months 10 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frankfort (State or country) Germany

13. NAME George Seipp

14. BIRTHPLACE (city or town) Bermsdorf (State or country) Germany

15. MAIDEN NAME Maier

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Wm. Seipp (Address) 2307 W. Kanvale St.

18. BURIAL, CREMATION, OR REMOVAL London Park Date June 1, 1934

19. UNDERTAKER Wm. Seipp (Address) North & Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193422. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to May 29, 1934I last saw her alive on May 28, 1934 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Hypertension Myocardial Infarct

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____

(Signed) Thomas C. Dodd M. D.(Address) 735 N. Fulton Ave.

MAY 31 1934

01875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01875

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Calvert St* St., *5-01* Ward)

2. FULL NAME

(a) Residence: No. *1421 E. Biddle St*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

F

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

May 28, 1934

AGE

Years

Months

Days

2

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Baltimore, Md

13. NAME

James Calotta

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Marie Kuhlman

16. BIRTHPLACE (city or town) (State or country)

Maryland

7. INFORMANT

(Address)

8. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MAY 31 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 28, 1934, to May 30, 1934.

I last saw her alive on May 30, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Atelectasis

Date of onset

2 day

Other contributory causes of importance:

Name of operation

None

Date of

No

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

Geo. B. Lybert, M. D.
2802 Harford Ave.

D. B. 12649
01876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

M F 01876

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Mt Holly St. 15-01 Ward)

Length of residence in city or town where death occurred mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2220 Mt Holly St., Ward. (If non-resident give city or town and state)

no inquest necessary
Joseph P. Kearney M.D.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color of hair White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced

HUSBAND of
WIFE of

Marion P. McDonald

DATE OF BIRTH (month, day, year)

AGE

Years 55

Months 11

Days 26

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 yrs

2. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 2, 1934, to May 29, 1934.

I last saw him alive on May 28, 1934. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia, Right

Date of onset

May 2

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, 3rd floor, Date of injury April 26, 1934

Where did injury occur? Edmondson Ave. N. H. Light 10th St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto accident on St. Agnes St.

Manner of injury auto accident

Nature of injury 3rd floor N. H. Light side

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James C. Clarke

M. D.

(Address) 1106 North 12th St.

MAY 31 1934

F 01877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-01)

2. FULL NAME

(a) Residence: No.

Volunteers Hospital

William L. Skipper

2703 Parkwood Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1-1894

AGE Years 40 Months 4 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Straus Pips

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fitter 660

10. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME Samuel Skipper

14. BIRTHPLACE (city or town) Balto. Md (State or country)

15. MAIDEN NAME Mary E. Cooper

16. BIRTHPLACE (city or town) Balto. Md (State or country)

INFORMANT Miss Clara Skipper

(Address) 2115 W Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Western Date June 1, 1934

UNDERTAKER Geo W Sittler

(Address) 2700 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19 Death is said

I last saw h. alive on 19 m.

to have occurred on the date stated above, at

The principal cause of death and related causes of

importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-

lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

Eugene Zeller M. D. Coroner

(Address) 2709 Eastern Ave

MAY 31 1934 Registrar

M. D. H. 1268

F 01878

F 01878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St. 8-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME

Mrs. Hanna Haskell

(a) Residence: No.

2129 Clifton Ave.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced
HUSBAND of *Daniel*
(or) WIFE of *Daniel*

7. DATE OF BIRTH (month, day, year)

June 10 1868

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

66

4

19

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Patrick Meade

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Johanna Enright

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT

(Address)

Joseph Maskele
2129 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

New Cathedral Date June 1, 1934

19. UNDERTAKER

(Address)

Martin E. Deppel
31 S. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 16, 1934 to May 29, 1934

I last saw deceased alive on May 29, 1934 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Sclerosis - left forearm

Date of onset

Other contributory causes of importance:

Chronic hypertension
Chronic nephritis
Senility

Name of operation

Ligation of Aorta

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. E. Deppel
31 S. ...

M. D.

1934

F 01879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkins + Caton St.*)Ward) *20-01*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fetus Pelli

(a) Residence: No. *3152 Leeds St.*

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

5-27-34

AGE

Years

Months

Days

If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Dominic Pelli

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Rose Jeanette Guerrasio

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

(Address)

Rose Pelli
3152 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place: Hospital Grounds Date 5-28 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1934

22. I HEREBY CERTIFY. That I attended deceased from May 27 1934 to May 28 1934

I last saw him alive on May 28 1934 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset
5/28/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Daniel L. Hanahan M. D.

(Address)

1934

F. E. T. Pelli

M. H. 01880

F 01880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No. _____)

St. 17-6d

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon Kelly

(a) Residence: No. 717 Harlem ave.

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Josephine Kelly (or) WIFE of

DATE OF BIRTH (month, day, year) April 23, 1902

AGE Years Months Days If LESS than 1 day, hrs. or min. 32 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month, day, year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Adam Kelly

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Jane Worthy

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Carthage N.C. Date June 17, 1934

19. UNDERTAKER

(Address)

31 1934 Joseph A. Smith 1109 N. Mount Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 34

22. I HEREBY CERTIFY, That I attended deceased from May 18 34, to May 28 34

I last saw him alive on May 28 34 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1933 monthly (?)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Meyer W. Jacobsen M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE 01881

01881

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 316 S. Monroe ST. ST. 70-01 WARD)

2-FULL NAME Albert H. Snyder

(a) RESIDENCE, NO. 316 S. Monroe ST. ST. WARD.

(Usual place of abode) Length of residence in city or town where death occurred 35 yrs. mos. ds. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single, Married, Widowed, or Divorced (write the word) M.

6a If married, widowed, or divorced

HUSBAND of (or) WIFE of

Clara E. Snyder

6 DATE OF BIRTH (month, day, and year) 3/24/1881

7 AGE Years 53 Months 2 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bonded Bowling Alley

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Henry W. Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy M. Cronin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Clara E. Snyder (Address) 316 S. Monroe St.

15 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1934

17 I HEREBY CERTIFY, That I attended deceased from May 20 1934, to May 30 1934, that I last saw him alive on May 29 1934, and that death occurred, on the date stated above, at 10:15 A.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Johnson M. D.

530 134 Address Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

London Park 6/2 1934

20 UNDERTAKER

Frederick A. Cole

M. D. 1369
F 01882

F 01882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Eton Ave St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 73 Years Months Days If LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date June 4, 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That attended deceased from

Jan 6th, 1934, to May 29th, 1934.I last saw her alive on Jan 4th, 1934. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
Heart diseaseDate of onset
4/2/33

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Y 31 1934

19

Registry

F 01883

01883

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 51

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Aged Men's Home

CITY OF BALTIMORE: (No. 1400 Lexington St. 19-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

mo.

da.

How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

George W. Rodenhiser

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color of Race

5. Single, Married, Widowed, or Divorced (write the word)

Male

White

Widower

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

85

8

19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

Date

18. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma prostate 3 yr

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

11934

01884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01884

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of Block St* St. *6-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

 Peyton Davis

(a) Residence: No.

(Usual place of abode)

1630 Mullikin St

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

*Male**Colored**?*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, ...hra.
or ...min.*55**55*7. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.8. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place

18. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 18*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from
19... to 19... Death is saidI last saw him alive on 19... to 19... Death is said
to have occurred on the date stated above, at *3400* m.The principal cause of death and related causes of
importance were as follows:*Probable Accidental
Drowned*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Aut*

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: *Yes* Date of injury *May 18*

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in

place *Public Place*Manner of injury *Fell overboard*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. J. Hervey, M.D.*(Address) *1305 N. Patterson Park*

Coroner

M. D.

Registrar

1885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01885

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Laurens St., 16-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	3. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)	5-31-34
AGE	Years Months Days
	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR INHUMATION

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Prematurity

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M. Alexander Hovey M. D.
1518 MADISON AVENUE

31 1934

01885

F 01886

F 01886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 N. Central Ave. 9-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1318 N. Central Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female, Color of Race: White, 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, name of HUSBAND or (or) WIFE of: Conrad H. Hoffman

DATE OF BIRTH (month, day, year): Sept. 8, 1876

AGE: Years: 57, Months: 8, Days: 21, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Andrew Kraus

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Schultz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Conrad H. Hoffman (Address) 1318 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: Holy Redeemer Church, Date: May 1, 1934

19. UNDERTAKER: Jerry Reed, Inc. (Address) 301 E. Gay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to May 29, 1934

I last saw her alive on May 29, 1934, at 9 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

with General Carcinomatosis

Other contributory causes of importance:

Carcinoma of right breast

3 yr. duration

Name of operation: Hysterectomy (radical) Date of 7/16/32

What test confirmed diagnosis: Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If specify

(Signed) Edwin S. Johnson M. D.

(Address) 1123 St. Paul St.

31 1934

E 61887

1887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St., *7-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *43* yrs. *43* mos. *43* ds. How long in U. S. If of foreign birth *43* yrs. *43* mos. *43* ds.

2. FULL NAME

(a) Residence: No. *1005 N Castle* St., *7-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Paul Eis*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *76* Years *76* Months Days If LESS than 1 day, *1858* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Austria*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Austria*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Austria*INFORMANT *Sophia Eis*(Address) *1005 N Castle St*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *June 2, 1934*UNDERTAKER *Frank Buchanan*(Address) *1906 Calhoun St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on *May 24, 1934* Death is saidto have occurred on the date stated above, at *5:00* m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance:

*Accidental Fract of R Femur*Name of operation *None*What test confirmed diagnosis? *None* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *No* Date of injury *5/24, 1934*Accident, suicide, or homicide? *No*Where did injury occur? *1005 N Castle* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Home*Manner of injury *Fell down steps*Nature of injury *Fract R Femur*

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. J. Patterson M.D.* M. D.
(Address) *1305 N Patterson Pl* Coroner

31 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

01888

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Bond St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1705 Bond St., 24 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married (write the words)6a. If married, widowed, or divorced, give name of HUSBAND (or) WIFE Michael Leroy

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193422. I HEREBY CERTIFY That I attended deceased from May 27, 1934 to May 29, 1934I last saw h. e. r. alive on May 29, 1934. Death is said to have occurred on the date stated above, at 30 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation
Indefinite

Other contributory causes of importance:

Acute Dilatation of Heart 5/28/34Name of operation none Date of noWhat test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

24. Signed W. H. Campbell M. D.Date 5/30/34 (Address) 1644 Tanover St

11-1834

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 710 N. Lexington St., 4-01 Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Annice E. Knott
(or) WIFE of

DATE OF BIRTH (month, day, year) 1859

AGE 75 Years 75 Months 0 Days 0 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spray Maker

10. Date deceased last worked at this occupation (month and year) Nov 24 11. Total time (years) spent in this occupation 086

BIRTHPLACE (city or town) (State or country) MD VA13. NAME John Eagle MD VA

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah MD VA

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records
(Address)BURIAL, CREMATION, OR REMOVAL Interment 6/4
Place St. Luke's Date 1934UNDERTAKER J. J. Frazier
(Address) 1318 Light St.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 19 Death is saidto have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Other contributory causes of importance:

Senility, and Arterial HypertensionName of operation ClinWhat test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. J. Frazier M. D.
(Address) 1318 Light St.

890

Mary T. Tighe

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01890

CERTIFICATE OF DEATH

✓ 94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 E. Biddle St. Ward 10-91)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 618 E. Biddle St., Ward _____

(usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced

HUSBAND of Michael Tighe
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 16-1870

7. AGE

Years 63Months 7Days 13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Kerrigan14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Boland16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Thomas Tighe(Address) 618 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New CatholicDate May 22, 193419. UNDERTAKER Charles W. Conklin(Address) 227 E. Eagle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 193422. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 27, 1934I last saw her alive on May 25, 1934. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Anger Boland

Date of onset

May 23/34

Other contributory causes of importance:

Arteriosclerosis
hypertensive sufferingName of operation No

Date of _____

What test confirmed diagnosis? ExaminationWas there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. Chatain

M. D.

(Address) 300 Walnut St

FILED

19

Register

731 1834

01891

F 01891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 McCulloh St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced

HUSBAND of

Julia West

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date May 3/10

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 28/5/193422. I HEREBY CERTIFY That I attended deceased from 24/5/1934 to 28/5/1934I last saw him alive on 28/5/1934 Death is said to have occurred on the date stated above, at 50 m.

The principal cause of death and related causes of importance were as follows:

Infected cerebrium

Date of onset

1934

Other contributory causes of importance:

Infected eye

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. Mayfield Poye M. D.
1117 E. Pratt St.

1892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01892

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

21 N. Fremont Ave. 4-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

21 N. Fremont Ave. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F	4. Color or Race C	5. Single, Married, Widowed, or Divorced (write the word) Widowed
6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Gray		
DATE OF BIRTH (month, day, year) 1889		
AGE 45	Years 45	Months Days LESS than 1 day. hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

2. BIRTHPLACE (city or town) (State or country)

Spartanburg S.C.

13. NAME

John Vance

14. BIRTHPLACE (city or town) (State or country)

S.C.

15. MAIDEN NAME

Mary Moody

16. BIRTHPLACE (city or town) (State or country)

S.C.

7. INFORMANT

Bernie Gray
21 N. Fremont Ave

8. BURIAL, CREMATION, OR REMOVAL

Place: Spartanburg S.C. Date: May 31, 1934

9. UNDERTAKER

Mrs. Kate R. Williams
322 S. Broadway St.
Baltimore, Md.

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/29/34

22. I HEREBY CERTIFY, That I attended deceased from

5/1/34 to 5/29/34

I last saw her alive on 5/28/34

Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

5/19

Other contributory causes of importance:

Influenza

5/1

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. B. Hawthorne, M. D.
(Address) 912 N. Gilman St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 01893

893

CERTIFICATE OF DEATH

✓ 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Senai Hosp. to 27-21* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Julius Meyer
6716 Mallis Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Jose?*6. DATE OF BIRTH (month, day, year) *Nov 29/1872*7. AGE *61* Years *6* Months *1* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md*13. NAME *Michael Meyer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Bertha Sternmeyer*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mr. Lee J. Meyer*(Address) *2432 Eastern Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Rock Hill* Date *June 11/1934*19. UNDERTAKER *John J. Meyer*(Address) *2432 Eastern Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 25, 1934* to *May 30, 1934*I last saw him alive on *May 30, 1934* Death is said to have occurred on the date stated above, at *4:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Hypertension in
Cardiac hypertrophy & dilatation
Cardiac insufficiency
Atherosclerosis

Date of onset

*2**2**2**2*

Other contributory causes of importance:

Hydrothorax

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Albert J. Hummel*

M. D.

(Address) *Senai Hospital*

1934

F 01894

01894 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Baltimore Hotel 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Virginia B. Heard

(a) Residence: No. 805 Walnut Avenue St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 22, 1894

AGE Years 39 Months 7 Days 8 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Frederick (State or country) Maryland

12. NAME William W. Heard

14. BIRTHPLACE (city or town) Frederick (State or country) Maryland

13. MAIDEN NAME Ella May Overton

16. BIRTHPLACE (city or town) Frederick (State or country) Maryland

INFORMANT Mr. Osborn O. Heard (Address) 3949 Downdes Avenue

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. June 15, 1934

UNDERTAKER 1003 N. Baltimore St.

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw her alive for investigation Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Bullet Wound through Brain

Date of onset

Sudden

Other contributory causes of importance:

Melancholy

Lack of sleep

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Suicide of Injury May 30, 1934

Where did injury occur: Lord Baltimore Hotel (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Bullet Wound

Nature of Injury Bullet wound through Brain

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James M. Penton M. D. Coroner

(Address) 700 E. Chase St.

01895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Edmondson Ave. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Catherine Melvin

(a) Residence: No. 3710 Edmondson Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of John E. Melvin
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At Home
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Krauss

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Mary E. Krauss

16. BIRTHPLACE (city or town) Baltimore
(State or country)17. INFORMANT Mr. John E. Melvin
(Address) 3710 Edmondson Ave.18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Cemetery June 1, 193419. UNDERTAKER Joseph H. Brook
(Address) 1003 N. Baltimore St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 1933 to May 30, 1934. I last saw her alive on 5-27-34. Death is said to have occurred on the date stated above, at 8.30A.m.

The principal cause of death and related causes of importance were as follows:

Adms. carcinomas of the Ovary

Date of report 1929

Other contributory causes of importance:

General Carcinomatosis
Cardiac Insufficiency

Name of operation Peritoneal resection Date of 1929

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. P. W. Wierig
(Address) 3703 Edmondson Ave.

M. D.

4000

01896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *2* mos. *2* da. How long in U. S. If of foreign birth " yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1715 Eiting St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Carr McColl*

7. DATE OF BIRTH (month, day, year)

5/11/1874

8. AGE

60

Years

Months

Days

*9*If LESS than
1 day, hrs.
or min.9. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.10. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.11. Date deceased last worked at
this occupation (month and
year)12. Total time (years)
spent in this
occupation*Labour*13. BIRTHPLACE (city or town)
(State or country)*Va.*

14. NAME

*George McColl*15. BIRTHPLACE (city or town)
(State or country)*Va.*

16. MAIDEN NAME

*Lucy P.*17. BIRTHPLACE (city or town)
(State or country)*Va.*

18. INFORMANT

(Address)

Boys mond.

19. BURIAL, CREMATION, OR REMOVAL

Place

no burial

Date

6-2-34

20. UNDERTAKER

(Address)

George P. A. Gibson
1735 18th St. N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

5/13/1934

22. I HEREBY CERTIFY, That I attended deceased from

*5/10**1934 to 5/13/1934*I last saw him alive on *5/13/1934* Death is said
to have occurred on the date stated above, at *11:20 am*The principal cause of death and related causes of
importance were as follows:

Date of onset

*Pulmonary Tuberculosis
Tuberculosis of spine*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

E. P. Purmy M. D.
Bolto City

FILED

1934

Huntington

F 01897 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital, 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1839 West North Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Rumpf

DATE OF BIRTH (month, day, year) Jan 7th 1878

AGE Years Months Days If LESS than 1 day, hrs. or min.

56 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cerry Sanatorium10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 102. BIRTHPLACE (city or town) (State or country) Baltimore Maryland12. NAME Buck John Price14. BIRTHPLACE (city or town) (State or country) Scotland15. MAIDEN NAME Amelia Bishop16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland7. INFORMANT Mrs Marie George (Address) 1839 70 North Avenue8. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date June 2nd 19349. UNDERTAKER (Address) Tom Cook 1217 St Paul St1. FILE 1934 A E E

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193422. I HEREBY CERTIFY, That I attended deceased from 10 to 19I last saw him alive on Injury, 1934 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

May 27, 1934

Other contributory causes of importance:

ArteriosclerosisName of operation Date of 7thWhat test confirmed diagnosis Injury there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Jorge C. Valente M. D.(Address) 16 South Broadway

M. D. 1934

F 01898

F 01898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

156-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 W. Mulberry St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 933 W. Mulberry St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) married

a. If married, widowed, or divorced HUSBAND of Elsie Carey - WIFE of

DATE OF BIRTH (month, day, year) June 5 1897

AGE Years 36 Months 11 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elks Club

10. Date deceased last worked at this occupation (month and year) Dec 27 1934 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) Emporia Virginia (State or country)

13. NAME Jessie Carey

14. BIRTHPLACE (city or town) Emporia Virginia (State or country)

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) Emporia Virginia (State or country)

17. INFORMANT Elsie Carey - (Address) 933 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Place Emporia Va Date June 1 1934

19. UNDERTAKER J. W. Redden (Address) 36 W. Biddle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 / 29 1934

22. I HEREBY CERTIFY That I attended deceased from 3 / 30 1934 to 5 / 29 1934

I last saw him alive on 5 / 29 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute nephritis

Date of onset

3 / 27

Other contributory causes of importance:

Acute arthritis (2 attacks)

Name of operation Date of

What test confirmed diagnosis Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Dawson M. D.

(Address) 122 W. See

FILED 1934

F 01899

F 01899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Hopkins Hospital

St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ira Lawson

(a) Residence: No.

408 Somerset St

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

4. Color or Race

black

5. Single, Married, Widowed, or Divorced (write the word)
widower6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Edna

DATE OF BIRTH (month, day, year)

AGE

47

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Barber

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Va.

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

Va

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Va

INFORMANT
(Address)

Helen Bungee

1206 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Gairy

Date

June 7, 19

UNDERTAKER
(Address)Jesse W. Reichen
436 W. 3rd St

19

(Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Jesse W. Reichen
436 W. 3rd St

Coroner

M. D.

21. DATE OF DEATH (month, day, year)

May 29/34 19

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of
importance were as follows:

Probably Myocardial Insufficiency

Other contributory causes of importance:

Probably Acute Alcoholism?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injuryWhere did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

M. D. B. 248-9

F 01900

F 01900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 E. University Parkway, 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Clifford Mansfield

(a) Residence: No. 305 E. University Parkway St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Roxana Hay Mansfield (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1857

7. AGE Years 76 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. China & glass

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Michaels Md. (State or country)

13. NAME James D. Mansfield

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Margaret Price

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Ella Mansfield Webb (Address) 2404 Taney Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine

Date June 1, 1934

19. UNDERTAKER John D. Mitchell & Sons Inc. (Address) 1900 Rutaw Place

MAY 11 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to May 29, 1934. I last saw him alive on May 28, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease

Date of onset

1928

Other contributory causes of importance:

Cardiac Decompensation

May 1 1934

Name of operation Urine retention Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

2435 Maryland Ave.

M. D.

F 01901

F 01901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital Ward)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin Lewis

DATE OF BIRTH (month, day, year)

AGE 37 Years 37 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Balto Md

13. NAME

Joseph A Elliott

14. BIRTHPLACE (city or town)
(State or country)

ga

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

ga

INFORMANT

(Address)

Joseph Lewis
610 N Bond St

BURIAL, CREMATION, OR REMOVAL

Place

AbluryDate May 26, 1934

UNDERTAKER

(Address)

John W Henderson
1302 E Monument St

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____ to _____ 19____

I last saw him alive on _____ 19____ Death is said

to have occurred on the date stated above, at 109 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arterial Hypertension

Name of operation

Date of

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:
(Signed) J. Patterson M.D. M. D.
(Address) 1305 N Patterson Ave

M. D. B. 1934 F 01902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01902

Registered No. 95002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18-01)

1230 W. Lombard Street, Ward)

Length of residence in city or town where death occurred. 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Murphy

(a) Residence: No. 1230 W. Lombard Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widower

5a. If married, widowed, or divorced Catherine (Lambert) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1867.

7. AGE 66 Years Months 11 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Maintenance Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Public Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Ireland

12. BIRTHPLACE (city or town) (State or country)

13. NAME William Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann (?)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John T. Murphy 415 South Augusta Street (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem June 2, 1934

19. UNDERTAKER (Address)

1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/21, 1933, to 5/29, 1934. Death is said to have occurred on the date stated above, at 8:00 p. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiac Renal Disease

Date of onset (?)

Other contributory causes of importance:

Name of operation. Date of 20

What test confirmed diagnosis? Signs of death

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. T. Murphy

(Address) 1324 W. Lombard St. M. D.

F 01903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01903

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Division St. Ward 14-01)Registered No. 82-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1616 Division St. Ward 14-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Henry Taylor
(or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 18767. AGE Years 57 Months 7 Days 7 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beautician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
10. Date deceased last worked at this occupation (month and year) 08/1934 11. Total time (years) spent in this occupation 08612. BIRTHPLACE (city or town) Alexander Co. Va
(State or country)13. NAME Lucius Laws14. BIRTHPLACE (city or town) Alexander Co. Va
(State or country)15. MAIDEN NAME Engenia Wood16. BIRTHPLACE (city or town) Alexander Co. Va
(State or country)17. INFORMANT Henry Taylor
(Address) 1616 Division St.18. BURIAL, CREMATION, OR REMOVAL 6/1934
Place Mt. Auburn Date 6/193419. UNDERTAKER Mrs. George H. Hollis
(Address) 1616 Division St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193422. I HEREBY CERTIFY, That I attended deceased from May 17, 1934 to May 29, 1934I last saw him alive on May 24, 1934 death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 5/17/34
Hemiplegia, Right 5/17/34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) J. S. McRae M. D.(Address) 1126 Dray Hill

JUN 1 - 1934

01904 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01904

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp* St. *21-01* Ward)Registered No. *94-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *55* yrs. *5* mos. *5* ds. How long in U. S. If of foreign birth? *55* yrs. *5* mos. *5* ds.

2. FULL NAME

Michael E. Herrmann(a) Residence: No. *1415* St. *So. Carey* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

a. If married, widowed, or divorced

HUSBAND of *Rose A. Herrmann*
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 23rd 1870

AGE

Years

Months

Days

If LESS than
1 day, *hrs.*
or *min.**63**11**8*8. Trade, profession, or particular kind of work done, as *electrician*, sawyer, bookkeeper, etc. *Contractor*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *83*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

So

13. NAME

Jacob Herrmann

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Elizabeth Trötschlich

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

Mrs Rose A. Herrmann

(Address)

1415 So. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Peter's Bay* Date *6/21* 19*34*

19. UNDERTAKER

(Address)

*John J. Cowan & Son**401 Hollings St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/31/* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *1934* to *1934*I last saw him alive on *5/31/* 19 *34*. Death is said to have occurred on the date stated above, at *3 A.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury *1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Arthur J. Jellies

Coroner

M. D.

339 Eastern Ave.

11-1934

M. D. B. 1905

01905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Hillman Street, 10-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Birkmaier

(a) Residence: No. 1028 Hillman Street (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of Joseph F. Birkmaier (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 16, 1880

8. AGE 54

Years

Months 3

Days 15

If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Samuel E. Houston Baltimore (State or country) Md.

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Sarah Mooney

16. BIRTHPLACE (city or town) Balte. Md. (State or country)

17. INFORMANT Mr. Joseph F. Birkmaier (Address) 1028 Hillman Street

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. 6, 4

19. UNDERTAKER 1606 N. Chester Street (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1/34, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19 Death is said

I last saw h. alive on 2.18 A.M.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Data of onset

Other contributory causes of importance:

Obesity

Name of operation

What test confirmed diagnosis?

Date of Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Birkmaier M. D. 508 E. Hillman Street

JUN 1 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

Dead on arrival at

Hopkins Hospital St., 10-01 Ward

CITY OF BALTIMORE: (No.

2. FULL NAME

John Vaughan or Vines

(a) Residence: No.

726 Kirsch's Court

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

42

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

John Allen

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Margaret Motley

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT Stewart Knight 713 Ensor St (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary and Date June 1, 1934

UNDERTAKER (Address)

Edward Bryan 1631 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28/34 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Insufficiency Pulmonary Odema

Other contributory causes of importance: Alcoholism

Name of operation

Date of

no

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Quinn

(Address) 508 E. North St

Coroner M. D.

FILED - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No. _____)

St. **5-01** Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME **Leroy Jackson**(a) Residence: No. **1304**

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **Single**a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) **4-2-1904**AGE **30** Years **1** Months **2** Days **29** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) **Maryland**
(State or country)13. NAME **Plummer Jones**14. BIRTHPLACE (city or town) **Maryland**
(State or country)15. MAIDEN NAME **Emma West**16. BIRTHPLACE (city or town) **Maryland**
(State or country)7. INFORMANT **Records**(Address) **JOHNS HOPKINS HOSPITAL**

8. BURIAL, CREMATION, OR REMOVAL

Place **Asbury Cemetery** Date **June 4 1934**9. UNDERTAKER **Edw. Bayon**(Address) **1681 Orleans St**10. FILED **1-1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **5-31-1934**22. I HEREBY CERTIFY, That I attended deceased from **5-15-1934** to **5-31-1934**I last saw him alive on **5-31-1934** Death is said to have occurred on the date stated above, at **2:45 p.m.**

The principal cause of death and related causes of importance were as follows:

Pneumococcus group IV ~~fulminans~~
lobar pneumonia
Septicemia - pneumococcus.
meningitis

Date of onset

5-15-34**5-21-34****5-29-34**

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? **autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify _____

(Signed) **Josef J. Bergmeyer**(Address) **Johns Hopkins Hospital**

M. D.

M. D. F-01908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F-01908

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City 1046-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

1314 Mosher St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Richard Johnson*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1878

7. AGE

Years *56*

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*md.*

FATHER

13. NAME

*James Chase*14. BIRTHPLACE (city or town)
(State or country)*md.*

MOTHER

15. MAIDEN NAME

*Carr*16. BIRTHPLACE (city or town)
(State or country)*md.*

17. INFORMANT

(Address)

Corp. Medical

18. BURIAL, CREMATION, OR REMOVAL

Place

mt Auburn cemetery June 2, 1934

Date

19. UNDERTAKER

(Address)

Thomas E. Kelson
1303 Preston St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/30*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

*5/22*19*34* to*5/30*19*34*I last saw him alive on *5/30*, 19*34* Death is said to have occurred on the date stated above, at *4:25 am*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic gangrene of right foot

Date of onset

Other contributory causes of importance:

Name of operation *Amputation*

Date of

5/22

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. J. H. Brown

M. D.

*Bolton City, Md.*11-1934 # *11-1934*

F 01909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01909

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forest St., 15-01 Ward)Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1345 Woodway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Married3a. If married, widowed, or divorced
HUSBAND of Lucille Smith
(Name and address)6. DATE OF BIRTH (month, day, year) May 10, 19037. AGE Years 31 Months 0 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adelphi
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Winston Salem
(State or country) North Carolina13. NAME Louise Wright (deceased)14. BIRTHPLACE (city or town) Hough
(State or country) North Carolina15. MAIDEN NAME Lucille Saunders16. BIRTHPLACE (city or town) North Carolina
(State or country)17. INFORMANT William Wright
(Address) 1345 Woodway18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date June 2, 193419. UNDERTAKER Thomas E. Nelson
(Address) 1303 Presstman St.20. FILED 11-1-1934 11-1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193422. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1934 to May 29th, 1934I last saw him alive on May 29th, 1934 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
5-22-34

Other contributory causes of importance:

over

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) John J. Aubrey M. D.(Address) 954 Forest St.

F 01910

F 01910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *602 Garrett St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *July 2 1933*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
10 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Brooklyn Ind*
(State or country)13. NAME *Edwin B Schultz*14. BIRTHPLACE (city or town) *Balto Ind*
(State or country)15. MAIDEN NAME *Lola Schline*16. BIRTHPLACE (city or town) *Brooklyn Ind*
(State or country)17. INFORMANT *Edwin B Schultz*
(Address) *602 Garrett St Brooklyn Ind*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *June 2, 1934*19. UNDERTAKER *John + Dorothy*
(Address) *715 Lig St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31st 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 16 1934* to *May 31st 1934*I last saw him alive on *May 31st 1934* Death is said to have occurred on the date stated above, at *9:47 A.M.*

The principal cause of death and related causes of importance were as follows:

*Measles
Bilateral Mastoiditis*

Date of onset

Other contributory causes of importance:

Name of operation *Bilateral Mastoidectomy*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Nathaniel E. Bogard*(Address) *Sydenham Hospital*

1-1 NAC

1934

01911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01911

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *15-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3657 Park Hts.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Eda Scher*6. DATE OF BIRTH (month, day, year) *June 10 - 1881*7. AGE Years *52* Months *11* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Taylor* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Raymond Scher*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Yetta*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Mercy Hospital* (Address)18. BURIAL, CREMATION, OR REMOVAL *Wash. Rd.* Date *6-1-34*19. UNDERTAKER *Jack Lewis* (Address) *39 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 29*, 19*34* to *May 30*, 19*34*I last saw him alive on *May 31*, 19*34* Death is said to have occurred on the date stated above, at *2:30* p.m.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of illeum with intestinal obstruction*Date of onset *?*

Other contributory causes of importance:

*Surgical Shock**sch.*Name of operation *Resection of bowel* Date of *5-19-34*What test confirmed diagnosis? *Physical* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *R. D. Buttner* M. D. (Address) *Mercy Hospital**Baltimore, Md.*

UN-1-1934

M. D. F 01912

F 01912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 W 33rd St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 909 W 33rd St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Ball

6. DATE OF BIRTH (month, day, year) July 11, 1860

7. AGE Years 73 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Thomas Ball

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Rose Rutledge

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Alice M. Ball (Address) 909 W 33rd St.

18. BURIAL, CREMATION, OR REMOVAL In Marye Hamilton Home June 2, 1934

19. UNDERTAKER Chenoweth (Address) 3415 17th Street Ave

20. FILED 11-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934 to May 31, 1934

I last saw him alive on May 31, 1934 Death is said to have occurred on the date stated above, at 4:35 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Carditis
Right Cerebral Hemorrhage

Date of onset

?

?

5-23-34

Other contributory causes of importance

Myocardial Insufficiency

Date of onset

5-31-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Wilson M. D.

(Address) 848 W 36th St.

01913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01913

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Howard A Kelly Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7 weeks* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *James Cooper Munn*

(Usual place of abode)

461 Jerome Ave

St.,

Ward. *Piedmont, California*
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Married*6a. If married, widowed, or divorced
HUSBAND of *Bernice Colman Munn*
(or) WIFE of *June 9-1898*

6. DATE OF BIRTH (month, day, year)

7. AGE

35

Years

Months

Days

If LESS than
1 day, hrs.
or min.*22*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Drug Business

10. Date deceased last worked at this occupation (month and year)

Nov 1933

11. Total time (years) spent in this occupation

14

12. BIRTHPLACE (city or town) (State or country)

Deadwood South Dakota

FATHER

13. NAME

James Munn

14. BIRTHPLACE (city or town) (State or country)

Scotland

MOTHER

15. MAIDEN NAME

Alice Margaret Cooper

16. BIRTHPLACE (city or town) (State or country)

Boonton New Jersey

17. INFORMANT

(Address) *James Munn (father) Monarch Hotel Los Angeles Cal*

18. BURIAL, CREMATION, OR REMOVAL

Oakland California Date June 1, 1934

19. UNDERTAKER

(Address) *Chas. E. Black 142 W. North Ave*20. FILED *1-1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on *May 31, 1934* Death is said to have occurred on the date stated above, at *8:45* m.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma generalized

Date of onset

Sept. 1932

Other contributory causes of importance:

Name of operation *excision of gland* Date of *Feb 1933*What test confirmed diagnosis? *microscopic* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Howard A Kelly* M. D.(Address) *1418 Eutan Place*

01914

F 01914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edna Kurtz Rose (Rose)

(a) Residence: No.

4425 Old York Road

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Married**5a. If married, widowed, or divorced **Widowed** of (or) WIFE of **Louisa Rose**6. DATE OF BIRTH (month, day, year) **12-29-1882**7. AGE **51** Years **5** Months **2** Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Maryland** (State or country)13. NAME **Albert Kurtz**14. BIRTHPLACE (city or town) **Maryland** (State or country)15. MAIDEN NAME **Abigail Gambrell**16. BIRTHPLACE (city or town) **Maryland** (State or country)17. INFORMANT **Records**(Address) **JOHNS HOPKINS HOSPITAL**18. BURIAL, CREMATION, OR REMOVAL **London Park Cemetery June 2, 1934**19. UNDERTAKER **Charles H. Black**(Address) **742 W. North Ave**

JUN 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **5-31-1934**22. I HEREBY CERTIFY, That I attended deceased from **4-17-1934** to **5-31-1934**I last saw her alive on **5-31-1934** Death is said to have occurred on the date stated above, at **7:56 a.m.**

The principal cause of death and related causes of importance were as follows:

Biliary Cirrhosis of Liver

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? **Cut off** Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) **Clarence T. Tilghman** M. D.(Address) **Johns Hopkins Hospital**

01915

F 01915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 8401 Park Heights ave ST. 15-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 3401 Park Heights ave

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

Philip Maggio

6 DATE OF BIRTH (month, day, and year)

May 4, 1858

7 AGE

Years

Months

Days

76

If LESS than 1 day, hrs. or min.

27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Italy

10 NAME OF FATHER

Francesca Guercio

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Italy

12 MAIDEN NAME OF MOTHER

Angela Guercio

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Italy

14

Informant

(Address)

Thomas Maggio
3401 Park Heights ave

15

Filed

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 31 - 34

17

I HEREBY CERTIFY, That I attended deceased from

August, 1933, to May 31, 1934.

that I last saw her alive on May 31, 1934,

and that death occurred, on the date stated above, at 4:55 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

clinical + labrator

(Signed)

S. H. Barranco, M. D.

, 19

(Address)

436 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

New Cathedral

20 UNDERTAKER

Frank V. Peppitone

DATE OF BURIAL

6/2 1934

ADDRESS

2818 E. Balto st

F 01916 HEALTH DEPARTMENT—CITY OF BALTIMORE 01916

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 719 S. Bond St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years 65 Months 65 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11:05 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho Pneumonia

Other contributory causes of importance:

Accidental Burns on Back and Legs

Name of operation

Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Yes Date of injury 5/15, 1934Where did injury occur? 719 S Bond

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place HomeManner of injury Burn caught fireNature of injury Lightly burned on Back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. E. Rogers M.D.

M. D.

(Address)

1305 N. Patterson Ph

FILED - 1934

01917

F 01917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. 1-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2215 E. Pratt St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female white Single
5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15, 1938

7. AGE Years 1 Months 2 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Ruppelberger

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Agnes Metuselah

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Ruppelberger
(Address) 2215 E. Pratt St.18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 2, 193819. UNDERTAKER Mrs. C. Miller
(Address) 2334 Jefferson St.20. REGISTRATION
(Address) Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 31, 1938. I last saw her alive on May 31, 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia
BronchopneumoniaDate of onset
May 6
May 5

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Lieberman M.D.
(Address) Sydenham Hospital

UNIT - 1938

01918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hosp.

CITY OF BALTIMORE: (No.

St. 12-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Barbara Ann Altz.
Hamptstead Md.

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.	4. Color or Race W.	5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year)

May 17th 1934

7. AGE

Years

Months

Days
14If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

MOTHER

17. INFORMANT

(Address)

18. BURIAL, CREMATION, or REMOVAL

Place

Date

June 2 1934

19. UNDERTAKER

(Address)

Jacob Winkler Sons

Manassas, Va.

15

Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 31

1934

22. I HEREBY CERTIFY, That I attended deceased

on May 31st 1934

I last saw him alive on 5-31-34

Death is said

to have occurred on the date stated above, at 5:57 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed) J. Butler Grimes, M. D.

(Address) Union Mem. Hosp.

FILED

JUN 1 - 1934

1919

✓ F 01919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. **8-01** St. **8-01** Ward)Registered No. **122-002**

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. **4** mos. **4** ds. How long in U. S. If of foreign birth? yrs. **4** mos. **4** ds.2. FULL NAME **Geneva Valentine**(a) Residence: No. **2047**

(Usual place of abode)

Ward. **V**

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. Color or Race **Black** 5. Single, Married, Widowed, or Divorced (write the word) **Single**6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) **12-23-16**7. AGE Years **17** Months **5** Days **6** If LESS than 1 day, **hrs.** or **min.**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation **087**12. BIRTHPLACE (city or town) (State or country) **Va**13. NAME **William Valentine**14. BIRTHPLACE (city or town) (State or country) **Va**15. MAIDEN NAME **Anna Walker**16. BIRTHPLACE (city or town) (State or country) **Va**17. INFORMANT (Address) **Records**
JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place **La Crosse Va** Date **June 1, 1934**19. UNDERTAKER (Address) **Edward Bryson**
1631

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **May 29, 1934**22. I HEREBY CERTIFY, That I attended deceased from **May 19, 1934** to **May 29, 1934**I last saw her alive on **May 29, 1934** Death is said to have occurred on the date stated above, at **12:45** A. M.

The principal cause of death and related causes of importance were as follows:

**Peritonitis, (Pneumonia?)
Sigmoid**

Date of onset

May 19, 1934

Other contributory causes of importance:

Intestinal obstruction**May 19, 1934**Name of operation **none**

Date of

What test confirmed diagnosis?

Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Jos. D. Bryson** M. D.
(Address) **Johns Hopkins Hospital**

JUN 1 1934

Registrar.

M. D. F 120 01920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No.

Length of residence in city or town where death occurred, mos.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color Race Col 5. Single Married, Widowed, or Divorced Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ira

6. DATE OF BIRTH (month, day, year) 1905

7. AGE 29 Years 28 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Florida

12. BIRTHPLACE (city or town) (State or country) Florida

13. NAME Florida

14. BIRTHPLACE (city or town) (State or country) Florida

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT

(Address) N. W. Police Record

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 10, 1920

19. UNDERTAKER

(Address)

20. FILED 1334

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on May 20, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Homicide
stomach wound
to stab wound of heart.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed death? Autopsy

23. If death was due to external causes (violence) fill in also the following: Homicide, May 20, 1934

Accident, suicide, or homicide

Where did injury occur? 309 Malcom

Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

M. D. F 01921

F 01921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospital 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth 4 yrs. mos. ds.

2. FULL NAME

Anna Zuromski

(a) Residence: No. 2024 Fountain St. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Zuromski

6. DATE OF BIRTH (month, day, year)

7. AGE 70 Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Zieliński

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Albert Zuromski (Address) 2024 Fountain St

18. BURIAL, CREMATION, OR REMOVAL Place St. Stanislaus Date June 4, 1934

19. UNDERTAKER M. F. Sadowski (Address) 1740 Eastern Ave

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signatures) W. C. Dwyer M.D. M. D.

(Address) 13057 Patterson Park Ave

F 01922

F 01922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1200 Valley St St., 10-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 17 March 18547. AGE Years 80 Months 2 Days 14 If LESS than 1 day, hrs. 0 or min. 08. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Ireland
(State or country)13. NAME John Smith14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Stanley16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Sister Stanislas, Sup.
(Address) 1200 Valley Street, City18. BURIAL, CREMATION, OR INHUMATION
Place Holy Cross A.C. Date 6/12/3419. UNDERTAKER Rita Woodfield
(Address) 914 Greenmount Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to June 1, 1934I last saw her alive on May 31, 1934 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma
Stomach

Date of onset

Other contributory causes of importance:

AsthmaName of operation Phys Date of 1934What test confirmed diagnosis Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Yes
(Signed) Dr. C. C. Carhu M. D.(Address) 1114 1st St. N. W.

1934

A. E. J. [Signature]

M. D. P. 1834 **E 01923****F 01923****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH**

✓ 133

1. PLACE OF DEATHCITY OF BALTIMORE: (No. *Brisson Hays* St., *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME*Baby Mary Letitia Muller*(a) Residence: No. *5345-Briant Rd.* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Dec 28 1934*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *1* Months *19* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *000*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Mary Letitia Muller*14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Baltimore*

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (month, day, year) *5/31* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/21* 19*34* to *5/31* 19*34*I last saw her alive on *5/31* 19*34* Death is said to have occurred on the date stated above, at *6:2 a.m.*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Pyelitis

Name of operation

Date of

What test confirmed diagnosis? *X Ray* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Alfred H. G. Smith* M. D.(Address) *Brisson Hays***N 1-1834***Antonia M. Muller*

01924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

I. PLACE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1965 Baile St., 2-01 Ward)
How long in U. S. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7295) _____ of street and number _____
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

FULL NAME Alvin St. 2 Ward. 2
(If non-resident give city or town and State)
(a) Residence: No. 1905 Bank
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
--------	------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Mr. John P. Dillen*

6. DATE OF BIRTH (month, day, year)				12/1/22
7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71		15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Louis
(State or country) _____

13. NAME Chen, Hsiao

14. BIRTHPLACE (city or town) _____
(State or country) _____

13. MAIDEN NAME Elizabeth Ross

16. BIRTHPLACE (city or town) Arad, Romania
(State or country)

17. INFORMANT William L. ...
(Address) 1955 Bunk St

18. BURIAL, CREMATION, OR REMOVAL

Place, St. Louis, Mo.

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1957

21. DATE OF DEATH (month, day, year) 10/10/1934

22. I HEREBY CERTIFY, That I attended deceased from 10/10/1934

May 19 1934 to May 31 1934. Death is said
I last saw him alive on May 31 1934.
to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation _____ Date of _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

_____ (violence) fill in also the fol-

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____, 19 _____

Where did injury occur?..... (Specify city or town, county, and State)
 _____ home or in public _____

Specify whether injury occurred in industry, in home, or in public

place
Manner of Injury

Manner of Injury	
------------------	--

27 Nature of Injury

28 Was disease or injury in any way related to occupation of deceased

24. Was disease or injury in any way related to the above?
If so, specify: *Yes*

If so, specify Anti-Patrick M. I.

(Signed) *[Signature]* 9363 *[Signature]*

(Add) 9363-16

1-1934

Registral.

M. D.

01925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01925

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *16* Ward *21*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.2. FULL NAME *John Joe Dunn*(a) Residence: No. *Colgate Creek Rd* St. *16* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Elizabeth*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1862*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *72*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Coppersmith*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Peter*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Kate*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Records*
(Address) *Balt. City Hosp.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Bernard* Date *Aug 2 1934*19. UNDERTAKER *Lilly & Grier*
(Address) *Shelington Williams, Jr.*20. FILED *1-1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 22*, 19*34*, to *May 30*, 19*34*I last saw *Dunn* alive on *May 30*, 19*34* Death is said to have occurred on the date stated above, at *7:00* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

1 yr?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Phagel* M. D.(Address) *Balt. City Hosp.*

HEALTH DEPARTMENT—CITY OF BALTIMORE

01926

CERTIFICATE OF DEATH

M. F. 01926

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hosp.* St., *1-01* Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *834 S East Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Becilia Fialkowski*7. DATE OF BIRTH (month, day, year) *Nov. 7, 1910*8. AGE Years *23* Months *6* Days *22* If LESS than 1 day, hrs. or min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Federal Construction*

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *Simon Fialkowski*14. BIRTHPLACE (city or town) *Poland* (State or country)15. MAIDEN NAME *Margaret Lomyak*16. BIRTHPLACE (city or town) *Poland* (State or country)17. INFORMANT *Becilia Fialkowski* (Address) *834 S East Ave*18. BURIAL, CREMATION, OR REMOVAL *Cremation* Date *June 2, 1934*19. UNDERTAKER *Stephen J. Fialkowski* (Address) *1000 S. Richmond Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

May 19, to 19I last saw him alive on *May* 19. Death is said to have occurred on the date stated above, at *5 P.* m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures & Gas Gangrene Infection

Other contributory causes of importance:

*Automobile Accident*Name of operation *Right Thigh Amputation* Date of *5/29/34*What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *5/27, 1934*Where did injury occur *North Point Rd in Sparrow Rd.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Struck by auto while standing*Nature of injury *in road behind own auto.*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Joseph P. Korman* Coroner(Address) *2200 E. Madison St.*

FILED

Registrar.

F 01927 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01927

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE:

No. 2604 Fair St. - 01

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME

Clara Jezierski

(a) RESIDENCE NO.

2604 Fair St.

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 Single, Married, Widowed, or Divorced, (write the word) Widow
-----------------	--------------------------	--

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

July 30, 1868

7 AGE

65

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

037

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

Germany

10 NAME OF FATHER

unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

Germany

12 MAIDEN NAME OF MOTHER

unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Germany

14

Informant

(Address)

Alex Jezierski

2604 Fair St.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

May 31, 1934

17

I HEREBY CERTIFY That I attended deceased from

Jan. 10, 1933, to May 31, 1934,

that I last saw her alive on May 31, 1934

and that death occurred, on the date stated above, at 11:15 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy (Rt. Hemiplegia)
Myocarditis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death?

no Date of

Was there an autopsy?

no

What test confirmed diagnosis?

(Signed) Andrew J. Jankowski, M. D.

6/1, 1934 Address 2529 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St. Stanislaus Cem.

June 1, 1934

20 UNDERTAKER

ADDRESS

Stephen J. Ziolkowski

1000 S. Kenwood Ave.

1-1934

1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01928

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 12417. Patterson Park, 1st Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1741 N. Patterson Park St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, name of (or) WIFE of Joseph B. Whitney

6. DATE OF BIRTH (month, day, year) June 4 = 1862

7. AGE Years 11 Days 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Joseph H. Price

14. BIRTHPLACE (city or town) Harford Md (State or country)

15. MAIDEN NAME Eliza Pritchard

16. BIRTHPLACE (city or town) Harford Md (State or country)

17. INFORMANT Joseph B. Whitney (Address) 1241 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date June 2, 1934

19. UNDERTAKER Henry Lutz (Address) 1203 N. Broadway

20. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-1934

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1934 to 5-30-1934

I last saw her alive on 5-30-1934 Death in said

to have occurred on the date stated above, at 6:11 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration 3/8/34

Other contributory causes of importance:

Chronic Interstitial Nephritis 2/16/34

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following: none Date of injury 19

Accident, suicide, or homicide? none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify

(Signed) David Miller M. D.

(Address) 150 N. Broadway

1-1834

1929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (City)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 109

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Divorced*

6a. If married, widowed, or divorced HUSBAND of *Anna* (or) WIFE of *(Divorced)*

6. DATE OF BIRTH (month, day, year) *8-2-?*7. AGE *46?* Years *9* Months *27* Days *?* If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Champer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Cumberland* (State or country) *Ind.*13. NAME *Rorato*14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Eliz*16. BIRTHPLACE (city or town) *Ind.* (State or country)17. INFORMANT *Records* (Address) *Bald City Hospital*18. BURIAL, CREMATION, OR REMOVAL *6/1* 34 (Place) *Second Street* Date19. UNDERTAKER *J. J. Hickey* (Address) *1318 Light St.*20. FILED *1318 Light St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 29*, 193422. I HEREBY CERTIFY, That I attended deceased from *Sept. 29* 33 to *May 29*, 1934I last saw him alive on *May 29*, 1934 Death is said to have occurred on the date stated above, at *12:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

1 yr.

Other contributory causes of importance:

Name of operation Date of *Yes*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

As If no surgical(Signed) *Pharmer*(Address) *Bald City Hosp*

M. D.

-1934

01930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

K 04930

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Margaret A. Schmidt

(a) Residence: No.

(Usual place of abode)

4221 Mary AveSt. 27-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Femalewhitewidow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJoseph A.

6. DATE OF BIRTH (month, day, year)

Feb 25/1860

7. AGE

Years
74Months
3Days
5If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)York. Pa.

13. NAME

Jesse Pyer14. BIRTHPLACE (city or town)
(State or country)Germany

15. MAIDEN NAME

Marie LaFrantz16. BIRTHPLACE (city or town)
(State or country)France

17. INFORMANT

(Address)

Mrs. Marie A. Christy4221 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date

June 1, 1934

19. UNDERTAKER

(Address)

William G. Schaeffer
1816 E. Monument St

FILE

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19...... Death is said
to have occurred on the date stated above, at.....m.The principal cause of death and related causes of
importance were as follows:Terminal Pneumonia
Toxemia

Date of onset

Other contributory causes of importance:

Fracture left hipApr 19/34

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide accident Date of injury Apr 19/34
Baltimore. Md.

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place Fell from Chair in home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

01931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01931

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708. Chelsea.Ter. St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emil R. Denhard.

(a) Residence: No. 2708. Chelsea.Ter. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea C Denhard.

6. DATE OF BIRTH (month, day, year) May.16-1865.

7. AGE Years 69 Months 0 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar. Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gerny.

13. NAME Adam Denhard. 14. BIRTHPLACE (city or town) (State or country) Gerny.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Gerny.

17. INFORMANT Dorothea C. Denhard. (Address) 2708. Chelsea.Ter.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 2, 1934

19. UNDERTAKER Es. Scholman Son (Address) 1039 Danvers St

1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934, to May 31, 1934

I last saw him alive on May 30, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis

Date of onset

Unknown

Other contributory causes of importance:

Arteriosclerosis

Adm. May 7, 1934

Name of operation

Date of

What test confirmed diagnosis? Lat Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. Paul Stifter

M. D.

1319 Light St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Longwood Road St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 200 Longwood Road St., 27-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) July 12, 18837. AGE Years 70 Months 10 Days 19 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Infgr. of Chalk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. S. Co.
10. Date deceased last worked at this occupation (month and year) May 29/34 11. Total time (years) spent in this occupation 30 years12. BIRTHPLACE (city or town) (State or country) England13. NAME Rev. Henry H. Cole14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Sarah J. Gandy16. BIRTHPLACE (city or town) (State or country) England17. INFORMANT Rev. Henry H. Cole (nephew in law)
(Address) 200 Longwood Road18. BURIAL, CREMATION, OR REMOVAL
Place Ludlow Park Cem. Date June 2/34 1919. UNDERTAKER Wm. A. Brown & Co. Corp.
(Address) 12-20 North Avenue1-1934 Stimington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31- 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

Valvular disease of the heart

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

John H. Brown
(Address) 3632 Roland Ave.

M. D.

01933 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 W. Saratoga St., 70-41 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 1915 W. Saratoga St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of John C Child (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16 - 1846

7. AGE Years 88 Months 13 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Sattler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leo Gustav Schmidt (Address) 1915 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 6/2

19. UNDERTAKER Harry H. Witzke (Address) 1101 Edmondson Ave

20. FULL NAME 1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Inquiry 19. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Salter's 9/10/34 May 31-34

Other contributory causes of importance:

Arthur, Sculski

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so specify

(Signed) Joseph E. Volkmann M.D.

(Address) 16 South Broadway

F 01934

F 01934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins & Catch area / 2-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ethel Carter

(a) Residence: No. 215 C. Lafayette Ave. St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND James Carter
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18817. AGE 53 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

House Wife12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Alex Perry14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Ella Beck16. BIRTHPLACE (city or town) (State or country) New York17. INFORMANT Miss Doris Carter
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place North Woodland Date June 1934

19. UNDERTAKER

(Address) May 22

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193422. I HEREBY CERTIFY. That I attended deceased from May 28, 1934, to May 30, 1934.I last saw her alive on May 30, 1934. Death is said to have occurred on the date stated above, at 11 55 m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Infarction ofDate of onset
4/19/34

(Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Branchon M. D.

(Address)

ON 2-1834

M. D. 1934

F 01935

F 01935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No. _____)

St. 11-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Jeremiah H. Stansbury

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced HUSBAND of _____ WIFE of _____		
6. DATE OF BIRTH (month, day, year) Dec 12 1875		
7. AGE 58	Years 5	Months 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION

FATHER

MOTHER

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to June 1, 1934

I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 8:15 P. M.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage

Date of onset
5-29

Other contributory causes of importance:

Chronic myocarditis & hypertension

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

M. D.

JUN 2 - 1934

Registrar

M. D. B. 01936

F 01936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mo. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Length of residence in city or town where death occurred: yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mo. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE Years *3* Months _____ Days _____ If LESS than 1 day, hrs. _____ or min. _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) _____ M. D. Coroner

(Address) _____

JUN 2 - 1934

F 01937

F 01937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3640 Buena Vista Ave. 13-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3640 Buena Vista Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Mary Riley

6. DATE OF BIRTH (month, day, year)

Jan. 6, 1868

7. AGE

66

Years

Months

4

Days

27

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Penna. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Co. Maryland

FATHER

13. NAME

Robert Riley

14. BIRTHPLACE (city or town) (State or country)

Maryland

MOTHER

15. MAIDEN NAME

Susan

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

Mrs Mary Riley 3640 Buena Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL

Pine Grove, Baltimore, Co. Date June 2, 1934

19. UNDERTAKER

Leroy S. Tiffner, Inc. 125 E. North Ave.

20. FILE

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934 to May 31, 1934

I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 10:30 AM

The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis 1934

Other contributory causes of importance:

Hypertension, Diabetes

Name of operation

Date of

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) E. Carson F. Kelly M. D. (Address) 608 Somerset Blvd.

F 01938 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2364 McCallum* Ward) *13-01*Registered No. *82-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *10* yrs. *10* mos. *10* ds. How long in U. S. If of foreign birth? *10* yrs. *10* mos. *10* ds.

2. FULL NAME

(a) Residence: No. *2364 McCallum* St., Ward. *13-01*

(Usual place of abode)

Ward. *13-01*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *Female* 4. Color or Race *Col* 5. Single, Married, Widowed or Divorced *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Warren Cole*6. DATE OF BIRTH (month, day, year) *Sept 5-1900*

7. AGE

33 Years*8* Months

Days

*24*If LESS than 1 day, *24* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Book*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Prince George's Co Md*

FATHER

13. NAME *John Burges*14. BIRTHPLACE (city or town) (State or country) *Prince George's Co Md*

MOTHER

15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *Prince George's Co Md*17. INFORMANT (Address) *Anna Taylor 1709 Westwood*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Elizabeth's Cemetery June 2 1934*19. UNDERTAKER (Address) *Archibald L. Gaddis 2101 McCallum St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 21 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* 19 *19*I last saw him alive on *May 19* 19 *19*to have occurred on the date stated above, at *10* m.The principal cause of death and related causes of importance were as follows: *Cerebral Hemorrhage few hours*

Other contributory causes of importance:

Name of operation *Regular*Date of *10*What test confirmed diagnosis? *Regular* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*Where did injury occur? *(Specify city or town, county, and State)*

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chick*

(Address)

M. D.

MAY 2 1934

F 01939 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01939

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO.

2-FULL NAME

(a) RESIDENCE. NO.

(Usual place of abode)

Length of residence in city or town where death occurred

ST.

WARD.

(If nonresident give city or town and State)

ds. How long in U. S. if of foreign birth?

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)

Female Colored Married

6a If married, widowed, or divorced

HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days If LESS than 1 day. hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on

and that death occurred, on the date stated above, at 2:5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

CONTRIBUTORY (Secondary)

18 Where was disease contracted? if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

TION is very important. See instructions on back of certificates.

UN 2 - 1934

F 01940

F 01940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (St.)

2023 Druid Hill St., 14-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Albert H. Parker
2023 Druid Hill St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race Coal 5. Single, Married, Widowed, or Divorced (write in word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Oct 9 - 1923

7. AGE

Years

Months

Days

22 If LESS than 1 day, hrs. or min.

7 23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

None

12. BIRTHPLACE (city or town) (State or country)

Baltimore
Sweet H. Parker

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Prince George's Co. Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Charlotte Moore

Baltimore

17. INFORMANT

(Address)

Charles Parker
2023 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel Cemetery Date June 2, 1934

19. UNDERTAKER

(Address)

J. J. Gaddis
2141 Mc Carroll St.

20. FILED

19

Registrar.

2-1934 Huntington Park, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19

I last saw him alive on June 1st, 1934. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis? There was an autopsy

23. If death was due to external causes (violence) All in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. J. Gaddis
Baltimore

M. D.

MAY 01941

F 01941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Halcyon Ave. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Gettemuller

(a) Residence: No. 2710 Halcyon Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1906

7. AGE Years 28 Months 0 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md. (State or country)

13. NAME Wm. H. Gettemuller

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

15. MAIDEN NAME Anna W. Depkin

16. BIRTHPLACE (city or town) Baltimore Md. (State or country)

17. INFORMANT Wm. H. Gettemuller (Address) 2710 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 4th 1934

19. UNDERTAKER Wm. J. Tuckman (Address) 1116 E. Preston St.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to May 31 1934

I last saw her alive on May 31 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Dysphagia and May 8

Other contributory causes of importance:

Intense Toxicemia May 24

Name of operation

Date of

What test confirmed diagnosis + Culture there an autopsy? No.

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. J. Tuckman app. M. D.

(Address) 1116 E. Preston St.

F 01942

F 01942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 N. Kenwood Ave. St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 741 N. Kenwood Ave. (Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

William E. Mitzel

6. DATE OF BIRTH (month, day, year) Sept. 22-1870

7. AGE

63

Years

Months

Days

9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto.

Md.

FATHER

13. NAME

Frank Kirtscher

14. BIRTHPLACE (city or town) (State or country)

Germany

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town) (State or country)

Germany

17. INFORMANT

(Address)

William E. Mitzel
741 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Balto. Cen.

Date June 4/34 19

19. UNDERTAKER

(Address)

Mrs. E. Miller & Son
4 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/34

22. I HEREBY CERTIFY That I attended deceased from 5/10/34 to 5/31/34

I last saw him alive on 5/31/34 at 8:00 A. m. Death is said to have occurred on the date stated above, at 8:00 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance:

Hypertension + arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

James G. Saffell
Baltimore, Md.

M. D.

FILED 1934

M. D. F 1206

F 01943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01943

Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

West Baltimore General Hospital

St. 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Ellen Byers

St. 2007 Linden Ave

Ward.

(If non-resident give city or town and State)

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. Color or Race

W

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced (or) WIFE of

Linwood L

6. DATE OF BIRTH (month, day, year)

Feb 19, 1889

7. AGE

45

Months

3

Days

13

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country)

Richmond Va

FATHER

13. NAME

Wm J. Byers

14. BIRTHPLACE (city or town) (State or country)

Richmond Va

MOTHER

15. MAIDEN NAME

Catherine Byers

16. BIRTHPLACE (city or town) (State or country)

Richmond Va

17. INFORMANT

Linwood L Byers

(Address)

2007 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Richmond Va

Date June 2, 1934

19. UNDERTAKER

(Address)

1532 Hollinsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1934

22. I HEREBY CERTIFY That

attended deceased from

May 28, 1934 to June 1, 1934

I last saw him alive on

June 1, 1934

to have occurred on the date stated above, at

3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia shock

Other contributory causes of importance:

Acute appendicitis
Chronic alcoholism
Chronic hypochondria
Obesity
Date of 6/1/34

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John H. Byers M. D.

B. M.

JUN 2 1934

M. D. B. F 01944

✓ F 01944

28560 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 70-01 Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME William Hene Kamp(a) Residence: No. 1800 W Lexington St.

(Usual place of abode)

Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise K. Kamp6. DATE OF BIRTH (month, day, year) Sept 14th 18747. AGE Years 58 Months 8 Days 17 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) md (State or country)13. NAME John Hene Kamp14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elij Gaehle16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Cathedral Place June 4th 1934 Date19. UNDERTAKER W. Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY. That attended deceased from May 16, 1934 to June 1, 1934I last saw him alive on June 1, 1934 Death is saidto have occurred on the date stated above, at 6²⁵ A m.

The principal cause of death and related causes of importance were as follows:

Renal calculus, right.

Date of onset

?

Other contributory causes of importance:

Post operative stressName of operation Cystolithotomy Date of 5/2/34What test confirmed diagnosis? 01 Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Henry J. Jewell M. D.(Address) Johns Hopkins Hospital

JUN 2 - 1934

M. D. B. F 01945

F 01945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mo. *0* da.

2. FULL NAME

(a) Residence: No. *2802 Montebello Ave. St.* Ward. *X*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<i>male</i>	<i>white</i>	<i>single</i>

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year)	7. AGE
<i>Nov 22nd 1929</i>	Years <i>4</i> Months <i>6</i> Days <i>9</i>
	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
<i>None</i>	<i>X</i>

12. BIRTHPLACE (city or town) *North Carolina* (State or country)13. NAME *Albert Howard*14. BIRTHPLACE (city or town) *North Carolina* (State or country)15. MAIDEN NAME *Mary Groves*16. BIRTHPLACE (city or town) *North Carolina* (State or country)17. INFORMANT *Hospital Record*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Marys (Hampton)* Date *June 2nd 1934*19. UNDERTAKER *Wm. Cook*(Address) *1217 St Paul St*

19-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1, 1934*22. I HEREBY CERTIFY, That I attended deceased From *May 22, 1934* to *June 1, 1934*I last saw him alive on *June 1, 1934* Death in saidto have occurred on the date stated above, at *12:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

*Empyema**Myocardial Failure from**Pleural Shock**Thoracotomy*Name of operation *Thoracotomy* Date of *6-1-34*What test confirmed diagnosis? *Yes*23. If death was due to external causes (violence) fill in the following: *Yes*Accident, suicide, or homicide? *Yes* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Dr. Butler* (Address) *Union Memorial Hosp*

M. D.

01946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 01946

93-003

4 transcripts
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Church St. 25-01 Ward)

2. FULL NAME

(a) Residence: No. 1614 Church St.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from April 13, 1934, to May 31, 1934.

I last saw her alive on May 24, 1934. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Ventricular Fibrillation with myocarditis

Other contributory causes of importance:

Cardiac Dilatation

Date of onset 4/11/34

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sena M. D.

(Address) 1009 Armapole Rd.

JUN 2 - 1934

See instructions on back of certificate. OCCUPATION is very important.

v. s. 3

01947

F 01947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital - 01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *42* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Roland Berry(a) Residence: No. *1609 Orleans*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of *Isabelle* (Sep) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 6, 1890*7. AGE *43* Years *8* Months *24* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laban* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *140* 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Baltimore Co.* (State or country)13. NAME *John*14. BIRTHPLACE (city or town) *Balt. Co.* (State or country)15. MAIDEN NAME *Mattie* ?16. BIRTHPLACE (city or town) *Balt. Co.* (State or country)17. INFORMANT *Records* *Balt City Hosp* (Address)18. BURIAL, CREMATION, OR REMOVAL *Mt. Auburn* Date *6/2* 193419. UNDERTAKER *Joseph A. Locke Jr.* *1502 Jefferson St.* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30* 193422. I HEREBY CERTIFY, That attended deceased from *May 23* 1934 to *May 30* 1934I last saw him alive on *May 30* 1934 Death is said to have occurred on the date stated above, at *2257 A.*

The principal cause of death and related causes of importance were as follows:

Pellagra

Date of onset

3/24

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If not specify

(Signed)

J. Magill

M. D.

(Address) *Balt City Hosp.*

JUN 2 - 1934

F 01948

F 01948 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Bdwg St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosa Amelia Mann

(a) Residence: No.

1508 N. Bdwg - St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, divorced, Married of Conj. Frank Mann (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 12 - 1867 -7. AGE Years 67 Months 2 Days 20 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto md (State or country)13. NAME Wm Kerkenhoff14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Kenneth Loeffler16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Chas. Kerkenhoff (Address) 1508 N. Bdwg

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date June 4th 193419. UNDERTAKER George Schillig & Sons (Address) Greenmount & Quilts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/3422. I HEREBY CERTIFY. That I attended deceased from 11/27/33 to 6/1/34I last saw her alive on 6/1/34 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of death were as follows

Arteriosclerosis, general
Chronic myocarditis + emboli
Chronic nephritis
Chronic passive congestion of liver

Date of onset

11/27/33

Other contributory causes of importance:

Toxaemia
Cardiac decompensation6/1/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) George A. Barden M. D.(Address) 1519 E North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

JUN 2 1934

Huntington Williams, M.D.

01949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01949

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1035 Sullivan* ST. *5-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Sophia Strickman

(a) RESIDENCE NO.

1035 Sullivan

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *74* yrs. *10* mos. *8* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Widowed*

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of*George Steel Miller*6 DATE OF BIRTH (month, day, and year) *July 23-1854*7 AGE Years Months Days If LESS than 1 day, hrs. or min.
74 *10* *8*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Storekeeper 045

(b) General nature of industry, business, or establishment in which employed (or employer)

Cigar Store

(c) Name of employer

*Self.*9 BIRTHPLACE (city or town)
(State or country)*Baltimore
Maryland.*

PARENTS

10 NAME OF FATHER *Fredrick Schumann*11 BIRTHPLACE OF FATHER (city or town)
(State or country) *Germany*12 MAIDEN NAME OF MOTHER *Christina Schulte*13 BIRTHPLACE OF MOTHER (city or town)
(State or country) *Germany*

14

Informant *Minna Schumann*(Address) *1035 Sullivan St.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 31-1934*

17

I HEREBY CERTIFY, That I attended deceased from *May 30*, 19 *34*, to *May 31*, 19 *34*, that I last saw him alive on *May 30*, 19 *34*and that death occurred, on the date stated above, at *3:50 p.m.*

The CAUSE OF DEATH* was as follows:

Coronary thrombosis(duration) yrs. mos. *30* ds.CONTRIBUTORY *Diabetes + High Blood Pressure*
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? ☒Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Urinal + Sp. Gr.*

(Signed)

Thos. J. A. Stearns M. D.*6-1* *34*
19(Address) *2878 Harford Rd.*

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL*Greenmount Cemetery*

DATE OF BURIAL

June 4 1934

20 UNDERTAKER

George Schilling & Sons

ADDRESS

*Greenmount
& disquith st*

TION is very important. See instructions on back of certificate.

JUN 2 - 1934

Huntington Williams

M. D. 1934 01950

F 01950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Pringle Hospital* 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2813*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *1892*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *42* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *070*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Boston, Mass.*13. NAME *Mr. [illegible]*14. BIRTHPLACE (city or town) (State or country) *Mr. [illegible]*15. MAIDEN NAME *Mr. [illegible]*16. BIRTHPLACE (city or town) (State or country) *Hospital Record*

17. INFORMANT (Address)

18. BIRTH, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5-31-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *5-28-34*, 19 to *5-31-34*, 19I last saw her alive on *5-31-34*, 19 Death is said to have occurred on the date stated above, at *10:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Inter-uterine Chronic Nephritis

Other contributory causes of importance:

Fibring of Uterus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

2-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 01951

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 Division St. 14-01 Ward)Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 2123 Division St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edas Broughton6. DATE OF BIRTH (month, day, year) March 8-18737. AGE Years 61 Months 2 Days 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
10. Date deceased last worked at this occupation (month, day, year) Sept 1933 11. Total time (years) spent in this occupation 40 65 yrs12. BIRTHPLACE (city or town) Carroll Co (State or country) md.13. NAME James E. Cornick
14. BIRTHPLACE (city or town) Carroll Co (State or country) md.15. MAIDEN NAME Priscilla M. Cornick
16. BIRTHPLACE (city or town) Carroll Co (State or country) md.17. INFORMANT Blanche H. Boston (Address) Madison av + Wilson St Apt18. BURIAL, CREMATION, OR REMOVAL Bond ave Riestertown Date June 4, 193419. UNDERTAKER Thomas - S. Nelson (Address) 1303 Presstman st

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 193422. I HEREBY CERTIFY, That I attended deceased from May 8, 1934 to May 30, 1934I last saw her alive on May 24, 1934 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Fall 1933Other contributory causes of importance: Age - Int. St. of HepatitisName of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. H. Wright M. D.(Address) 1209 Presstman st

OCCUPATION is very important. See instructions on back of certificate.

H 2-1334 Huntington

F 01952

F 01952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Enroute Hopkins Hospital 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

Rufus Fleetwood

(a) Residence: No.

1403 E. Eager

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race black	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maria

6. DATE OF BIRTH (month, day, year)

Feb 1898

7. AGE

Years
36Months
1Days
?If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

N. C.

FATHER

13. NAME

Jesse Fleetwood

14. BIRTHPLACE (city or town)
(State or country)

N.C.

MOTHER

15. MAIDEN NAME

Molly Deloatch

16. BIRTHPLACE (city or town)
(State or country)

N.C.

17. INFORMANT
(Address)

Georgie Fleetwood (sister)

1205 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Burial cemetery Date June 4, 1934

19. UNDERTAKER
(Address)Thomas E. Nelson
1303 Presb. St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

May 30/34

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19. Death is said

to have occurred on the date stated above, at about 4.30 P.M.

The principal cause of death and related causes of
importance were as follows:Hemorrhage due to pistol shot
wound of heart & lung.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the fol-
lowing: homicide of injury 5/30/34

Accident, suicide, or homicide Baltimore, Md.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place Restaurant N.E. Cor Eager &

Manner of injury Wolfe Sts.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Nelson
(Address) 508 E. North Ave.
M. D.

J. H. 1934

Registrar

01953

HEALTH DEPARTMENT—CITY OF BALTIMORE

01953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 13 da. How long in U. S. If of foreign birth? 131 yrs. 10 mos. 13 da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Ellman6. DATE OF BIRTH (month, day, year) June 23, 1863

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min. 71 4 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Booth Bros & Co10. Date deceased last worked at this occupation (month and year) Aug. 193811. Total time (years) spent in this occupation 2512. BIRTHPLACE (city or town) (State or country) Charlestown, Md

FATHER

13. NAME George Mann14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT (Address) 1716 E. 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Town Date 6/519. UNDERTAKER 1217 St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193422. I HEREBY CERTIFY That I attended deceased from Nov 11, 1926 to June 2, 1934I last saw him alive on June 1, 1934 Death is said to have occurred on the date stated above, at 1:15 PM

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

Other contributory causes of importance:

hypertension, SclerosisName of operation none Date of 200What test confirmed diagnosis? Physician Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide: ✓ Date of injury 19Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

(Address)

John L. Kistner M. D. 1219 Poplar St

3-1934

V

01954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Fleet St St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2518 Fleet Street St., 1-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Color or Race White 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, divorced, or HUSBAND of Fredericka Landgraf (or) WIFE of Fredericka Landgraf6. DATE OF BIRTH (month, day, year) April 15-18687. AGE Years 66 Months 68 Days 17 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Sign Painter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self10. Date deceased last worked at this occupation (month, day, year) June 1934 11. Total time (years) spent in this occupation 05012. BIRTHPLACE (city or town) Baltimore (State or country) Maryland13. NAME Frederick Landgraf14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Elizabeth Geiger16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs Frederick Landgraf (Address) 2518 Fleet Street18. BURIAL, CREMATION, OR REMOVAL Place Home Date June 4 193419. UNDERTAKER William Cook (Address) 217 S. Paul Street20. 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2-193422. I HEREBY CERTIFY That I attended deceased from Aug 20 1934 to June 2 1934I last saw him alive on May 30 1934 Death is said to have occurred on the date stated above, at 4484

The principal cause of death and related causes of importance were as follows:

Chronic Heart diseaseOther contributory causes of importance: ✓Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓(Signed) Robert H. Wells M. D.(Address) 1937 Congress St

OCCUPATION is very important. See instructions on back of certificate.

F 01955

01955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Richmond Ave 27-01 Ward)Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 509 Richmond Ave St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of Edw. Metz bower (or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 17th 18707. AGE Years 64 Months 2 Days 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) Md.13. NAME Wm B. Davis14. BIRTHPLACE (city or town) Balto (State or country) Md.15. MAIDEN NAME Elizabeth Colt16. BIRTHPLACE (city or town) Md. (State or country)17. INFORMANT J. Edw. Metz bower (Address) 509 Richmond Ave18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date June 4th 193419. UNDERTAKER Was Cook (Address) 1217 St. Paul St20. 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 193422. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to June 1 1934I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Date of onset

2 mos.

Other contributory causes of importance:

Chronic nephritis
Diabetes

?

Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Sidney I. Key M. D.(Address) 2304 E. E. Ave

See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

01956

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 12-01 Ward)Length of residence in city or town where death occurred. 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Mercer(a) Residence: No. 415 East Lorraine St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, Divorced (write the word) Widowed6a. If married, widowed, or divorced Widowed
(or) WIFE of Larry R. Mercer6. DATE OF BIRTH (month, day, year) July 13, 18687. AGE Years 65 Months 10 Days 20 If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Self
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 0 0
11. Total time (years) spent in this occupation 012. BIRTHPLACE (city or town) Baltimore Ind
(State or country)13. NAME Patrick Byrnes
14. BIRTHPLACE (city or town) Ireland
(State or country)15. MAIDEN NAME Mary Pickens
16. BIRTHPLACE (city or town) Ireland
(State or country)17. INFORMANT Katherine M. Seelach
(Address) 415 East Lorraine St.18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date June 4, 193419. UNDERTAKER William Cook
(Address) 127 St Paul Street20. FILED 3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19I last saw him alive on 2300 m. Death is said to have occurred on the date stated above, at 2300 m.The principal cause of death and related causes of importance were as follows: Acute myocardial failureOther contributory causes of importance: Accidental Fracture L. FemurName of operation Chis Date of 18What test confirmed diagnosis? Chis Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Yes Date of injury 4/17, 1934Accident, suicide, or homicide? YesWhere did injury occur? 415 Lorraine Ave
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Home in the streetManner of injury Fell down at homeNature of injury Fract L. Femur24. Was disease or injury in any way related to occupation of deceased? No(Signed) B. P. Verma M.D.(Address) 1305 N Patterson Park

F 01957

HEALTH DEPARTMENT—CITY OF BALTIMORE

01957

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N. Pine St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 422 N. Pine St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18867. AGE Years 48 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Balto. MdFATHER 13. NAME Jenneffer Baverley
14. BIRTHPLACE (city or town) (State or country) MdMOTHER 15. MAIDEN NAME Alice Johnson
16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Coroner Rec.
(Address)18. BURIAL, CREMATION, OR REMOVAL mt Calvary
Place Date June 3rd 193419. UNDERTAKER Eloy O Wilson
(Address) 1000 Brantley Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) E. J. Zeller M. D.
(Address) 2079 Eastern Ave

3-1934

01958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 01958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *301 Northern Pkwy St.* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *2*

6. DATE OF BIRTH (month, day, year) *March 10th 1927*

7. AGE Years *5* Months *22* Days *21* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) *Balto Md*

13. NAME *Adam Newman*

14. BIRTHPLACE (city or town, State or country) *Balto Md*

15. MAIDEN NAME *Julia Reister*

16. BIRTHPLACE (city or town, State or country) *Balto Md*

17. INFORMANT *Adam Newman*
(Address) *301 Northern Pkwy*

18. BURIAL, CREMATION, OR REMOVAL
Place *Secret Vault Cemetery* Date *June 4th 1934*

19. UNDERTAKER *Superior Undertaking Co., Inc.*
(Address) *301 E. Eager St.*

20. *Shirley H. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1st 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 2nd 1934* to *June 1st 1934*

I last saw her alive on *June 1st 1934* Death is said to have occurred on the date stated above, at *7:15 P.M.*

The principal cause of death and related causes of importance were as follows:

*Orbital abscess
Osteomyelitis of skull
and cerebral abscess of
brain.*

Date of onset

*May 1st
5:45 P.M.
6:15 P.M.
1:15 P.M.*

Other contributory causes of importance:

Name of operation *Debridement* Date of *May 2nd 1934*

What test confirmed diagnosis *Biopsy* Was there an autopsy? *Yes*

23. If death was due to external cause (violence) fill in also following: Accident, suicide, or homicide? Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. Robert M. D.*

(Address) *154*

3-1934

E 01959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01959

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 White Ave (Stratford) 7-01 St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 mos. 53 ds. How long in U. S. If of foreign birth 83 yrs. 83 mos. 83 ds.

2. FULL NAME

(a) Residence: No. 3110 White Ave (Stratford) 7-01 St. 27-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, name of HUSBAND of Frederick T. Stiefel (born of Hans Stiefel)

6. DATE OF BIRTH (month, day, year) June 4 1878 7. AGE Years 55 Months 11 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile & Marble setter. 082 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country) Tobias Stiefel

13. NAME Tobias Stiefel

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Christina Stirtz

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Charles E. Stiefel (Address) 3110 White Ave

18. BUREAU INFORMATION OF RIGORAL (Address) Parkwood Cemetery Date June 4 1934

19. UNDERTAKER (Address) 1301 E. Enoch St.

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1934

22. I HEREBY CERTIFY (That I attended deceased from March 17 1934 to June 1 1934)

I last saw him alive on June 1 1934 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Pellagra

Date of onset

1934

Other contributory causes of importance:

Asthma

Name of operation

Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. M. Carter M. D.

(Address) 1114 D. D. St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01960

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1425 Holbrook* St., *901* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. *4* mos. *1* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1425 Holbrook* St., *901* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color & Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, divorced, or separated, name of HUSBAND of *the late* *Margaret B. Pfaff*6. DATE OF BIRTH (month, day, year) *May 27 1858*7. AGE Years *76* Months *—* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Retired shipping*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Clark 009*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Balto. Md*
(State or country)13. NAME *Raymond*14. BIRTHPLACE (city or town) *"*
(State or country)15. MAIDEN NAME *"*16. BIRTHPLACE (city or town) *"*
(State or country)17. INFORMANT *M. J. Raymond Pfaff*
(Address) *1843 N. Baltimore St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Redeemer Church* Date *June 1 1934*19. UNDERTAKER *Henry Fred Line, Inc.*
(Address) *301 E. Gay St.*20. *3-1934* *Huntington*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1 1934*22. I HEREBY CERTIFY, that *JUN 1 1934* attended *1934* from *1934*
MAR 26 1934 19 *JUN 1 - 1934*I last saw him alive on *10:30* Death is said to have occurred on the date stated above, at *10:30*

The principal cause of death and related causes of importance were as follows:

general anemia
after operation
for gastric cancer

Other contributory causes of importance:

Name of operation *Gastrostomy*What test confirmed diagnosis? *Operation this had*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify(Signed) *Dr. J. H. Dinkler*(Address) *928 E. N. St. A*

P 01961

01961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 E. Hamburg St. St. 23-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 9 mos. 30 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Sarah E. Snyder.

(a) Residence: No. 40 E. Hamburg St. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, ~~XXXXXXXXXX~~ John Snyder.
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1, 1861

7. AGE Years 72 Months 9 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME George E. Nevaker.

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

15. MAIDEN NAME Mary E. Greenwood.

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT John Snyder. (husband)
(Address) 40 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill

Date June 4 - 34

19. UNDERTAKER
(Address)Margaret H. Flynn
107 N. Hilton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis.
Angina pectoris.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiries Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto W. Reinhardt M. D.
(Address) 1017 S. Charles St.
5/31/34

3-1934

01962

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5713 Roland Ave St. 2-01 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Bena Rosenbush

(a) Residence: No. 2444 Callow Ave. St., _____ Ward, _____
(Usual place of abode) (If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to June 2, 1934.

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of Robert Rosenbush

I last saw h. e. alive on June 2, 1934. Death is said
to have occurred on the date stated above, 2.40 P. m.

The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

The principal cause of death and related causes of importance were as follows:

General Astoria-
Selwain

12. BIRTHPLACE (city or town)..... Brooklyn,
(State or country)..... N.Y.

Other contributory causes of importance:

Sensitivity

FATHER	13. NAME	Gabriel Weinberg
	14. BIRTHPLACE (city or town) (State or country)	Germany

Name of operation... _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Sarah Goldsmith

16. BIRTHPLACE (city or town)
(State or country) Germany

What test confirmed diagnosis? _____ Was there an autopsy? _____

2. If death was due to external causes (violence) fill in also the fo _____

23. If death was due to gunshot
 following: _____ Date of injury 10/10/68 1968
 Was it a suicide or homicide? _____

17. INFORMANT Mr. G. W. Rosenbush
(Address) 5616 Cross Country Blvd.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. June 4, 19

place

price

19. UNDERTAKER *Ward Longman & Co.*
(Address) *1902 Euter Place*

7. Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

24. Was checked by _____
 If no, specify _____

Ernest S. Wagner, M.

(Address) **The Esplanade**

3-1934

[Signature]

01963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 01963

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1745 E. Lombard Street St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Modrak

(a) Residence: No. 1745 E. Lombard Street

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	--

 5a. If married, widowed, or divorced
 HUSBAND of Vincent Modrak
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
------------	---	-----------

OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
------------	--	--

OCCUPATION	10. Date deceased last worked at this occupation (month and year)	
------------	---	--

OCCUPATION	11. Total time (years) spent in this occupation	
------------	---	--

12. BIRTHPLACE (city or town) Poland
(State or country)

13. NAME Peter . Makowski

14. BIRTHPLACE (city or town) Poland
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Poland
(State or country)17. INFORMANT Mr. Vincent Modrak (Husband)
(Address) 1745 E. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 4, 1934

19. UNDERTAKER John M. Weber
(Address) 401 E. 1st Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) P. J. Morgan, M. D.

(Address) 1305 N. Patterson St.

3-1934

ELIZABETH SHILKROAD

E 01964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Linai Hospital* St. *15-01* Ward)Length of residence in city or town where death occurred *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth: *40* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2704 Melrose Ave* St. *15-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Joel*6. DATE OF BIRTH (month, day, year) *1875*7. AGE Years *59* Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Hershel Kessler*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Hospital Records*
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place *Bellevue Hospital* Date *6/3/34* 19 _____19. UNDERTAKER *John Lewis*
(Address) *1432 E. Madison St.*

20. FILED

3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1, 1934*22. I HEREBY CERTIFY. That I attended deceased from *5-31* 19*34* to *6-3* 19*34*I last saw him alive on *6-1* 19*34* Death is said to have occurred on the date stated above, at *3:15* m.

The principal cause of death and related causes of importance were as follows:

diabetes mellitus
arteriosclerosis
cardiac insufficiency
carcinoma of the prostate

Date of onset _____

Other contributory causes of importance: _____

Name of operation *None* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *NO* Date of injury _____, 19 _____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO* If so, specify _____(Signed) *L. Katzenstein* M. D.(Address) *Linai Hospital*

Registrar

F 01965

01965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sei ai Hospital* St., *6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *June 2/34*

7. AGE Years Months Days If LESS than 1 day, hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md.*13. NAME *Joseph*14. BIRTHPLACE (city or town) (State or country) *Balto Md.*15. MAIDEN NAME *Rosella Ostrowsky*16. BIRTHPLACE (city or town) (State or country) *Berlin*17. INFORMANT (Address) *Septimus Plonick*18. BURIAL, CREMATION, OR REMOVAL Place *Bellevue Mt. Cemetery 6/3/34*19. UNDERTAKER (Address) *1132 E. Baltimore St. Washington, D.C.*

20. FILED

3 • 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2/34* 1922. I HEREBY CERTIFY, That I attended deceased from *June 2/34* 19 to *June 2/34* 19I last saw her alive on *June 2/34* 19. Death is said to have occurred on the date stated above, at *11:10* m.

The principal cause of death and related causes of importance were as follows:

acute cerebral hemorrhage

Date of onset

6/2/34

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Arthur Robert Cohen

M. D.

(Address)

Sei ai Hospital

F 01966

01966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Swai Hospital* St. *6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2115 E. Fairmount Ave.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1916*7. AGE Years *18* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sales Girl*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *067*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)13. NAME *Harry Feldman*14. BIRTHPLACE (city or town) *Russia*
(State or country)15. MAIDEN NAME *Sarah*16. BIRTHPLACE (city or town) *Russia*
(State or country)17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Interred in Carmel Date *6/3/34* 1919. UNDERTAKER *Jack Lewis*
(Address) *11439 E. Balto. St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 4, 1934* to *June 2, 1934*I last saw her alive on *June 2, 1934* Death is said to have occurred on the date stated above, at *5:40 A.M.*

The principal cause of death and related causes of importance were as follows:

Pulmonary Infarct

Date of onset

May 13

Other contributory causes of importance:

*chronic appendicitis*Name of operation *Appendectomy* Date of *May 6*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel Wasson*(Address) *Swai Hospital*

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

N 3-1934

Huntington Williams, M.D.

F 01967

01967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH *Church Home and Infirmary*

CITY OF BALTIMORE: (No

ST. *15* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME *Mrs. Mamie Caplan*(a) RESIDENCE No. *3826 Bonner Road*

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *29* yrs.

mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Jewish* 5 Single, Married, Widowed, or Divorced, (write the word) *married*6a If married, ~~widowed or divorced~~(or) Wife of *Mr. Frank L. Caplan*6 DATE OF BIRTH (month, day, and year) *June 7, 1904*7 AGE *29* Years *11* Months *25* Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Housekeeper*(b) General nature of industry, business, or establishment in which employed (or employer) *Own home*

(c) Name of employer

9 BIRTHPLACE (city or town) *Baltimore*
(State or country) *Maryland*10 NAME OF FATHER *Mr. Max Feldstein*11 BIRTHPLACE OF FATHER (city or town)
(State or country) *Russia*12 MAIDEN NAME OF MOTHER *Sophia Rown*13 BIRTHPLACE OF MOTHER (city or town)
(State or country) *Romania*14 Informant *Max Feldstein*
(Address) *3826 Bonner Rd*15 *3-1934* *St. Elyton Williams, MD*

MEDICAL CERTIFICATE OF DEATH

0

16 DATE OF DEATH (month, day, and year) *June 2, 1934*

17

I HEREBY CERTIFY, That I attended deceased from

May 25, 1934 to *June 2, 1934*that I last saw her alive on *June 2, 1934*and that death occurred, on the date stated above, at, *1:45 p.m.*

The CAUSE OF DEATH* was as follows:

Ischemic coronary disease Duration 6 days
Myocardial infarction
Hyperthyroidism 12 years
*Acute nephritis duration ?*CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? *yes* Date of *5-26-34*Was there an autopsy? *no*What test confirmed diagnosis? *Blood chemistry*(Signed) *Max Feldstein* M. D.19 (Address) *Church Home & Inf.*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

*Bonny Run**6-3-34*

20 UNDERTAKER

ADDRESS

*Jack Lewis Inc**1437 E. Pratt*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 01968

F 01968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28-21* Ward)Length of residence in city or town where death occurred *37* yrs. *7* mos. *7* ds. How long in U. S. If of foreign birth? *37* yrs. *7* mos. *7* ds.2. FULL NAME *Madeline Sarah Hibner Brown*(a) Residence: No. *MT. Hope Retreat* St., *28-21* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *1848*

6. DATE OF BIRTH (month, day, year)

7. AGE *86* Years *Unknown* Months Days If LESS than 1 day, *hrs.* or *min.*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *Unknown*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Records of Mt. Hope* (Address) *Mt. Hope Retreat*

18. BURIAL, CREMATION, OR REMOVAL

Place *New Catholic Church* Date *June 7/34*19. UNDERTAKER *Stuart & Madison Company* (Address) *108-20 North Avenue*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April*, 19*29*, to *June 2*, 19*34*I last saw her alive on *June 2*, 19*34*. Death is said to have occurred on the date stated above, at *10:35 A.M.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (General) squamous cell epithelioma of forehead

Other contributory causes of importance:

*Acute Cardiac Decompensation*Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) *Samuel P. Alayia* M. D.(Address) *33 W. Pruden St.*

N 3-1934

Stuart & Madison Company

01969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2543 Eastern Ave* St., *1-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2543 Eastern Ave* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *Eda Herman Nelson* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Oct 1 1872*7. AGE Years *61* Months *61* Days *78* If LESS than 1 day, hrs. or min. *170*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balto Md* (State or country)13. NAME *Charles Nelson*14. BIRTHPLACE (city or town) *unknown* (State or country)15. MAIDEN NAME *Mary P. Sted*16. BIRTHPLACE (city or town) *unknown* (State or country)17. INFORMANT *Mrs. Eda Nelson* (Address) *2543 Eastern Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Parkwood* Date *6/5/34* 1919. UNDERTAKER *Geo. Nelson & Son* (Address) *2503 Edmondson Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 1* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 Death is said to have occurred on the date stated above, at *11:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Acute Myocardial Failure

Other contributory causes of importance:

indigestion

Name of operation

What test confirmed diagnosis? *Aut* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *No* Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Eda Nelson* M. D. (Address) *1305 N. Patterson St*

01970

F 01970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward 7-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Emma Korson

(a) Residence: No.

1632 Jefferson

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
-------------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Apr 27/1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>1</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Penna

FATHER

13. NAME

John Korson

14. BIRTHPLACE (city or town) (State or country)

Penna

MOTHER

15. MAIDEN NAME

Henrietta Grifith

16. BIRTHPLACE (city or town) (State or country)

Balto., Md.

17. INFORMANT

(Address)

Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date June 4, 1934

HENRY SANDER & SONS, INC.

19. UNDERTAKER

(Address)

Baltimore & Broadway.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 6.15 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial FailureBronchopneumonia (Terminal)

Date of onset

Other contributory causes of importance:

Fracture of left hipApr 13/34Name of operation Splint appliedDate Apr 14/34

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Apr 13/34Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place tripped on oil cloth in kitchenManner of injury Of her home & fell toNature of injury floor

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. B.(Address) 508 E. North Ave

M. D.

Registrar

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

3-1934

F 01971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

3108 Northern Parkway 27-01
St., Ward)

Registered No. _____

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred.....yrs. 6 mos. da. How long in U. S. If of foreign birth?.....yrs. mos. da.

2. FULL NAME

Delia Newman

(a) Residence: No. Cole Ave., Seekonk, Mass St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

6a. If married, widowed, or divorced
HUSBAND of James A. Newman
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29/1855

7. AGE Years 78 Months 11 27 Days 3 If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tarrytown, N.Y.
(State or country)

13. NAME Jeremiah Seagle

14. BIRTHPLACE (city or town) N.Y.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Holland
(State or country)17. INFORMANT George A. Margott
(Address) 3108 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Providence, R. I. Date 6/14 1934

19. UNDERTAKER

(Address) 501 W. Fayette St.

3-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Emboli
Cardiac Failure

Date of onset

Other contributory causes of importance:

Multiple Bruises of face &
Bhest & Body

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical as there an autopsy NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident May 9/34
Baltimore, Md.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in residence 3108 Northern

Manner of injury Parkway, Balto., Md.

Nature of injury Slipped & fell to floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. H. [Signature] M. D.

(Address) 508 E. [Address]

F 01972

F 01972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Appleby Ave. W 27-01)

Length of residence in city or town where death occurred 50 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1317 Appleby Ave. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced, name of HUSBAND or WIFE of Florence M. Cockey

6. DATE OF BIRTH (month, day, year) Aug. 6, 1864

7. AGE 69 Years 9 Months 26 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Florence Cockey

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Shipley

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Florence B. Cockey (Address) 5712 Skinner Ave.

18. BURIAL, CREMATION, OR REMOVAL Monday. Place Woodlawn Cem. Date June 4, 1934

19. UNDERTAKER Walter Davis (Address) 3418 Chestnut Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That I attended, deceased from April 10, 1933 to June 2, 1934

I last saw him alive on June 2, 1934. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset April 1, 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis X-Ray Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Edmunds M. D.

(Address) 2746 Alameda Blvd.

M 3-1934

Register

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

✓ F 01973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. 7 da. How long in U. S. If of foreign birth? yrs. _____ mos. _____ da.2. FULL NAME Harold Snyder(a) Residence: No. 300 E. 66 Terrace

(Usual place of abode)

Ward. Kansas City Mo.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) 10-21-19317. AGE Years 2 7/8 Months 7 Days 12 If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mo13. NAME Abraham Snyder14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Bertha Schneider16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Kansas City, Miss. Date 6-3-34, 1919. UNDERTAKER Free Press, Inc.(Address) 11439 E. Baltimore St.

3-1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 3, 193422. I HEREBY CERTIFY, That I attended deceased from May 27, 1934 to June 3, 1934I last saw him live on June 3, 1934 Death is said to have occurred on the date stated above, at 3 A.

The principal cause of death and related causes of importance were as follows:

Staphylococcus septicus ?
focus unknown

Date of onset

35 weeks

Other contributory causes of importance:

Nephritis, acute hemorrhagic
hypertension + splenitis
anemia, secondary3 weeks8 weeks3 weeksName of operation none

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____

Date of injury, _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) James S. Hacht

M. D.

(Address) Johns Hopkins Hosp.

01974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 01974

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Roslyn Ave ST. 15-01

WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Mrs Rosina Otmuller

(a) RESIDENCE

No. 2306 Roslyn Ave ST.

WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

25 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

75 yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Fm

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced (write the word)

Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

John Otmuller

6 DATE OF BIRTH (month, day, and year)

May 19-1845

7 AGE

89-

Years

Months

Days

If LESS than 1 day, hrs. or min.

12 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Germany

10 NAME OF FATHER

John B. Reinwald

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Germany

12 MAIDEN NAME OF MOTHER

—

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Germany

14

Informant (Address)

Mrs John Hosenbocker 2306 Roslyn Ave

15

Huntington Williams, Jr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

Jun-1-1934

17

I HEREBY CERTIFY, That I attended deceased from

Jun-1-1934 June 1 1934.

that I last saw her alive on June 1 1934.

and that death occurred, on the date stated above, at 7-45 P. M.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis general, with gradual decline, and cardiac failure

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Stanley Cole M. D.

, 19 (Address) 2207 Gormley Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Roubon Park

DATE OF BURIAL

June 4 1934

20 UNDERTAKER

Josiah Syfer

ADDRESS

1600 N. North Ave

3-1934

M. D. B. 1265-9

F 01975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Adams Hospital St. 20-41* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3309 Frederick Ave.* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced HUSBAND of *John Rhodes Lutts* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar 18-1872*7. AGE Years Months Days If LESS than 1 day, hrs. or min. *62 2 315*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *England*13. NAME *William Rhodes*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Henrietta Robertson*16. BIRTHPLACE (city or town) (State or country) *England*17. INFORMANT *John Rhodes* (Address) *2309 Frederick Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Hesteron Cem* Day *June 5* 193419. UNDERTAKER *Josiah Sykes* (Address) *600 N. North Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1934*22. I HEREBY CERTIFY That I attended deceased from *May 20* 1934 to *June 3* 1934I last saw her alive on *June 3* 1934. Death is said to have occurred on the date stated above, at *120 A. M.*

The principal cause of death and related causes of importance were as follows:

*Diabetes Mellitus*Other contributory causes of importance: *Cerebral hemorrhage*Name of operation *None* Date of *20*What test confirmed diagnosis *Chemical* as there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John D. Dunder* M. D.(Address) *1st. Ave. Hospital*

3 - 1934

01976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Little Sisters of the Poor 10-01
Sta. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Meyer Wolfert

(a) Residence: No. Little Sisters of the Poor-1200 Valley St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of August Meyer Wolfert

6. DATE OF BIRTH (month, day, year)

7. AGE about 80 years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Patrick Fitzgerald

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bridget Shady

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas Superior (Address) 1200 Valley St. Balt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 4, 1934

19. UNDERTAKER Rita Wedgfield (Address) 914 Avenue of the Americas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 June, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, to June 2, 1934

I last saw her alive on June 1, 1934 Death is said to have occurred on the date stated above, at 10:55 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 1118 East Baltimore

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 3 - 1934

01977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 144-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Mary A. Leyh(a) Residence: No. 1813 Aiken Street St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Married (write the word)5a. If married, widowed, or divorced John W. Leyh
HUSBAND of (or) WIFE of6. DATE OF BIRTH (month, day, year) May 7, 1898.7. AGE Years 36 Months 0 Days 24 25 If LESS than 1 yr. 0 mo. 0 ds.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03710. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Michael O'Brien
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Elizabeth Potter
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT John W. Leyh (Husband)
(Address) 1813 Aiken Street18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date June 4, 193419. UNDERTAKER George J. D. N. D. D.
(Address) 1235 X Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8.50 A.M.The principal cause of death and related causes of importance were as follows:
Post Partum Hemorrhage
(Adherent Placenta)(Delivered at 4 A.M. in home)

Other contributory causes of importance:

Name of operation none Date of noWhat test confirmed diagnosis? Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) J. H. Davis M. D.
(Address) 508 E. Madison

OCCUPATION is very important. See instructions on back of certificate.

JUN 3 1934

01978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mount Hope Retreat 77-01* Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2803 1/2 Hamilton Ave* St., *77-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 7-1873*7. AGE Years *60* Months *5* Days *25* 26 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *md*13. NAME *John C. Schutt*14. BIRTHPLACE (city or town) *Baltimore* (State or country)15. MAIDEN NAME *Matilda Brown*16. BIRTHPLACE (city or town) *Balt* (State or country)17. INFORMANT *Margaret Wepterman* (Address) *2803 1/2 Hamilton Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Baltimore* Date *June 5, 1934*19. UNDERTAKER *John C. Miller* (Address) *2435 E. Lincoln St*20. FILED *3-1034* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY That I attended deceased from *April 28* to *June 2, 1934*I last saw him alive on *June 2, 1934* Death is said to have occurred on the date stated above, at *8:05 a.m.*

The principal cause of death and related causes of importance were as follows:

Cerebro-spinal syphilis
Epigastric Hernia
General anasarca

Date of onset

7 months

Other contributory causes of importance:

*Myocardial decomposition 4 days*Name of operation *Autopsy* Date of *No*What test confirmed diagnosis? *Autopsy* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) *Samuel P. Hays* M.D.(Address) *3326 P. Hays St*

M. D. 1979

F 01979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3129 Virginia Ave. St. 27-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Victoria Meese

(a) Residence: No. 3129 Virginia Ave. St. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Late Franklin Meese (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1858.

7. AGE 76 Years 1 Months 1 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dundee (State or country) Ohio

13. NAME George Wardell

14. BIRTHPLACE (city or town) Ohio (State or country)

15. MAIDEN NAME Isabella Keam

16. BIRTHPLACE (city or town) Ohio (State or country)

17. INFORMANT Mrs. Lloyd Spivey (Address) 3129 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Dover, Ohio Date June 4, 1934

19. UNDERTAKER James S. Little (Address) 4101 Edmondson Ave.

20. FILED 4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1934, to June 2, 1934.

I last saw him alive on June 2, 1934. Death is said to have occurred on the date stated above, at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of the Bladder 0-28-34

Other contributory causes of importance:

Hypertension 5-31-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John O. Tubert M. D.

(Address) 3608 Sequoia Ave

F 01980

F 01980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Robert Lloyd Fisher

(a) Residence: No.

Idlewyldes, Md., St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *11-19-32*7. AGE Years *1* Months *6* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *Robert S. Fisher*
14. BIRTHPLACE (city or town) *Columbus, Ohio*
(State or country)15. MAIDEN NAME *Rickie Lloyd*
16. BIRTHPLACE (city or town) *Deerfield, Mich.*
(State or country)17. INFORMANT *Robert S. Fisher*
(Address) *Idlewyldes, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Woodlawn* Date *June 4, 1934*19. UNDERTAKER *Wm. H. Fisher & Sons*
(Address) *North & Remondes*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-2-34*22. I HEREBY CERTIFY. That I attended deceased from *6-1-34* to *6-2-34*I last saw him alive on *6-2-34* Death is said to have occurred on the date stated above, at *11:45* p.m.

The principal cause of death and related causes of importance were as follows:

*Post Operator Shock*Date of onset
6-2-34

Other contributory causes of importance:

Name of operation *Staphylococci* Date of *6-2-34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Butler Grimes*

M. D.

(Address)

UN 4-1934

19

Register

F 01981

F 04881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4126 St Thomas Ave 27-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4126 St Thomas Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) WIFE of Isaac Oakley

6. DATE OF BIRTH (month, day, year) Feb 9th 1871

7. AGE Years 63 Months 3 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. is wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) King George Va

13. NAME Henry S. Titt
14. BIRTHPLACE (city or town) (State or country) King George Va.15. MAIDEN NAME Martha Jones
16. BIRTHPLACE (city or town) (State or country) King George Va17. INFORMANT A. E. Oakley
(Address) 202 E. 29th St.18. BURIAL, CREMATION, OR REMOVAL
Cremation
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct. 10 1933 to June 2 1934

I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Z. L. Lanthorn Jewell

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. E. Lanthorn Jewell

(Address) 114 W. 25th St

UN 4 - 1934

19

Registered

F 01982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01982

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *27-01* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *405* *Woodford Rd* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *June 2, 1934*7. AGE Years Months Days If LESS than 1 day, 19 hrs. or min. *1*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *OOD*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *✓*10. Date deceased last worked at this occupation (month and year) *✓*11. Total time (years) spent in this occupation *✓*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*13. NAME *William Taylor Bouchelle*14. BIRTHPLACE (city or town) (State or country) *Chesapeake City, Md*15. MAIDEN NAME *Alice M. Sherry*16. BIRTHPLACE (city or town) (State or country) *Fredrick, Md*17. INFORMANT *Hospital Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Cathedral* Date *June 5th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILE *4-1934* *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 2, 1934* to *June 3, 1934*I last saw him alive on *June 3, 1934*. Death is said to have occurred on the date stated above, at *3:15 p.m.*

The principal cause of death and related causes of importance were as follows:

*accident**Prematurity*

Other contributory causes of importance:

Name of operation *None* Date of *Birth*What test confirmed diagnosis? *Physic* Was there an autopsy? *Birth*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *William Bouchelle, M.D.*(Address) *1217 St Paul St**Baltimore, Md*

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

UN 4

1934

Wm Cook

1217 St Paul St

Baltimore, Md

F 01983

F/ 01983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Balto. City Hospital (TB.)* 6-01
 CITY OF BALTIMORE: (No. _____ St. _____ Ward _____)

Registered No. _____

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME *Melvin E. Bell*

(a) Residence: No. *1832 E. Fayette* St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Oct. 3, 1906*

7. AGE Years *27* Months *6* Days _____ If LESS than 1 day, hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Machinist's helper*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unknown*
 10. Date deceased last worked at this occupation (month and year) *Unknown* 11. Total time (years) spent in this occupation *Unknown*

12. BIRTHPLACE (city or town) *Balto. Md.*
 (State or country)

13. NAME *Leonard Bell*

14. BIRTHPLACE (city or town) *Balto. Md.*
 (State or country)

15. MAIDEN NAME *Blanche Carter*

16. BIRTHPLACE (city or town) *U. S. A.*
 (State or country)

17. INFORMANT *Hospital Records*
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place *Mount Carmel* Date *June 5, 1934*

19. UNDERTAKER *Wm Cook*
 (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 26, 1933, to June 3, 1934*

I last saw him alive on *June 3, 1934* Death is said to have occurred on the date stated above, at *7:45 AM*

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1929

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? *Clin.* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify _____

(Signed) *Meyer W. Jacobson*(Address) *Balto City Hospital*

M. D.

JUN 4 1934

M. D. P. 1264 **01984****01984**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

*Union Memorial Hosp.*CITY OF BALTIMORE: (No. *185* Ward)Registered No. *179*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *6* mos. *3* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Drummond M. E. Cauley Jr.(a) Residence: No. *2728**Parkwood Ave.* Ward *185* City *+*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Wh.* 5. Single, Married, Widowed, or Divorced *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov. 28th '31*7. AGE *2* Years *6* Months *3* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Md.*

13. NAME

*Drummond M. E. Cauley Jr.*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Josephine Chester*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Mother*(Address) *2728 Parkwood Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Parkwood Cem* Date *June 4, 1934*19. UNDERTAKER *J. J. Fisher & Son*(Address) *1014 S. E. Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 20th, 1934* to *May 31st, 1934*I last saw him alive on *May 31st, 1934* Death is said to have occurred on the date stated above, at *10:25* m.

The principal cause of death and related causes of importance were as follows:

Lead Encephalitis
H. Corning
Houseman

Other contributory causes of importance:

Date of onset

Mar '34
?

Name of operation

Date of

What test confirmed diagnosis? *B. Chem* where an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *A. Butler* M. D.(Address) *Union Mem. Hosp.*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 4 - 1934

01985

F 01985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Length of residence in city or town where death occurred yrs. mon. da. (How long in U. S. If of foreign birth? yrs. mon. da.)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *not listed* Date *June 4, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

May 27th 1934 to June 2nd 1934I last saw him alive on June 2nd 1934 Death is said

to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

Erysipelas (Idiopathic)

Date of onset

5/27/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Daniel E. Bryant
Sydenham Hospital

Registrar

JUN 4 - 1934

Information should be carefully supplied. AGE should be stated in plain terms. See instructions on back of certificate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important.

M. D. P. 12039

F 01986

F 01986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *4* mos. *01*

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Constance S. Lowndes(a) Residence: No. *1875 Tacoma Ave., Berkeley, Calif.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

wh.

5. Single, Married, Widowed, or Divorced (write the word)

Widowed

6. If married, widowed, or divorced

Widowed of Edward S. Lowndes

7. DATE OF BIRTH (month, day, year)

Jan. 23, 1886.

8. AGE

*48**4**29*If LESS than
1 day, hrs.
or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

11. Date deceased last worked at this occupation (month and year)

4. 20. 34

12. Total time (years) spent in this occupation

life

13. BIRTHPLACE (city or town)

Boston

14. NAME

Jas. Deland

15. BIRTHPLACE (city or town)

New York

16. MAIDEN NAME

Rachel Hewitworth

17. BIRTHPLACE (city or town)

England

18. INFORMANT

Patent (Mrs. Lowndes)

19. BURIAL, CREMATION, OR REMOVAL

Lowdon Park June 4, 1934

20. UNDERTAKER

Henry M. Jackson Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6. 2. 34

22. I HEREBY CERTIFY, That I attended deceased from

*4. 22. 34**6. 2. 34*I last saw her alive on *6. 2. 34* Death is said to have occurred on the date stated above, at *540 E. 34*

The principal cause of death and related causes of importance were as follows:

*Sub-acute bacterial endocarditis
Rheumatic Heart Disease
Mitral Stenosis insuffic.*

Other contributory causes of importance:

acute dilatation of the heart

Name of operation

*None*What test confirmed diagnosis *Autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

W. E. Eager

M. D.

(Address)

18 E. Eager St.

Registrar.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 4 1934

F 01987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01987

CERTIFICATE OF DEATH.

Registered No.

1. PLACE OF DEATH

City of BALTIMORE: (No.)

929 N. Bond St. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Alva Mae Halcomb

(a) Residence No.

929 N. Bond St.

St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *Life* yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX

Female

4-COLOR OR RACE

Colored

5-Single, Married, Widowed, or Divorced, (Write the word) *Single*

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) *Aug 23 - 1925*

7-AGE

10 yrs. *9* mos. *9* ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country)

Balto Md

10-NAME OF FATHER

James E. Halcomb

11-BIRTHPLACE OF FATHER (city or town) (State or Country)

Mosensford Va

12-MAIDEN NAME OF MOTHER

Jessie Lee

13-BIRTHPLACE OF MOTHER (city or town) (State or Country)

Balto Md

14-

(Informant)

Jessie Halcomb

(Address)

929 N. Bond St

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) *6-1-1934*17- I HEREBY CERTIFY, That I attended deceased from *April 14* 19*34* to *June 1* 19*34*, that I last saw her alive on *June 1* 19*34*, and that death occurred, on the date stated above, at *4* P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonic Phthisis

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds. *3*

18-Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

J. E. Thomas M. D.6.1. 1934 Address *822 N. Bond St*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Evergreen Cemetery**6/4/1934*

20-UNDERTAKER

ADDRESS

Mrs Charles G. Bailey 1421 Jefferson St

JUN 4 - 1934

Registrar

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD TAKE CARE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 01988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01988

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

66

Months

7

Days

23

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

Registrar.

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from
May 8, 1934, to June 1, 1934I last saw him alive on June 1, 1934, Death is said
to have occurred on the date stated above, at 7:43 p.m.The principal cause of death and related causes of
importance were as follows:Arteriosclerosis with
hypertension

Other contributory causes of importance:

Cerebral and subarachnoid
hemorrhage

Date of onset

?

May 8/34

Name of operation

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

(Address)

M. D.

JUN 4 1934

Exact statement of information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. 1989

01989

HEALTH DEPARTMENT—CITY OF BALTIMORE

01989

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

6a. If married, widowed, or divorced HUSBAND of (or WIFE of)

Baby

6. DATE OF BIRTH (month, day, year)

Feb 19, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1

3

15 14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

13. NAME

Vito Natale

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Josephine Tamarco

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

(Address)

Vito Natale 205 S. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date June 4 1934

19. UNDERTAKER

(Address)

Frank Della Woe 52 N. Morley St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 3, 34

22. I HEREBY CERTIFY, That I attended deceased from

(May 31, 1934, to June 3, 34)

I last saw him alive on June 3, 34. Death is said

to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Diphtheria +

Rubeol Myocarditis

Date of onset

5/29

6/3

Other contributory causes of importance:

Name of operation:

Tonsillectomy

Date of

June 2

What test confirmed diagnosis:

Culture

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed)

(Address)

M. D.

JUN 4 - 1934

Registrar.

M. D. 1990
F 01990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto City 1022-01* Ward)Length of residence in city or town where death occurred *5 yrs.* mos. *1* da. How long in U. S. If of foreign birth? *5* yrs. *1* mos. *1* da.

2. FULL NAME

(a) Residence: No. *521* W. *Barr* St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of *X*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *4/25/1892*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
26 *7* *6* *1* *4* *41*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ind.*
(State or country)13. NAME *Thomas*14. BIRTHPLACE (city or town) *Indianapolis*
(State or country)15. MAIDEN NAME *May Welsh*16. BIRTHPLACE (city or town) *Ind.*
(State or country)17. INFORMANT *Corp record*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Auburn Cem* Date *June 4, 34*19. UNDERTAKER *Thomas S. Nelson*(Address) *1303 Pershing St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *5/28* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *5/20* 19*34* to *5* 27 19*34*I last saw him alive on *5/28* 19*34*. Death is said to have occurred on the date stated above, at *9:45* a.m.

The principal cause of death and related causes of importance were as follows:

*Carcinoma of cervix.*Date of onset *2 mos*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Bourne*

M. D.

(Address) *Bolto City Ind.*

Information about or care of deceased. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 4 - 1934

M. D. P. 12-01

F 01991

F 01991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E. 25th St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME James Burke(a) Residence: No. 317 E. 25th St., 12-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of Ella M. Burke6. DATE OF BIRTH (month, day, year) May 10 - 18667. AGE Years 69 Months - Days - If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Ireland13. NAME John Burke14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Julia Monroe16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Mrs E. Burke
(Address) 317 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Seaside Date June 4 193419. UNDERTAKER Mary M. Woodfield
(Address) 201 E. 22nd St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/34 193422. I HEREBY CERTIFY, That I attended deceased from 11/1/34 1934 to 5/31/34 1934I last saw him alive on 5/31/34 1934 Death is said to have occurred on the date stated above, at 7 P. m.The principal cause of death and related causes of importance were as follows:
Date of onsetCerebral Thrombosis 11/1/34

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? - Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. H. Gaddis M. D.(Address) 321 E. 3rd St.

Information should be carefully supplied. AGE should be stated in years, months, and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

JUN 4 1934

F 01992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2617 Spring Hill Ave* *15-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *2* mos. *1* ds. How long in U. S. If of foreign birth? *40* yrs. *2* mos. *1* ds.

2. FULL NAME

Mollie Lests(a) Residence: No. *2617 Spring Hill Ave* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced *Widowed* of *Simon J Lests* (or) WIFE of *1881*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *53* Months Days If LESS than 1 day, *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Russia* (State or country)13. NAME *Samuel Berman*14. BIRTHPLACE (city or town) *Russia* (State or country)15. MAIDEN NAME *Hanna Berman*16. BIRTHPLACE (city or town) *Russia* (State or country)17. INFORMANT *Simon J Lests* (Address) *2617 Spring Hill Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hebrew Rosh Hashana* Date *June 4, 1934*19. UNDERTAKER *S. Lermonson & Co* (Address) *1122 E. Belts St*20. *JUN 4 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Aug.* *1932* to *June 3, 1934*I last saw *her* alive on *June 3, 1934* Death is said to have occurred on the date stated above, at *9 A.M.*

The principal cause of death and related causes of importance were as follows:

Chronic hepatitis

Date of onset

approx. 2 years

Other contributory causes of importance:

*Broncho-pneumonia**4 days*Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

A. A. Suomonen

M. D.

(Address)

2340 Entaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 01993

F 01993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St. 1-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Eleanor Rostkowski

(a) Residence: No. 641 S. Montford ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31, 1918

7. AGE Years 15 Months 7 Days 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Edward Rostkowski

14. BIRTHPLACE (city or town) Poland (State or country)

15. MAIDEN NAME Frances Wozniak

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary

Date June 6 1934

19. UNDERTAKER Wozniak (Address) 1930 Eastern Ave

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30 1934 to June 2 1934

I last saw her alive on June 2 1934. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis

March 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Jacobsen

M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 4 - 1934

F 01994

HEALTH DEPARTMENT—CITY OF BALTIMORE 1994

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S Grundy st

St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Margaret Cumberland

(a) Residence: No. 505 S Grundy st

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of Charles Cumberland (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 22 nd 1862

7. AGE Years 71 Months 9 Days 10 7 If LESS than 1 day.. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Andrew Tierauf

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Elizabeth Kafer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Katherine Heineman (Address) 928 S Conklin st

18. BURIAL, CREMATION, OR REMOVAL

Place Mx Casner Date June 4 1937

19. UNDERTAKER John Ullrich (Address) 2008 Alameda

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25 1933 to May 29 1937

I last saw h. or alive on May 29 1937 Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

6:25 PM 33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01995

F 01995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2832 Erdman Ave St. 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mo. _____ ds.

2. FULL NAME David Utara(a) Residence: No. 2832 Erdman St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Aug 28/337. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
9 6 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Albert A. Utara14. BIRTHPLACE (city or town) Waterbury, Conn
(State or country)15. MAIDEN NAME Phyllis A. Strange16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)17. INFORMANT Albert A. Utara
(Address) 2832 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date June 5/3819. UNDERTAKER Chas B. Kucharskas
(Address) 637 S paca st20. FILED Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3/34 19

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Ileo-colitis Date of onset ?????

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? inquiry Is there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) J. H. Wagoner M. D.(Address) 508 6 North Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 01996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01996

CERTIFICATE OF DEATH

+183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Boston St. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harold Carralton Dotter(a) Residence: No. Carroll & Ridgely Halethorpe St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBlanche A. Dotter

6. DATE OF BIRTH (month, day, year)

Feb - 1911

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.23204

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sail Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1512. BIRTHPLACE (city or town)
(State or country)Pa

FATHER

13. NAME

Martin C Dotter14. BIRTHPLACE (city or town)
(State or country)Pa

MOTHER

15. MAIDEN NAME

Louise Marshall16. BIRTHPLACE (city or town)
(State or country)Pa

17. INFORMANT

(Address)

wife

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Agnes

Date

June 4 34

19. UNDERTAKER

(Address)

Robert Patterson
178 Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at 14:30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Accidental Drowned

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Nest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of Injury 6/1, 34Where did injury occur? 2805 Boston St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place Public PlaceManner of Injury Fell overboardNature of Injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. P. Patterson

M. D.

(Address) 125 N. Patterson Park

JUN 4 - 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

01998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mo. 16 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

William J. Montag.

(a) Residence: No.

1015 S. Charles St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Widower
5a. If XXXXX widowed, XXXXX husband of XXXXX Susan E. Montag.		
6. DATE OF BIRTH (month, day, year) January 16, 1868		
7. AGE Years 66	Months 4	Days 16
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Stationary		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER 13. NAME Valentine Montag.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER 15. MAIDEN NAME Christina Kahler.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Kate Klachner. (sister)
(Address) 428 Grundy St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 4, 1934

19. UNDERTAKER John A. Deery
(Address) 715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 12 noon. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accidental fall down stairs.

Ecchymosis of left parital region of the scalp.

Oedema of the meninges of the brain.

Other contributory causes of importance:

Name of operation None.

What test confirmed diagnosis? Inquiry Was there an autopsy? Hospital autopsy

23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 5/26/34

Accident, suicide, or homicide

Where did injury occur? 1015 S. Charles St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Accidental fall.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt M. D.
 2/84 (Address) 1017 S. Charles St. Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1285-9

F 01999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 01999

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2214 W. Lexington St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2214 W. Lexington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Haney

6. DATE OF BIRTH (month, day, year) Dec. 30 1866

7. AGE Years 67 Months 5 Days 32 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) H. Mary's Co. Md. (State or country)

13. NAME Ignatius B. Alvey

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary Higge

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Wm. J. Haney (Address) 2214 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL Place of Burial Lutheran Cons. Date June 5, 1934

19. UNDERTAKER John A. Haney (Address) 715 Light St.

20. FILER 1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to June 2, 1934.

I last saw him alive on June 2, 1934. Death is said to have occurred on the date stated above, at 12:45 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 1930? Acute Cardiac Dehilation 4 days Terminal Broncho Pneumonia 3 days

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. J. Haney M. D.

(Address) 1826 W. Baltimore St.

Huntington, Williams, etc.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02000

02000 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: *Baltimore City Hospital 5-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1245* St. *Matthew* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Rachel*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *?*7. AGE Years *56?* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Virginia*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Rae*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Ricardo*(Address) *Balt. City Hops.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int Calvary* Date *June 4, 1934*19. UNDERTAKER *Robert Williams*(Address) *1515 Mc Udey St.*

20. FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 30*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 29*, 19*34* to *May 30*, 19*34*I last saw him alive on *May 30*, 19*34*. Death is said to have occurred on the date stated above, at *10:55 P.*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage, ruptured aneurysm, left
arteriosclerosis
hypertension*

Other contributory causes of importance:

Date of onset

2 days?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *T. P. Mager*

M. D.

(Address) *Balt. City Hops.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 4 - 1934

F 02001 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-01 Ward)Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 5-20 2. Summer St., 5-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) unmarried6a. If married, widowed, or divorced HUSBAND of Lavin (Dead) (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE 64 Years ? Months ? Days ? If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Labour 4012. BIRTHPLACE (city or town) Ind. (State or country) ?13. NAME ?14. BIRTHPLACE (city or town) ? (State or country)15. MAIDEN NAME Catherine Liverpool16. BIRTHPLACE (city or town) Ind. (State or country)17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Not from Cem Date June 5 193419. UNDERTAKER Robert W. Williams (Address) 1515 N. E. 11th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 193422. I HEREBY CERTIFY, That I attended deceased from May 4 1934 to May 31 1934I last saw deceased on May 31 1934 Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Atherosclerosis
Pneumonia

Date of onset

6/2
3/4

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) Balt. City Hosp.

M. D.

JUN 4 - 1934

17. Robert W. Williams

F 02002

✓ F 02002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N. Calhoun St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1117 N. Calhoun St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of Joseph Augustus
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1861

7. AGE Years 73 Months 4 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), Gloucester Co. (State or country) Virginia

13. NAME Isaac Smith

14. BIRTHPLACE (city or town), Gloucester Co. (State or country) Virginia

15. MAIDEN NAME Alice Parker

16. BIRTHPLACE (city or town), Gloucester Co. (State or country) Virginia

17. INFORMANT Fannie Katis (Address) 1117 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date June 4, 1934

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schomader St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-21-1934 to 6-2-1934

I last saw her alive on 6-1-1934 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Other contributory causes of importance:

cerebral hemorrhage

Date of onset 5-1-34

Name of operation home Date of

What test confirmed diagnosis Physical signs and symptoms

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

he If so, specify

(Signed) John E. J. Campbell M. D.

(Address) 1117 N. Calhoun St.

FILED 1934

M. D. B. 12003
F 02003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 929 W. Mulberry St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary (Dead)6. DATE OF BIRTH (month, day, year) ?7. AGE Years Months Days If LESS than 1 day, hrs. or min. 74 32 ?8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Fredrick14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Marian ?16. BIRTHPLACE (city or town) (State or country) ?17. INFORMANT Regards(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. CalvaryDate June 4th 3419. UNDERTAKER Elroy O. Wilson(Address) 1000 B. Hanthorp Ave W-D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 193422. I HEREBY CERTIFY, That I attended deceased from August 13, 1932 to May 31, 1934I last saw him alive on May 31, 1934. Death is said to have occurred on the date stated above, at 8:50 p.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Atherosclerosis
HypertensionDate of onset 2 yrs

Other contributory causes of importance:

Name of operation

Date of 20

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) P. Maguel

M. D.

(Address) Balt. City Hosp.

JUN 4 - 1934

F 02004

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 02004

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Hosp. 25-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *63 yrs. 2 mos. 20 ds.* How long in U. S. If of foreign birth? *...* yrs. *...* mos. *...* ds.

2. FULL NAME

(a) Residence: No. *1307 Patapsco Ave. (Brooklyn)* Ward. *...*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *widow*6a. If married, widowed, or divorced *HUSBAND of the late Jesse Van Sant*6. DATE OF BIRTH (month, day, year) *March 13, 1871*7. AGE *63* Years *2* Months *20* Days *19* If LESS than 1 day, *...* hrs. or *...* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *...*10. Date deceased last worked at this occupation (month and year) *...*11. Total time (years) spent in this occupation *...*12. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*13. NAME *William Staylor*14. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Baltimore, Md*17. INFORMANT *Mrs John McNeill*18. BURIAL, CREMATION, OR REMOVAL *1307 Patapsco Ave*Place *New Cathedral* Date *6/5/34* 1919. UNDERTAKER *John F. Cowan & Son*(Address) *1307 Patapsco Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *...* 19... to *...* 19...I last saw him alive on *...* 19... Death is said to have occurred on the date stated above, at *2:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Fractured right femur
Cerebral embolus.*

Other contributory causes of importance:

*Automobile Accident*Name of operation *Closed Reduction of fracture* Date of *6/2/34*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *6/1, 1934*Accident, suicide, or homicide *...*Where did injury occur? *Batts + Light Sts*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Struck by auto while*Nature of injury *walking across street*24. Was disease or injury in any way related to occupation of deceased? *no*If so, specify *...*(Signed) *Joseph J. Schenck* Coroner(Address) *2200 E. Madison*

OCCUPATION is very important. See instructions on back of certificate.

UN 4 - 1934

F 02005

F 02005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sydenham Hospital
St. 76 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 12 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph E. Hayes

(a) Residence: No.

1387 S. Clinton

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

White

Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Baby

6. DATE OF BIRTH (month, day, year)

Jan 12, 1933

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Baby

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Kentucky

13. NAME

John Hayes

14. BIRTHPLACE (city or town) (State or country)

Lynchville Kentucky

15. MAIDEN NAME

Mary

16. BIRTHPLACE (city or town) (State or country)

Kentucky

17. INFORMANT (Address)

Mother
1387 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lassar's Burial Date: June 8, 1934

19. UNDERTAKER (Address)

Fred Lassar & Son
7401 Belair Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 3, 1934

22. I HEREBY CERTIFY, That attended deceased from May 5, 1934, to June 3, 1934

I last saw her alive on June 3, 1934. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Chorea
Pneumonia

Date of onset

4/29
5/4

Other contributory causes of importance:

Name of operation (None) Date of

What test confirmed diagnosis? Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify

(Signed) Harry Lassar M. D.
(Address) Sydenham Hospital

4-1934

02006

284382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 7-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. 3 mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Walter Norbury

(a) Residence: No. 1057 Ellerslie Ave. St. _____

Ward. Pendleton Land
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced
HUSBAND of Emma Norbury
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 29, 1879 11/29/80

7. AGE Years 54 Months 8 Days 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto 050

10. Date deceased last worked at this occupation (month and year) 5 years 11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Pa (State or country)

13. NAME Joseph Norbury

14. BIRTHPLACE (city or town) St. Helens, England (State or country)

15. MAIDEN NAME Mary Tarpey

16. BIRTHPLACE (city or town) St. Helens, England (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date June 5, 1934

19. UNDERTAKER L. B. Cook (Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1934 to June 1, 1934

I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left Bronchus

Date of onset 5 yrs

Other contributory causes of importance:

Name of operation Pneumectomy Date of 6-1-34

What test confirmed diagnosis? biopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred W. Keel M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

JUN 4 - 1934

Registrar.

F 02007

02007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213.S.Eaton.St St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. 0 ds. How long in U. S. If of foreign birth? 4 yrs. 0 mos. 0 ds.

2. FULL NAME

Magaret Meskill

(2) Residence No. 213.S.Eaton.St St., 26 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed or divorced HUSBAND of (or) WIFE of Patrick Meskill6. DATE OF BIRTH (month, day, year) Nov. 11. 18727. AGE Years 61 Months 6 Days 20 21 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md13. NAME unknown14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Balto Md17. INFORMANT Patrick Meskill (Husband)
(Address) 213.S.Eaton.St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June. 5. 193419. UNDERTAKER Lillie Zeller
(Address) 403 S. Wolfe St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1. 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to June 1 1934I last saw him alive on April 1 1934 Death is said to have occurred on the date stated above, at 7 pm m.

The principal cause of death and related causes of importance were as follows:

Acute Mitral Stenosis
Chronic Rheumatism

Date of onset

6/1/34

Other contributory causes of importance:

Chronic Mitral Stenosis
Chronic Myocarditis
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Lillie Zeller M. D.(Address) 403 S. Wolfe St.

Registrar.

state CAUSE OF DEATH in plain terms, so that it may be properly understood. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**CITY OF BALTIMORE: (No. _____ St. _____ Ward) **1-01**

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **Emil Hohenstern**(a) Residence: No. **3136 Foster Ave.** St. _____ Ward _____
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. Color or Race **white** 5. Single, Married, Widowed, or Divorced (write the word) **single**5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) **3/12/24**7. AGE Years **10** Months **2** Days **21** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **md**13. NAME **Wm.**14. BIRTHPLACE (city or town) (State or country) **md**15. MAIDEN NAME **Margaret Gily**16. BIRTHPLACE (city or town) (State or country) **md**17. INFORMANT **Records**
(Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL

Place **Lloy's Lodge** Date **June 7, 1934**19. UNDERTAKER **Lilly & Zuber Jr.**
(Address) **403 V. St. N. West**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **June 3, 1934**22. I HEREBY CERTIFY, That I attended deceased from **May 31, 1934** to **June 3, 1934**I last saw him alive on **June 3, 1934** Death is said to have occurred on the date stated above, at **9 a. m.**

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease**Pericardial Effusion**

Date of onset

1931**May 25, 1934**

Other contributory causes of importance:

Name of operation **none**

Date of

What test confirmed diagnosis?

Was there an autopsy? **No**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) **Arthur H. Ward** M. D.(Address) **Johns Hopkins Hospital**

OCCUPATION is very important. See instructions on back of certificate.

F 02009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Reg. 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Isa Hanson(a) Residence: No. 717 David Hill St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harry (dead)

6. DATE OF BIRTH (month, day, year)

7. AGE ? 70 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.13. NAME ?14. BIRTHPLACE (city or town) (State or country) ?15. MAIDEN NAME Betty Turner16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date June 1934

19. UNDERTAKER

(Address)

20. FILL IN

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 193422. I HEREBY CERTIFY, That I attended deceased from August 16, 1933 to May 31, 1934I last saw her alive on May 31, 1934 Death in said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobar
interstitial
hypertension

Date of onset

3 days

Other contributory causes of importance:

Smoking

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury . 19 .

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Phagell
Bald City Hosp

M. D.

4-1034

0154

02010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02010

82-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred *23* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2 S Frederick* St., *1101* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *54* Months Days If LESS than 1 day, *040* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *North Carolina* (State or country)13. NAME *Melours*14. BIRTHPLACE (city or town) *2. C.* (State or country)15. MAIDEN NAME *Harris Stevenson*16. BIRTHPLACE (city or town) *2. C.* (State or country)17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *University of Md* Date *June 1, 1934*19. UNDERTAKER *Wm. H. H. H. H.* (Address)

4-1934

0453

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 31, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 16, 1934* to *May 31, 1934*I last saw him alive on *May 31, 1934* Death is said to have occurred on the date stated above, at *11:30* p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hemiplegia, rx. vascular
Arteriosclerosis
Hypertension

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

T. H. H. H.
Balt. City Hosp

M. D.

F 02011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE (No. _____)

St. 21-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elijah Euell(a) Residence: No. 802 S. Eutaw St.

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Married
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6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Clara (separated)
--	--------------------------

6. DATE OF BIRTH (month, day, year) Aug. 4, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	Laborer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Unknown

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Unknown	Unknown

12. BIRTHPLACE (city or town) Greenville
(State or country) South Carolina13. NAME Edward Euell14. BIRTHPLACE (city or town) Greenville
(State or country) South Carolina15. MAIDEN NAME Sarah Mills16. BIRTHPLACE (city or town) North Carolina
(State or country)17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 4, 193419. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY, That I attended deceased from January 24, 1934 to June 1, 1934I last saw him alive on June 1, 1934 Death is said to have occurred on the date stated above, at 10.40 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Dec. 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____

(Signed)

Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

4-1934

0452

F 02012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02012

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Rappalo ST. 26-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME

(a) RESIDENCE NO. 508 Rappalo ST. 26-01 WARD(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. 0 mos. 0 ds.(If non-resident give city or town and State)
How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow6a If married, widowed, or divorced
HUSBAND of Joseph H. Grayson
(or) WIFE of6 DATE OF BIRTH (month, day, and year) Sept. 10/18477 AGE 86 Years 8 Months 23 Days LESS than 1 day, 0 hrs. 0 min.8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9 BIRTHPLACE (city or town) Baltimore
(State or country)10 NAME OF FATHER Ziegler11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)14 Informant Mr. Edw. Grayson(Address) 4901 Eastern Ave.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 193417 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.)

Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial InfarctCONTRIBUTORY (Secondary) Senility (duration) 0 yrs. 0 mos. 0 ds.
(duration) 0 yrs. 0 mos. 0 ds.18 Where was disease contracted
If not at place of death?Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Clinical(Signed) Dr. Derzogman19 (Address) 1306 N. Patterson St. (City) Baltimore, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL Western Cem.DATE OF BURIAL 6/5 193420 UNDERTAKER Philip Herwig SonsADDRESS 2016

UN 4-1834

Filing for Williams, R. J.

Philip Herwig Sons

Cuban

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Chester St., -0 Ward)

Length of residence in city or town where death occurred 52 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? 00 yrs. 00 mos. 00 ds.

2. FULL NAME

(n) Residence: No. 506 N. Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Guy Acroni
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16/1869

7. AGE	Years	Months	Days	At LESS than 1 day, ... hrs. or ... min.
64		10	16	

8. Trade, profession, or particular kind of work done, as spinner, none, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town) Itlay
(State or country)

13. NAME	Sahrdor Hagenmister
----------	---------------------

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME *Madelina* - -

16. BIRTHPLACE (city or town) May
(State or country)

17. INFORMANT Mr. Guy Schani

(Address) 506 N. Chestnut St.
18. BURIAL, CREMATION, OR REMOVAL 1/1/51

Place Holy Redeemer Date 6/3/19
10111 Shasta Ave

59. UNDERTAKER Philip Henry Jones
(Address) 2016 Orleans St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That John attended deceased from May 29 1934 to June 2 1934

I last saw her alive on June 2, 1934. Death is said to have occurred on the date stated above, at 4:00 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative

myo-carditis

[Faint handwritten notes at the bottom of the page]

Other contributory causes of importance:

Mitro Stenosis

Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident, lowing:
Accident, suicide, or homicide?..... Date of Injury....., 19...

Where did injury occur?..... (Specify city or town, county, and State)

place _____

Manner of Injury.....

24. Was disease or injury in any way related to occupation of decedent?

70. If so, specify Good to Excellent

(Signed) [Signature]
(Address) 11600 Broadway

2. ILKD

4-1934 *Wilmington* *Wilmington*

F 02014

02014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (NO

2 FULL NAME

(a) RESIDENCE NO.

Length of residence in city or town where death occurred

yrs. 9 mos

ds.

ST.

WARD

(If non-resident give city or town and State)

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M.

4 COLOR OR RACE

W.

5 Single, Married, Widowed, or Divorced, (write the word)

married

6a If married, widowed, or divorced
HUSBAND of~~WIFE~~

Mary A (Bier)

6 DATE OF BIRTH (month, day, and year)

Aug. 1-1890

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

45

10

-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Balto.
Md.

10 NAME OF FATHER

John Goeller

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Ida

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Germany

14

Informant
(Address)Mary A. (Bier)
2414 E. 1st St.

15

4-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 1, 1934

17

I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1933, to June 1, 1934

that I last saw him alive on June 1, 1934

and that death occurred, on the date stated above, at 8:30 A. M.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease
Arteriosclerosis
Cirrhosis of liver.

(over)

(duration)

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed)

David A. Andrews

M. D.

19

(Address)

Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Secret Heart Ave. June 5, 1934
John G. Connelly Essex Md

F 02015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

Balto md

CITY OF BALTIMORE: (No. 1620 W. Franklin St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 months. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Allen Carter

(a) Residence: No. 1620 W. Franklin St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Colored Child

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, year) March 6, 1933

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

1 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Thomas Carter

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Emma Prattall

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Thomas Carter

(Address) 1620 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date June 5, 1934

19. UNDERTAKER Joseph A. Lively

(Address) 4019 N. Mount St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-34 19

22. I HEREBY CERTIFY, That I attended deceased from 5-23-1934 to 6-4-1934

I last saw him alive on 6-3-1934 Death is said to have occurred on the date stated above, at 8:15 AM

The principal cause of death and related causes of importance were as follows:

Acute polyarthritis
Cardiac failure

Date of onset

5/30/34

Other contributory causes of importance:

measles
Anemia

Name of operation no Date of

What test confirmed diagnosis Clinician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. B. Boykin M. D.

(Address) 1515 E. Guilmore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14-1934

Huntington Williams

F 02016

02016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Voluntary Hosp* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7 yrs.* mos. *146* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Eleanor Snyder(a) Residence: No. *340 S. Payson* St., *Vol* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced HUSBAND of *George H. Snyder* (or) WIFE of6. DATE OF BIRTH (month, day, year) *March 28 1914*7. AGE Years *20* Months *2* Days *5* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*13. NAME *George H. Linthicum*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Ind*15. MAIDEN NAME *Carrie L. Schmitt*16. BIRTHPLACE (city or town) *Pittsburgh* (State or country)17. INFORMANT *George H. Linthicum* (Address) *340 S. Payson St.*18. BURIAL, CREMATION, OR REMOVAL Place *Louisa Park* Date *June 7, 1934*19. UNDERTAKER *Frederick A. Cole* (Address) *1200 W. Lombard St.*20. *JUN 4 - 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3, 1934*22. I HEREBY CERTIFY. That attended deceased from *June 2, 1934* to *June 3, 1934*I last saw her alive on *June 3, 1934* Death is said to have occurred on the date stated above, at *3:0* m.

The principal cause of death and related causes of importance were as follows:

Eclampsia (convulsions) Date of onset *June 3*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *unknown* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *A. J. Conroy* M. D.(Address) *Vol - 7 Hospital*

F 02017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

CITY OF BALTIMORE: (No.

St. **7-01** Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced **Married**

6a. If married, widowed, or divorced, name of (or) WIFE of **Frederick**

6. DATE OF BIRTH (month, day, year) **6-20-1894**

7. AGE **39** Years Months Days **12** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) **Ohio**

13. NAME **John Schukrienen**

14. BIRTHPLACE (city or town) (State or country) **Ohio**

15. MAIDEN NAME **Rapina Switten**

16. BIRTHPLACE (city or town) (State or country) **Ohio**

17. INFORMANT **Records** (Address) **JOHNS HOPKINS HOSPITAL**

18. BURIAL, CREMATION, OR REMOVAL **Holy Redeem** Place **Holy Redeem** Date **June 5, 1934**

19. UNDERTAKER **John A. Tinnan** (Address) **Wood E. Tinnan**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **6-2-1934**

22. I HEREBY CERTIFY, That I attended deceased from **4-25-1934** to **6-2-1934**

I last saw him alive on **6-2-1934** Death is said to have occurred on the date stated above, at **10:25 a.m.**

The principal cause of death and related causes of importance were as follows:

Uremia
Left urethral sinus (urinary fistula)
Chronic cystitis

Date of onset

April 17, 1934

Other contributory causes of importance:

Name of operation **Large lig. disease** Date of **5-21-34**

What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

David Sprone

M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

4-1834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 554 St. Mary's St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, year) May 31, 19347. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. 2 days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University, Md.13. NAME Carroll Harrison14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.15. MAIDEN NAME Helma Johnson16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.17. INFORMANT (Address) McLuca Johnson18. BURIAL, CREMATION, OR REMOVAL Place Body destroyed by fire 6-2-34

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 193422. I HEREBY CERTIFY, That I attended deceased from May 31, 1934, to June 2, 1934I last saw h. alive on June 2, 1934. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastroenteritis
Gastroenteritis

Other contributory causes of importance:

Name of operation Plastic Closure Date of operationWhat test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

4-1934

E 02019

02019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt Gen Hosp 16-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. Hammond Rd Brooklyn Md (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) June 3, 19347. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 1 hr or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Balt. Gen Hosp13. NAME Rachel Maxley14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland15. MAIDEN NAME Naomi Gundling16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 14, 1934

19. UNDERTAKER (Address)

20. FILE

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193422. I HEREBY CERTIFY, That attended deceased from June 3, 1934 to June 3, 1934I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (30wks fetus)
Toxemia Date of onset June 3, 1934

Other contributory causes of importance:

Mother had hepatic Toxemia of Pregnancy plus cerebral apoplexyName of operation Child delivered by Cesarean Section Date of June 3What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If specific John H. Brown, M.D.(Signed) West Baltimore Gen Hosp (Address)

02020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Good Shepherd Hospital
1512 Gilmore St., 2-61 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

415 S. Caroline St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of

unknown

6. DATE OF BIRTH (month, day, year)

May 6, 1881

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

53

0

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Des Moines, Iowa

FATHER

13. NAME

Arthur McKee

14. BIRTHPLACE (city or town) (State or country)

Iowa

MOTHER

15. MAIDEN NAME

Ruth Fowler

16. BIRTHPLACE (city or town) (State or country)

Iowa

17. INFORMANT (Address)

self

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md.

Date June 4, 1934

19. UNDERTAKER (Address)

[Redacted]

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-1934

22. I HEREBY CERTIFY, That I attended deceased from

June 20, 1933 to June 3, 1934

I last saw him alive on June 3, 1934. Death is said

to have occurred on the date stated above, at 9:55 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Hypertensive cardiov. vas. - 2 years

Cerebral renal disease

Other contributory causes of importance:

Paralysis

1 1/2 years

Name of operation

none

Date of

What test confirmed diagnosis?

no

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

W. A. Marshall

M. D.

(Address)

835 A. [Redacted]

SEE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD. OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

4-1934 0459

02021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02021

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

2—FULL NAME

(a) RESIDENCE NO.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if foreign birth? yrs. mos. ds.

WARD

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

Dec 26 - 1858

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

82-

5

8

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore, Md

10 NAME OF FATHER

George Buchheiser

11 BIRTHPLACE OF FATHER (city or town)

Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

Christina Danneberg

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14

Informant

(Address)

Charles A. Deatel (Son)
1604 Morrell Ave

4 - 1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 3 - 1934

17

I HEREBY CERTIFY, That I attended deceased from

June 12, 1934, to June 3, 1934

that I last saw him alive on

June 3, 1934

and that death occurred, on the date stated above, at 5:30 A. M.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest H. Rahn M. D.

(Address) 3005 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

London Park

DATE OF BURIAL

June 6 1934

20 UNDERTAKER

ADDRESS

Elias J. White 2554 Madison Ave

F/02022

02022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 E. 20th St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Mary Catherine Seelhorst(a) Residence: No. 312 E. 20th St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed6a. If married, widowed, or divorced HUSBAND of Richard Seelhorst (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE alt. Years 80. Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03112. BIRTHPLACE (city or town) Baltimore (State or country) Md.13. NAME Harold Seelhorst14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Barbara Seelhorst16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mary Seelhorst (Address) 312 E. 20th18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 6/5/3419. UNDERTAKER J. J. Fisher & Sons (Address) 1318 Light

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 193422. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to June 1, 1934I last saw h. ex. alive on May 31, 1934. Death is said to have occurred on the date stated above, at 2d m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

EndocarditisName of operation ✓ Date of NoWhat test confirmed diagnosis? used Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓(Signed) J. J. Kirby M. D.(Address) 1106 North Ave

OCCUPATION is very important. See instructions on back of certificate.

4 JUL 1934

Registrar

F 02023

02023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6310 Wallis Ave St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Emanuel Daniel

(a) Residence: No. 6310 Wallis Ave. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam R. Daniel

6. DATE OF BIRTH (month, day, year) Jany. 15, 1884

7. AGE Years 50 Months 4 Days 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Daniel Daniel

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Veronica Metzger

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. E. Daniel (Address) 6310 Wallis Ave

18. BURIAL, CREMATION, OR REMOVAL Place Chel Shalom Date June 5, 1934

19. UNDERTAKER David Sandheim - Son (Address) 1902 Eutaw Place

20. FILED

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to June 3, 1934

I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma Bone & Lungs

Primary Source Unknown

Other contributory causes of importance:

Hypertensive Cordial Disease

Date of onset

March

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Sandheim M. D.

(Address) 2444 Eutaw Place.

2024

02024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N. Nelson St. 16 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 913 N. Fulton St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single , Married, Widowed or the word (write the word) <i>Married</i>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of *Mary E. Sewall*
(~~see this~~)

6. DATE OF BIRTH (month, day, year) Dec 6th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76		5	28	

side, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sref*

10. Date deceased last worked at this occupation (month and year)	X	11. Total time (years) spent in this occupation	X
---	---	---	---

12. BIRTHPLACE (city or town)
(State or country)

13. NAME	William P. Sewell Carrville.
----------	---------------------------------

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town) Mid

17. INFORMANT *Hettie Anderson*

15. BURIAL, CREMATION, OR REMOVAL *4/6*

Place Cosby 40 Date 1/15
William Corbett

19. UNDERTAKER (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd, 1944

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said
to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chromi Myrander
Syrac

Other contributory causes of importance:

Name of operation Paul Date of 1/1

23. If death was due to external causes (violence) fill in also the following:

lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

place _____

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to the service? Yes
If so, specify Chronic

(Signed) _____, M.
Corone.

|| (X) ||

02025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto Genl Hospital* Ward)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs Margaret Metzger

(a) Residence: No. *1205 Cleveland* St., *Life* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word) *Married*

6a. If married, ~~widowed~~ or ~~divorced~~ *John W. Metzger* (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Aug 26, 1869* 7. AGE Years *64* Months *9* Days *7* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*

10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) *Balto* (State or country) *md*

13. NAME *Nicholas Meyers*

14. BIRTHPLACE (city or town) *Balto* (State or country) *md*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (city or town) *Unknown* (State or country)

17. INFORMANT *Chas. J. Metzger* (Address) *1205 Cleveland St*

18. BURIAL, CREMATION, OR REMOVAL *London Park* Place *June 6, 1934* Date

19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-3-34*

22. I HEREBY CERTIFY, That I attended deceased from *5-19-34* 1934 to *6-3-34* 1934

I last saw her alive on *6-3-34* 1934 at *4:15* m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Pneumonia

Myocardial Failure

Other contributory causes of importance: *Diabetes Mellitus* 1926

Diabetes japonica 5-19-34

left foot

Name of operation *amputation of 4th toe* Date of 5-

What test confirmed diagnosis? *life foot*

23. If death was due to external causes (violence) fill in also the following: *Accident, suicide, or homicide?* Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *O M O'Curry* M. D.

(Address) *So. Balto Genl Hosp.*

JUN 5 - 1934

M. D. 1934

F 02026

F 02026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 W. Balto, St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ⁸⁴ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Laura V. Peterson

(a) Residence: No.

1503 W. Balto

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~ Married, ~~Widowed~~ *Married* (write the word)5a. If married, widowed, or divorced ~~HUSBAND~~ of *Wm. P. Peterson* (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Aug 1st 1869

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*64**10**1*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (city or town) (State or country)

*Balto**Md.*

13. NAME

Wm. H. Jones

14. BIRTHPLACE (city or town) (State or country)

*Balto**Md.*

15. MAIDEN NAME

Ellen Crow

16. BIRTHPLACE (city or town) (State or country)

Jersey City N.J.

17. INFORMANT

(Address)

*William T. Peterson**1503 W. Balto, St.*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Balto.*Date *June 5th 1934*

19. UNDERTAKER

(Address)

*Wm. Cook**1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2nd 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 23* 1934 to *May 26* 1934I last saw her alive on *May 26* 1934 Death is said to have occurred on the date stated above, at *6 p. m.*

The principal cause of death and related causes of importance were as follows:

*Chronic nephritis
hypertension
arteriosclerosis.*

Date of onset

?

Other contributory causes of importance:

uremia -

Name of operation

renal

Date of

What test confirmed diagnosis *chronic* Was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Anthony V. Bruckner* M. D.

(Address)

37 S. Sticks St

JUN 3 1934

K 02027 George Poindexter Bagby F 02027
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-01 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

George Poindexter Bagby
(a) Residence: No. 301 Club Rd - Bal to St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Hazel K. Jones (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19 1879

7. AGE 54 Years 9 Months 16 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hanger 042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. H. D. R. Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Alfred Bagby

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sara Pelland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp. Record

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 5, 1934

19. UNDERTAKER Henry H. Jenkins & Sons Co. M. C. C. - Orchard St.

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-14-34, 19 to 6-3-34, 19

I last saw him alive on 6-3-34 Death is said to have occurred on the date stated above, at 4:48 p.m.

The principal cause of death and related causes of importance were as follows:

Peptic ulcer & gastric obstruction
gastric enterostomy
gastric enterostomy & enteric enterostomy
enterostomy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify (Signed) Richard France M. D.

(Address) Union Memorial Hosp.

FILED 1004

M. P. R. 02028

F 02028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4205 Glenarm Ave.* Ward *6-01*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *4205 Glenarm Ave.* St. _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Eleonore Beck*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec. 8th 1853*7. AGE Years *80* Months *5* Days *25* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Butcher (Retired)*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *013*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Fredrick Loos*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Margaret Grimm*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Mrs. Eleonore Loos*
(Address) *4205 Glenarm Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Parkwood Cemetery* Date *6/5/1934*19. UNDERTAKER *C. J. Fanning, Inc.*
(Address) *1938 E. Joppatowne Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *March*, 1934, to *June 2*, 1934.I last saw him alive on *June 2*, 1934. Death is said to have occurred on the date stated above, at *1:30* p. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

*March 23**1934*

Other contributory causes of importance:

*Myocardial Infarction**May 26**1934*

Name of operation _____ Date of _____

What test confirmed diagnosis *Signs of infarction* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Edw. H. Benson* M. D.(Address) *1111 W. Belton Ave.*

OCCUPATION is very important. See instructions on back of certificate.

JUN 5 1934

F 02029

F 02029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 61 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of Daisy France

6. DATE OF BIRTH (month, day, year)

7. AGE 61 Years 6 Months 23 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934 to June 2, 1934

I last saw him alive on June 2, 1934 Death is said to have occurred on the date stated above, at 11³⁰ a.m.

The principal cause of death and related causes of importance were as follows: -

Chronic Myocarditis

Date of onset

Other contributory causes of importance: -

Chronic passive congestion of lungs

Name of operation

Date of

What test confirmed diagnosis? Chemist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

FILED

JUN 5 1934

F 02030

F 02030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S. Mount St. St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Steudl

(a) Residence: No. 124 S. Mount St. St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND or WIFE of Late Ottilia M. (nee Janson)

6. DATE OF BIRTH (month, day, year) July 29, 1876.

7. AGE 57 Years Months 10 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Steudl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Catherine Steudl (Address) 124 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 6, 1934

19. UNDERTAKER (Address) 4101 Edmondson Ave.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY That I attended deceased from May 27, 1934 to June 2, 1934

I last saw him alive on June 2, 1934 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver 1933

Other contributory causes of importance:

Name of operation None Date of Clin

What test confirmed diagnosis Was there an autopsy? m

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 02031

F 02031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St., *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *611 Greenview* St., *0* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE *48* Years *48* Months *-* Days *-* If LESS than 1 day, *-* hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *40*12. BIRTHPLACE (city or town) (State or country) *N. C.*13. NAME *Not Known*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Not Known*17. INFORMANT (Address) *Hospital Records*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. Church* Date *June 5, 1934*19. UNDERTAKER (Address) *John W. Reiden*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY, That *attended* deceased from *4/6/34* 19 to *6/2/34* 19I last saw him alive on *6/2/34* 19 Death is said to have occurred on the date stated above, at *12:20* m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular, renal disease with hypertension

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard Stackhouse Jr.* M. D.(Address) *University Hospital*

JUN 5 - 1934

M. D. B. 1934

F 02032

F 02032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolto City Hosp*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2500 Emerson St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Car in rear of 99. Hit with motorcycle. No marks

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. B. W. [Signature]*(Address) *Bolto City [Address]*

N 5-1934

F 02033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02033

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Wilkens St. 20-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Ernestine W. Alker(a) Residence: No. 2219 Wilkens St. 20-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Herman Alker
(or) WIFE of6. DATE OF BIRTH (month, day, year) August 26 - 18777. AGE Years 56 Months 9 Days 6 If LESS than 1 day, 7 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Germany
(State or country)13. NAME August F. Thorer14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Augusta Milke16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Herman Alker
(Address) 2219 Wilkens St.18. BURIAL, CREMATION, OR REMOVAL Not done Date June 5 - 193419. UNDERTAKER T. B. Ruppert & Son
(Address) 1300 East Ave20. FILED 1934 19 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 - 1934

22. I HEREBY CERTIFY. That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute uremia

Date of onset

May 30 1934

Other contributory causes of importance:

Chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Joseph L. Volkmann M. D. Coroner
(Address) _____

M. D. 12034

F 02034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Asquith St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Reisig

(a) Residence: No. 2638 Asquith St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of John Reisig
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 9, 1870

7. AGE Years 63 Months 8 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, home duties
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME James Easton

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Va.
(State or country)17. INFORMANT Gertrude M. Reisig
(Address) 2638 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 6, 1934

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934

22. I HEREBY CERTIFY, That attended deceased from May 29, 1934 to June 3, 1934

I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Acute Cholecystitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John A. ... M. D.
612 N 40 St

F 02035

F 02035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Washington Place St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

Edna Earl Beer

(a) Residence: No.

717 Washington Place St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Eugene H. Beer

6. DATE OF BIRTH (month, day, year) Nov. 24, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	9	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Alexandria
Virginia

13. NAME

Cassius Augur

14. BIRTHPLACE (city or town) (State or country)

Connecticut

15. MAIDEN NAME

Juanita Barnes

16. BIRTHPLACE (city or town) (State or country)

Virginia

17. INFORMANT

Eugene H. Beer

(Address)

717 Washington Place

18. BURIAL, CREMATION, OR REMOVAL

Place

Druid Ridge Cem. 6/6 1934

19. UNDERTAKER

(Address)

Henry W. Mears & Son
200 N. Calvert St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-34 19

22. I HEREBY CERTIFY, That I attended deceased from

5-3-34 19 to 6-3 1934

I last saw h. & alive on 6-3 1934 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows:

LABORAL HEMORRHAGE
ARTERIO-SCLEROSIS
HYPERTENSION

Date of onset
5-31-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

1121 St Paul St

M. D.

FILED

N 5-1534

Washington

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Jenkins Memorial Hospital - 01*
 CITY OF BALTIMORE: (No. *1000 Caton Ave.* St. *25* Ward)

Registered No. *95-002*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. — yrs. *6* mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

Rev. Silvio Palladini

(a) Residence: No.

1000 Caton Ave. St.

Ward.

Ward 26

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years *46* Months *—* Days *—* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Roman Catholic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Priest

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Italy

13. NAME

Antonio Palladini

14. BIRTHPLACE (city or town) (State or country)

Italy

15. MAIDEN NAME

Tablari

16. BIRTHPLACE (city or town) (State or country)

Italy

17. INFORMANT

Jenkins Memorial Hosp. 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Ceme.* Date *6/6* 1934

19. UNDERTAKER

(Address) *Henry W. Mears & Son 805 N. Calvert St.*

5-1534

Thompson Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4th, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *December 5th, 1933* to *June 4th, 1934*

I last saw him alive on *June 3rd, 1934*. Death is said to have occurred on the date stated above, at *8:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease

Date of onset

?

Other contributory causes of importance:

*Coronary Sclerosis**5/10/34*

Name of operation

None

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify *None*

(Signed) *John C. Dunder* M. D.

(Address) *St. Agnes Hospital*

M. D. B. 12037

F 02037

F 02037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *539 Gold* St. *14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *28* mos. *14* da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *539 Gold* St. *14-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color *Cool* Race *Married* 5. Single, Married, Widowed, or Divorced (write the word)5a. If married, widowed, or divorced, HUSBAND of *Ossie Silver* (or) WIFE of *644-1888*6. DATE OF BIRTH (month, day, year) *Oct 4-1888*7. AGE *45* Years *7* Months *25* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city, State or country) *Lancaster Pa*13. NAME *Chedrick Silver*14. BIRTHPLACE (city or town, State or country) *Pa*15. MAIDEN NAME *Sarah Harcum*16. BIRTHPLACE (city or town, State or country) *Pa*17. INFORMANT *Ossie Silver* (Address) *539 Gold St*18. BURIAL, CREMATION, OR REMOVAL *not calvary* Place *any* Date *June 5, 1934*19. UNDERTAKER *Thomas E. Nelson* (Address) *1303 Presbman St*20. FILED *H. E. Foster* Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (month, day, year) *June 2nd, 1934* 2. I HEREBY CERTIFY that I attended deceased from *19* to *19* Death is said to have occurred on the date stated above, at *m*I last saw h. alive on *19* The principal cause of death and related causes of importance were as follows: *Acute Indigestion*Other contributory causes of importance: *Error of diet*Name of operation *Regular* Date of *no* What test confirmed diagnosis *no* 23. If death was due to external causes (violence) fill in also the following: *no* 24. Was disease or injury in any way related to occupation of deceased? *no*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify *no*(Signed) *J. H. Black* M. D. (Address) *no*

F 02038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02038

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO

2-FULL NAME

(Residence in Baltimore: No.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

St. 1 yrs. 1 mos. 1 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

1-SEX.

4-COLOR OR RACE,

8-SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED,
(Write the word.)

6-DATE OF BIRTH.

IF LESS than 1 day.

.....hr. or.....min.

8-OCCUPATION:

(a) Trade, profession, or particular
kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

●-BIRTHPLACE.
(State or Country).

10-NAME OF FATHER.

11-BIRTHPLACE
OF FATHER
(State or Country)

12-MAIDEN NAME
OF MOTHER

13-BIRTHPLACE
OF MOTHER
(State or Country).

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

(Address)

15-

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH

17. I HEREBY CERTIFY, That I attended deceased from
May 2 1954, to June 2 1954.
that I saw him alive on June 2 1954
and that death occurred, on the date stated above, at 32 Wm.
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)

(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or
past residence

19-PLACE OF BURIAL OR REMOVAL.

DATE OF BURIAL..

20-UNDERTAKER

ADDRESS

F 02039 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02039

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. *941 N. Chester ST.* WARD) *7-01*

2—FULL NAME

Christian William Valentine

(a) RESIDENCE NO.

941 N. Chester ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Male White Married

a If married, widowed, or divorced

HUSBAND of
(see) WIFE of*Martha Valentine*6 DATE OF BIRTH (month, day, and year) *Nov 9, 1867*

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*66**6**25*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

*Butcher*9 BIRTHPLACE (city or town)
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant

(Address)

Martha Valentine
941 N. Chester ST.

15

Filed

3-1-34

Huntington

for William

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 4, 1934

17 I HEREBY CERTIFY That I attended deceased from

*June 1, 1934 to June 4, 1934*that I last saw him alive on *June 4, 1934*and that death occurred, on the date stated above, at *1 P. M.*

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease(duration) *6* yrs. mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Clinical Findings*(Signed) *Vincent J. Jocka* M. D.19 (Address) *845 N. Patterson PK Dr*

*State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MONAL

Balto. Cem.

20 UNDERTAKER

Philip Henry Sons

DATE OF BURIAL

*June 7, 1934*ADDRESS *2016**Orleans St*

02040

Spec. 6-9-19 H. P. Co.—1900 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02040

CERTIFICATE OF DEATH.

1-PLACE OF DEATH *Balto. Eye Ear + Throat Hosp.*CITY OF BALTIMORE: (No. *1714* *East Pl.* ST.: *16-01* WARD)2-FULL NAME *Walter Young*(a) RESIDENCE. NO. *311* *Cornwall*
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

*Male White single*5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

April 18/1913

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*21**1**15*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)*Balto*

10 NAME OF FATHER

*Fredrick C Young*11 BIRTHPLACE OF FATHER (city or town)
(State or country)*Balto*

12 MAIDEN NAME OF MOTHER

*Lillian Jubb*13 BIRTHPLACE OF MOTHER (city or town)
(State or country)*Balto*

14

Informant
(Address)*Fredrick Young*
311 Cornwall

15

JUN 5 - 1934

John Ullrich

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 3 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 23 1934 to *June 3 1934*

that I last saw him alive on

June 3 1934

and that death occurred, on the date stated above, at

6 45 P. m.

The CAUSE OF DEATH* was as follows:

*Cerebellar abscess*CONTRIBUTORY
(Secondary)*3 (duration) yrs. mos. ds.*
mastoid infection with peri-
*sinous abscess (duration) yrs. mos. ds.*18 Where was disease contracted
if not at place of death?

Did an operation precede death?

yes Date of *May 24, 1934*

Was there an autopsy?

yes *Clinical*

What test confirmed diagnosis?

(Signed)

Young *and by*

M. D.

19

(Address) *1806 N Charles St*

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

*Oak Lawn**June 7 1934*

20 UNDERTAKER

ADDRESS

2008 Arden

02041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ba 64006 Woodlee 27-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4 1/2* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Hatniefeld, E. Hermann E. Herman/Hatniefeld*(a) Residence: No. *4006 Woodlee Ave* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*3a. If married, widowed, or divorced HUSBAND of *Lydia Hatniefeld* (or) WIFE of6. DATE OF BIRTH (month, day, year) *7/26/67*
7. AGE Years *66* Months *11* Days *5* If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Jeweler*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Germany* (State or country)FATHER 13. NAME *August Hatniefeld*
14. BIRTHPLACE (city or town) *Germany* (State or country)MOTHER 15. MAIDEN NAME *Amelia Behn*
16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *Lydia Hatniefeld* (Address) *4006 Woodlee Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Beth. Cem* Date *6/6* 193419. UNDERTAKER *John Wilhelm* (Address) *3500 Orleans*FILED 15-1934 *W. H. Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4 1934*
22. I HEREBY CERTIFY That I attended deceased *from* *May 1* to *June 4* 1934
I last saw *him* alive on *June 4* Death is said to have occurred on the date stated above, *5:30 p.m.*The principal cause of death and related causes of importance were as follows:
Carcinoma (Lung)
(Primary left)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *James Krause* M. D.
W. H. Williams

02042

HEALTH DEPARTMENT—CITY OF BALTIMORE

02042

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *915 S. Highland Ave.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *39* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced
HUSBAND of *David Hughes*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Mar 18 - 1866*7. AGE Years *67* Months *6* Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *At home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Wales*13. NAME *John Davis*14. BIRTHPLACE (city or town) (State or country) *Wales*15. MAIDEN NAME *Hannah Smith*16. BIRTHPLACE (city or town) (State or country) *Wales*17. INFORMANT *Mr. August Becker*
(Address) *915 S. Highland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *London Pl.* Date *June 5, 1934*19. UNDERTAKER *John Williams*
(Address) *2118 Orleans Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 29, 1934* to *June 2nd, 1934*I last saw him alive on *June 2, 1934* Death is said to have occurred on the date stated above, at *1:25 P.M.*

The principal cause of death and related causes of importance were as follows:

Caecum of adenocarcinoma

Date of onset

*Estimated**5-**June**33*

Other contributory causes of importance:

Name of operation *none* Date of *✓*What test confirmed diagnosis? *✓* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

*David Williams**1011 S. Edwood Ave.*

M. D.

UN-5-1934

02043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02043

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *724 N. Glover* St., *6-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *25* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (writes the word) *Married*5a. If married, widowed, or divorced HUSBAND of *William Leigh* (or) WIFE of6. DATE OF BIRTH (month, day, year) *2/14/1882*7. AGE Years *52* Months *3* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Berlin* (State or country)13. NAME *John Brooks*
14. BIRTHPLACE (city or town) *Berlin* (State or country)15. MAIDEN NAME *Don't know*
16. BIRTHPLACE (city or town) *Berlin* (State or country)17. INFORMANT *William Leigh* (Address) *424 N. Glover*18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *June 7* 19 *34*19. UNDERTAKER *J. L. Wilson* (Address) *2501 Wilson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4, 1934*22. I HEREBY CERTIFY, that I attended deceased from *May 22* 19 *34* to *June 4* 19 *34*I last saw her alive on *June 4* 19 *34*. Death is said to have occurred on the date stated above, at *2 P.* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of intestine (sigmoid)

Other contributory causes of importance:

Exhaustion

Name of operation. Date of.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Wm. Schmidt
701 N. Frederick Ave.

M. D.

JUN 5 1934

F 02044

F 02044 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Penn St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 14 da. How long in U. S. If of foreign birth? yrs. mos. da.2. FULL NAME Evelyn Jones(a) Residence: No. 1417 Penn

(Usual place of abode)

St., 14-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced, HUSBAND of Roll. Jones (or) WIFE of6. DATE OF BIRTH (month, day, year) 1909-7. AGE 25 Years Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

FATHER

13. NAME James A. Jones14. BIRTHPLACE (city or town) (State or country) Balt., Md.

MOTHER

15. MAIDEN NAME Mrs. J. Jones16. BIRTHPLACE (city or town) (State or country) Balt., Md.17. INFORMANT James A. Jones

18. BURIAL, CREMATION, OR REMOVAL

Place mt ZionDate June 19, 193419. UNDERTAKER Chas. Williams(Address) 1000 Broadway

MAY 5 1934

1934

19

Registrar. William Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/3422. I HEREBY CERTIFY, That I attended deceased from 3/18/34 to 6/3/34 1934I last saw him alive on 6/1/34 Death is said to have occurred on the date stated above, 7/3 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Tuberculosis

Date of onset

Other contributory causes of importance:

Heart disease

Name of operation

Date of

What test confirmed Phonocardiogram23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Address) 1000 Broadway(Address) 1000 Broadway

M. D.

F 02045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02045

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 W. Biddle St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel T. Hemsley

(a) Residence: No. 578 W. Biddle St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Frances Hemsley (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 24, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Undertaker
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	Feb. 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER	13. NAME	Alexander Hemsley
	14. BIRTHPLACE (city or town) (State or country)	Centerville Md.

MOTHER	15. MAIDEN NAME	Ellen V. Sorrell
	16. BIRTHPLACE (city or town) (State or country)	Md.

17. INFORMANT Frances Hemsley (Address) 578 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Place 1700 N. Hollinsworth St. Date June 6, 1934

19. UNDERTAKER (Address) 638 N. Hollinsworth St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd, 1934

22. I HEREBY CERTIFY. That I attended deceased from April 10th, 1934 to June 3rd, 1934

I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy (Acute Dilatation of Heart)

Date of onset

6 mos.

Other contributory causes of importance:

Chronic Interstitial Nephritis 6 mos.

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry F. Brown M. D. (Address) 1835 Madison Ave

JUN 5 - 1934

F 02046 HEALTH DEPARTMENT—CITY OF BALTIMORE 02046

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (N)

University Hospital 23-01 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles James

(a) Residence: No.

228 W. Hamburg St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

49

Months

Days

if LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md

FATHER

13. NAME

Charles James

14. BIRTHPLACE (city or town) (State or country)

Md

MOTHER

15. MAIDEN NAME

H. Coleman

16. BIRTHPLACE (city or town) (State or country)

Md

17. INFORMANT

(Address)

Charles James
901 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Auburn

Date

6/5

1937

19. UNDERTAKER

(Address)

Walter B. Sprague
139 W. Hamilton St.

20. FILED

-5 N 0 P

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1934

22.

I HEREBY CERTIFY, That attended deceased from

19, to 19, Death is said

I last saw h. alive on, 19, to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Syphilis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

Coroner

M. D.

2048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02048

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Whitney Ave St. 2701 Ward)Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2604 Whitney Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Mary T McManus
WIFE of Mary T McManus6. DATE OF BIRTH (month, day, year) Sept 5-18857. AGE Years 48 Months 0 Days 28 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Martin J McManus14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME Margaret Lindsay16. BIRTHPLACE (city or town) (State or country) Ind.17. INFORMANT Mary T McManus
(Address) 2604 Whitney Ave18. BURIAL, CREMATION, OR REMOVAL
Place Gruid Ridge Date June 6, 193419. UNDERTAKER Franklin W. Seely
(Address) 709 W 23rd St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1934 to June 3, 1934I last saw him alive on June 3, 1934. Death is said to have occurred on the date stated above, at 82 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertension
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. J. O. Queen M. D.(Address) 3501 Garrison Blvd.

JUN 5 1934

F 02049

F 02049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Cliftview Ave. 8-01 Ward)

Length of residence in city or town where death occurred 78 yrs 9 mos 11 ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME

(a) Residence: No. 1701 Cliftview Ave. Ward. (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of Benjamin Hardester (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23/85

7. AGE Years 78 Months 9 Days 10 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Martin Walter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fredericka Kieck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Liza M. Buell

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) North 8th Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1934

22. I HEREBY CERTIFY, That attended deceased from

May 2, 1934, to June 3, 1934. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis

Chronic Myocarditis

Date of onset

1921

1926

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Clinical an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) J. Allen Goughald, M. D.

(Address) 1613 E. North Ave.

N 5-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Highland Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME Marie Irene Wintermyer

(a) Residence: No. 632 N. Highland Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of Harvey J. Wintermyer (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1889

7. AGE Years 44 Months 9 Days 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York, Pa. (State or country)

13. NAME Jacob Desenburg

14. BIRTHPLACE (city or town) Pleasureville Pa. (State or country)

15. MAIDEN NAME Elizabeth Sipe

16. BIRTHPLACE (city or town) York Co., Pa. (State or country)

17. INFORMANT Mr. Harvey J. Wintermyer (Address) 632 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place York, Pa. Date June 6, 1934

19. UNDERTAKER Wm. J. Tiekner & Son (Address) 6217 Harford Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1933 to June 3, 1934

I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Acute exacerbation Chr. Nephritis
Chr. Interstitial Nephritis

Date of onset

5/19/34

1932

Other contributory causes of importance:

Hypertension

1932

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed) S. A. Alessi

(Address) 6217 Harford Rd

M. D.

JUN 7 1934

Registrar

F 02051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02051

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Rd of 2900 Annapolis Rd - Westport

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Ebert

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *Feb 21st 1874*

7. AGE Years *60* Months *3* Days *13* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mold Polisher*
9. Industry or business in which work was done, as mill, saw mill, bank, etc. *Lowry Glass Co*
10. Date deceased last worked at this occupation (month and year) *Feb 1934* 11. Total time (years) spent in this occupation *42*

12. BIRTHPLACE (city or town) *Balto* (State or country) *md*

13. NAME *Chas. W. Ebert*
14. BIRTHPLACE (city or town) *Balto* (State or country) *md*

15. MAIDEN NAME *Mary E. Fountz*
16. BIRTHPLACE (city or town) *Balto* (State or country) *md*

17. INFORMANT *Mary E. Kohlway*
(Address) *774 Carroll St.*

18. BURIAL, CREMATION, OR REMOVAL
Place *Louison Park* Date *June 6th 1934*

19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 2 1934* to *June 4th 1934*
I last saw him alive on *June 4th 1934* Death is said to have occurred on the date stated above, at *4:30 P. m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

3 days

Other contributory causes of importance:

Acute Myocarditis

3 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Wm Cook

1279 Williams St

M. D.

F 02052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1122 Madison Ave* St., *11-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1122 Madison Ave* St., *11-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1903*7. AGE Years *30* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Pa*13. NAME *W. W. Phil Record*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md* Date *June 5, 1934*

19. UNDERTAKER

(Address)

5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *May 27, 1934*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *May 27, 1934* Death is said to have occurred on the date stated above, at *11-01* m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis
1 year

Other contributory causes of importance:

Name of operation *Regular*Date of *Pa*What test confirmed diagnosis? *There an autopsy*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. W. Phil Record*

(Address)

M. D.

E 02053

02053 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pa R.R. Baseball Field
CITY OF BALTIMORE: (No. Kresson & Phila Road St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Grant Wilson

(a) Residence: No. Probably in Baltimore, Md St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) ???? ?

6a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. about 58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ??????

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N.E. Police Dist (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 5, 1954

19. UNDERTAKER (Address)

5-1934 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24/34, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chr Alcoholism Exposure etc.

Date of onset

(Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify (Signed) J. J. O'Brien M. D. (Address) 508 E North Ave

02054

HEALTH DEPARTMENT—CITY OF BALTIMORE

02054

CERTIFICATE OF DEATH.

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Florence Cullen Mission* ST. *3-01* WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Bernard Malec

(a) RESIDENCE NO.

Florence Cullen Mission ST. *3-01* WARD

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs. *6* mos. *0* ds.

How long in U. S., if of foreign birth?

yrs. *0* mos. *0* ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 Single, Married, Widowed, or Divorced, (write the word)

Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

May 23, 1933

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*6**11*

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9 BIRTHPLACE (city or town) (State or country)

Baltimore?

10 NAME OF FATHER

City Chape

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14

Informant (Address)

Records of Mission

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

6/4 1934

17

I HEREBY CERTIFY, That I attended deceased from *May 22, 1934* to *June 3, 1934*, that I last saw him alive on *June 3, 1934* and that death occurred, on the date stated above, at *4 A.* m.

The CAUSE OF DEATH* was as follows:

Diankea with Vomiting(duration) yrs. *2* mos. *0* ds.

CONTRIBUTORY (Secondary)

(duration) yrs. *0* mos. *0* ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? *no* Date ofWas there an autopsy? *no*

What test confirmed diagnosis?

(Signed)

, 19

(Address)

John Cheldum, M. D.
100 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

May 1934

Registrar

*J. J. Frachy Son**1318 21st St*

F 02055

02055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1276 Battery Ave* St. *24-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1276 Battery Ave* St., *24-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Marie* (or) WIFE of *Prance*

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*About 66*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ship Carpenter*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ship*10. Date deceased last worked at this occupation (month and year) *Jan 01* 11. Total time (years) spent in this occupation *25*12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Josh Roberts*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Mary Barnett*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *Mrs Marie Roberts*
(Address) *1276 Battery*18. BURIAL, CREMATION, OR REMOVAL *6/5*
Place *Landon Park Cemetery*19. UNDERTAKER *J. J. Baker*
(Address) *1118 1/2 Light St*20. FILED *1934* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Nov 18*, 19*29*, to *June 4*, 19*34*I last saw him alive on *June 8*, 19*34* Death is said to have occurred on the date stated above, at *5:30* a. m.

The principal cause of death and related causes of importance were as follows:

Chronic int. nephritis Date of onset *unknown*

Other contributory causes of importance:

Arterio sclerosis and hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? *Py* Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no* If so, specify _____(Signed) *Wm. E. Stiles* M. D.
(Address) *1319 Light St.*

F 02057

02057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Jackson St. St. 24-01 Ward)

Length of residence in city or town where death occurred 50 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wilhelmina Voit.

(a) Residence: No. 1701 Jackson St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

6a. If married, name of husband (or) WIFE of Leopold Voit.

DATE OF BIRTH (month, day, year) May 4, 1869

7. AGE Years 65 Months 0 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Germany.

13. NAME John W. Schoen.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Wilhelmina Rorenberg.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John Voit. (son) (Address) 1701 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date June 6-34

19. UNDERTAKER Margaret B. Flynn (Address) 107 N. Milton St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Illuminating gas poisoning. suicide.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: suicide Date of injury 6/3/34

Accident, suicide, or homicide 1701 Jackson St.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Illuminating gas poisoning.

Nature of injury suicide.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D. 107 N. Milton St. Coroner

6/5/34

(Address)

F 02058

02058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital*, *6-01* Ward)Length of residence in city or town where death occurred *15* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2102 Bond* St., *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Rose* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 1 1887*7. AGE *47* Years *1* Months *1* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Plaster*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *051*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Georgia* (State or country)13. NAME *William Smith*14. BIRTHPLACE (city or town) *Ga* (State or country)15. MAIDEN NAME *Kiliah Banks*16. BIRTHPLACE (city or town) *Ga* (State or country)17. INFORMANT *Records* (Address) *Balt City Hosp*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Zion* Date *June 5, 1934*19. UNDERTAKER *Mrs. Katie R. Williams* (Address) *322 S. Schroeder St.*

JUN 5 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 2, 1934*22. I HEREBY CERTIFY, that I attended deceased from *March 16, 1934* to *June 2, 1934*I last saw him alive on *June 2, 1934* Death is said to have occurred on the date stated above, at *9:30 A.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Transmuring
C Congestive Failure
Hypertension*

Date of onset

6 hrs?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify

(Signed)

(Address) *Pharrel* *Balt City Hosp* M. D.

02059

F 02059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6214 Green Spring St., 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 16 yrs. 10 mos.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 6214 Green Spring St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color, or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1891

7. AGE Years 42 Months 9 Days 29 1/2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Chamber Commerce 10. Date deceased last worked at this occupation (month and year) Chicago, Ill. 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME Wm W. De Hart

14. BIRTHPLACE (city or town) (State or country) Sheldon Ill.

15. MAIDEN NAME Rachel Swival

16. BIRTHPLACE (city or town) (State or country) Clinton Ill.

17. INFORMANT Mrs. Florence P. Lowry

18. BURIAL, CREMATION, OR REMOVAL

Place Dr. Wm. W. De Hart Date June 7, 1934

19. UNDERTAKER Wm. W. De Hart

(Address) 4012 Park Wgt Ave

20. REGISTERED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1934

22. I HEREBY CERTIFY, That attended deceased from

May 31, 1934 to June 4, 1934

I last saw him alive on June 4, 1934 Death is said

to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis 5/31/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James S. Ashurst M. D.

Address 4012 Park Wgt Ave

02060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 20, 1910*

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	57	15	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Georgia*13. NAME *Robert S. Parham*14. BIRTHPLACE (city or town) (State or country) *Georgia*15. MAIDEN NAME *Betty Crowder*16. BIRTHPLACE (city or town) (State or country) *Georgia*17. INFORMANT *Hospital Records*18. BURIAL, CREMATION, OR REMOVAL *Greenview Ex. Inn 7 3*19. UNDERTAKER *W. H. O'Brien*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1934*22. I HEREBY CERTIFY That I attended deceased from *May 16, 1934* to *June 5, 1934*I last saw him alive on *June 5, 1934* Death is said to have occurred on the date stated above, at *10 A. M.*

The principal cause of death and related causes of importance were as follows:

Bilateral Acute Otitis Media *22 days*

Streptococcal Meningitis *2 1/2 days*

Other contributory causes of importance:

Name of operation *Exploratory of Brain* Date of *6/3/34*What test confirmed diagnosis *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Burns M. D.

Mercy Hospital

5-1534

F 02061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02061

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Simpson ST., 9-01 WARD)

2-FULL NAME

(a) RESIDENCE NO. 3818 Simpson ST., WARD(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred life yrs. 29 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 29 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 7 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 11, 19047 AGE Years 29 Months 8 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore10 NAME OF FATHER James W. Powell11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore12 MAIDEN NAME OF MOTHER Theresa Jackson13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14

Informant (Address) James W. Powell

5-1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 193417 I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to June 3, 1934 that I last saw him alive on June 3, 1934 and that death occurred, on the date stated above, at 5:45 A.M. The CAUSE OF DEATH* was as follows:Pneumonia
(Acute bronchitis)CONTRIBUTORY (Secondary) Acute Myocarditis (duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? Phys. Exam.(Signed) Wm. L. Bailey, M. D., 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St. Catharine Cemetery June 5, 1934

20 UNDERTAKER

ADDRESS

Rechtel & Co. Ltd. 24 W. Calver St.

62062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02062

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 4507 Wilmslow Road St. 27-01 Ward)

2-FULL NAME

Mary Alverta Neale(a) RESIDENCE NO. 4507 Wilmslow Road St. _____ Ward _____(Usual place of abode)
Length of residence in city or town where death occurredLife

mos. ds.

(If non-resident give city or town and State)
How long in U. S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

White5 Single, Married, Widowed,
or Divorced, (write the word)
Widowed6a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofFrank A. Neale6 DATE OF BIRTH (month, day, and year)
June 7, 1854

7 AGE

Years

79

Months

11

Days

26IF LESS than
1 day.....hrs.
or.....min.27

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14

Informant
(Address)Mr. Walter B. Maynard4507 Wilmslow Road

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1934 19317 I HEREBY CERTIFY That I look charge of the
remains described above, held an inquest, (state day or inquiry.)
thereon and from the evidence obtained by said inquest, (state, au-
thority or inquiry.) and that said deceased came to her death
on the day stated above.
The CAUSE OF DEATH was as follows:Angina PectorisCONTRIBUTORY
(Secondary)

(Signed)

19 (Address) 3632 Roland Ave.*State the Disease Causing Death, or in deaths from Violent
Causes, state (1) Means and Nature of Injury, and (2) Whether Acci-
dental, Suicidal, or Homicidal. (See reverse side for additional space.)18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR
REMOVALLorraine Cemetery

Date of Burial

June 6 1934

20 UNDERTAKER

Joseph B. CookADDRESS
1003 West
Baltimore S

5-1934

02063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02063

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Miller St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Donald R. Frisby1626 Miller

(a) Residence: No.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>black</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>single</u>
-----------------------	----------------------------------	--

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) Oct 12/33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>7</u>		<u>14</u>	<u>13</u>

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Balto., Md.

13. NAME

Harry Stevenson14. BIRTHPLACE (city or town)
(State or country)Balto., Md.15. MAIDEN NAME Jeanatta Frisby16. BIRTHPLACE (city or town)
(State or country)Phila., Pa.17. INFORMANT
(Address)Jeanetta Frisby
1626 Miller St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury EvergreenDate 6/6/3419. UNDERTAKER
(Address)Mrs. Chas. G. Bailey
1421 Jefferson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to

I last saw h alive on

8:30 A.M.

to have occurred on the date stated above, at

The principal cause of death and related causes of
importance were as follows:Whooping Cough

Date of onset

Other contributory causes of importance:

Name of operation

clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [Signature](Address) 108 E. [Address]

Coroner

M. D.

1834

02064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (N

University Hospital 14-01 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry W. Linburg

(a) Residence: No.

1702 W. Lombard St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Ella A. Linburg

DATE OF BIRTH (month, day, year)

unknown

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Soldier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Balto. Md

13. NAME

Charles Linburg

14. BIRTHPLACE (city or town) (State or country)

Md

15. MAIDEN NAME

Catherine Shomaker

16. BIRTHPLACE (city or town) (State or country)

Md.

7. INFORMANT

Mrs. Ella Linburg

(Address)

8. BURIAL, CREMATION, OR REMOVAL

U.S. National

Date 6-6-1934

9. UNDERTAKER

(Address)

Robert Brooks & Son
Calhoun & Hollings etc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-vascular
renal disease

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If

(Signed)

(Address)

Eugene Zellert
2709 Eastern Ave

M. D.

6-1934

M. D. B. 1934-02065

✓ F 02065

285584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

JOHN HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.

St.,

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mon. da.

2. FULL NAME

Lawrence Doswell

(a) Residence: No.

1021 M^cDonough

St. - Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

8-15-14

7. AGE

19 Years
20

Months

9

Days

19

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Va

FATHER

13. NAME

Preston Doswell

14. BIRTHPLACE (city or town)
(State or country)

Va

MOTHER

15. MAIDEN NAME

Lila Dowdy

16. BIRTHPLACE (city or town)
(State or country)

Va

17. INFORMANT

(Address)

Records
JOHN HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Meherrin. Va. Date June 5, 1934

19. UNDERTAKER

(Address)

Mrs. R. A. Elliott
1129 N. Carroll

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from
May 16, 1934 to June 4, 1934

I last saw him alive on June 4, 1934. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Appendicitis with perforation

Date of onset
May 16

Generalized peritonitis

May 16

Pulmonary abscess

May 24

Other contributory causes of importance:

Bronchopneumonia

Pleurisy

Quercia (secondary)

Name of operation

Exploratory Laparotomy

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Edward S. Stafford, M.D.
The Johns Hopkins Hospital

(Address)

1934

F 02066

F 02066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 819 Rutland Ave ST. 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Joseph Bertram Distance

(a) RESIDENCE NO.

819 Rutland Ave. ST. WARD X

Length of residence in city or town where death occurred

yrs. 8 mos

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX	4 COLOR OR RACE	2 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

3a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 9-27-33

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

10 NAME OF FATHER Charles Distance

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md

12 MAIDEN NAME OF MOTHER Edith Rhynes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Edith Distance

(Address)

819 Rutland Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/34

17

I HEREBY CERTIFY. That I attended deceased from

6/3, 1934, to 6/4, 1934

that I last saw him alive on 6/3, 1934

and that death occurred, on the date stated above, at 11:40 A.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

Primary

(duration) yrs. mos. 3 & 0, ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed)

J. H. Rame

, 19

(Address) 1500 E. Madison St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MOVAL

Asbury

DATE OF BURIAL

May 6, 1934

ADDRESS 1129

20 UNDERTAKER

Mrs R. A. Elliott

N. Caroline

JUN 6 - 1934

M. D. F 02067

F 02067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N Front St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Viola Virginia Taylor

(a) Residence: No.

1029 N Front St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (or) WIFE of Joseph Taylor

6. DATE OF BIRTH (month, day, year)

Dec 23, 1884

7. AGE 49 Years 5 Months 10 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

13. NAME

Augustus Ross.

14. BIRTHPLACE (city or town) (State or country)

Md.

15. MAIDEN NAME

Ailsie Ann Campbell

16. BIRTHPLACE (city or town) (State or country)

Md.

17. INFORMANT

(Address)

Joseph Taylor - husband
1029 N Front St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cemetery

Date June 6, 1934

19. UNDERTAKER

(Address)

John W. Henderson
1502 E Monument St

20. FILED

1934

19

Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933, to June 3, 1934

I last saw her alive on June 2, 1934. Death is said to have occurred on the date stated above, at 10¹⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Jan 1933

Other contributory causes of importance:

Parenchymatous Nephritis
& generalized Anasarca
hypertension

Name of operation

none

Date of

What test confirmed diagnosis?

physical

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of Injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

(Address)

R. J. Young
1429 E Monument St.

M. D.

M. D. B. 1268-9
F 02068✓ F 02068
115-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____ St., _____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (Male) 4. Color or Race (White) 5. Single, Married, Widowed, or Divorced (write the word) Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1929

7. AGE Years 4 Months 8 Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME William Gracey

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Grace Maginnis

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT William Gracey

(Address) 1634 Forsuch av.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 6/7, 1934

19. UNDERTAKER Leonard J. [unclear]

(Address) 2301 [unclear] Rd.

JUN 8 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY. That I attended deceased from June 4, 1934, to June 5, 1934.

I last saw him alive on June 5, 1934. Death is said to have occurred on the date stated above, at 1:14 p.m.

The principal cause of death and related causes of importance were as follows:

Septicæmia from Myocarditis

Date of onset

June 4

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? none Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) Harry [unclear] M. D.

(Address) [unclear]

F 02069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02069

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Union Memorial Hospital
St. 27-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Festus Roy Bower

St.

Ward.

(If non-resident give city or town and State)

(a) Residence: No. 1005

Boaumont

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. Color or Race w 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

May 29, 1934

7. AGE

Years 0

Months 0

6 Days

8 Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

Samuel S. Bower

FATHER

14. BIRTHPLACE (city or town)
(State or country)

Pa.

MOTHER

15. MAIDEN NAME

Elvira Valdivia

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

17. INFORMANT
(Address)Mrs Samuel Bower
1005 Beaumont St18. BURIAL, CREMATION, OR REMOVAL
Place

Park Wood

Date

6/6

1934

19. UNDERTAKER
(Address)John F. Denny
715 Light St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 29, 1934, to June 5, 1934

I last saw him alive on June 5, 1934 Death is said
to have occurred on the date stated above, at 9:20 p.m.The principal cause of death and related causes of
importance were as follows:Prematurity
Pneumonia

Date of onset

5/29/34

6/5/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ernest Stealing
Union Memorial Hospital

M. D.

20. FILE

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH *Brooklyn 97*

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3436 2nd*)St., *25-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *12* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth: *48* yrs. *0* mos. *0* ds.

2. FULL NAME

Wilhelmina Hausel(a) Residence: No. *3436 2nd*

(Usual place of abode)

St., *25-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced, name of husband or (or) WIFE of *John Hausel*6. DATE OF BIRTH (month, day, year) *April 10/86*7. AGE *43* Years *1* Months *24* Days If LESS than 1 day, *0* hrs. *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework at home* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *home* 10. Date deceased last worked at this occupation (month and year) *03/1* 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *Germany* (State or country)

13. NAME

14. BIRTHPLACE (city or town) *Germany* (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Germany* (State or country)17. INFORMANT *John Hausel* (Address) *3436 2nd St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral Hill* Date *6/7* 193419. UNDERTAKER *John F. Denny* (Address) *715 215 6th St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-4*, 193422. I HEREBY CERTIFY, That I attended deceased from *May 18* 1934 to *June 6* 1934I last saw him alive on *June 6* 1934 Death is said to have occurred on the day stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Situs Sceleratus
Indefinite

Other contributory causes of importance:

*Schistosoma*Name of operation *none* Date of *—*What test confirmed diagnosis *Chloroform* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *—* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *W. H. Campbell* M. D.(Address) *1644 Harrison St*

FILE - 1934

F 02071

F 02071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Maryland General Hosp.* St. *27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *6502 Ceclawa Ave.*
(Usual place of abode)St. *Edonia Ave.* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>male</i>	4. Color or Race <i>white</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>married</i>
-----------------------	----------------------------------	---

6. If married, widowed, or divorced
HUSBAND of *Elyahle Maurer*
(or WIFE of)

DATE OF BIRTH (month, day, year) *Oct. 17, 1895*

AGE <i>39</i> Years <i>38</i>	<i>9</i> Months <i>7</i>	<i>11</i> Days <i>19</i>	7. If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *George Maurer*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Margaret*16. BIRTHPLACE (city or town) *Germany*
(State or country)17. INFORMANT *Elyahle Maurer*
(Address) *6502 Ceclawa Ave.*18. BURIAL, CREMATION, OR REMOVAL
Place *Park Wood* Date *6/8/34* 1919. UNDERTAKER *Fred L. Loeblin*
(Address) *7401 Belair Road*

FILED

6-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-6*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *6-3*, 19*34*, to *6-6*, 19*34*I last saw him alive on *6-6*, 19*34*. Death is said to have occurred on the date stated above, at *8:03* A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulated Inguinal Hernia *6/1/34*

Other contributory causes of importance:

Stomach
*Toxic myocarditis**6-4/34*Name of operation *Jerguson Hernioplasty* Date of *6/3/34*What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. J. J. Loeblin* M. D.(Address) *122-001*

F, 02072

02072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Spring St 3-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. Unknown St., Unknown Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) 2a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

DATE OF BIRTH (month, day, year)

AGE 40 Years 50 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. H. Berg M. D. (Address) 1305 E. Baltimore Ave

1934

F 02073

02073

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-002

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1370 N. Calhoun ST. 15-01 WARD)

2. FULL NAME

(a) RESIDENCE NO. 1370 N. Calhoun ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE Years 71 Months 1863 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Domestic 070(b) General nature of industry,
business, or establishment in
which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Charleston, W. Va.

10 NAME OF FATHER Geo. Hatcher

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14

Informant
(Address) Lena A. Hatcher
1370 N. Calhoun St.

15

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2/34

17 I HEREBY CERTIFY. That I attended deceased from
May 4, 1934, to June 2, 1934
that I last saw her alive on June 2, 1934
and that death occurred, on the date stated above, at 11:55 p.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

CONTRIBUTORY
(Secondary)(duration) yrs. mos. ds. 20
Influenza
(duration) yrs. mos. ds. 918 Where was disease contracted
If not at place of death?

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. H. Hatcher

M. D.

6/5, 1934

(Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
BURYAL Mt. Auburn Cem.

DATE OF BURIAL

June 6, 1934

20 UNDERTAKER

Bernard Neusley & Sons

02074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02074

✓ 93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Alban Ave Ward 7-11)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 5501 Alban Ave Ward _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of Hanna Lang
(or) WIFE ofDATE OF BIRTH (month, day, year) 04-19-1876AGE Years 57 Months 7 Days 25 If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chester Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 845 A
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____2. BIRTHPLACE (city or town) MD
(State or country)13. NAME Joseph Lang14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Winkler16. BIRTHPLACE (city or town) _____
(State or country)7. INFORMANT Joseph Bauhin
(Address) 5501 Alban Ave8. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet June 7, 19349. UNDERTAKER Geo. M. Smith
(Address) 811 N. W. Ave10. YEAR 1934 REGISTRAR W. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 1931, 19 to June 4, 1934I last saw him on June 4, 1934 Death is said to have occurred on the date stated above, at 845 A

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Infarct) Date of onset ?

Other contributory causes of importance:

Cardiac Decompensation

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If no, specify _____(Signed) W. H. H. M. D.
(Address) 5703 Maryland Rd.

2075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in
• hospital or institution,
give its NAME instead
of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Hanover St. St. 18-01 Ward)

FULL NAME

Mary G. Scheubrooks.

(a) Residence: No.

863 W. Lombard St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

U.S. XXXXX, widowed, XXXXXX
XXXXXXX
(or) WIFE of

Leonard Scheubrooks.

DATE OF BIRTH (month, day, year) May 27, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Caroline Co. Md.

13. NAME

John H. George.

14. BIRTHPLACE (city or town) (State or country)

Kent Co. Del.

15. MAIDEN NAME

Mary E. Husbards.

16. BIRTHPLACE (city or town) (State or country)

Kent Co. Del.

INFORMANT (Address)

Susie Bell. (sister)
1318 Hanover St.

BURIAL, CREMATION, OR REMOVAL

Place

Benton Ave. Baltimore Date June 7, 1934

UNDERTAKER (Address)

John F. Denny
715 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus.

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D. Coroner
1017 E. Charles St.

JUN 7 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02076

02076

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *9. East Barney* *23-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *54* yrs. *4* mos. *21* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Theodore Balla(a) Residence: No. *9. East Barney* St., *23-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*a. If married, widowed or divorced
HUSBAND of *Killie A Balla*
(or) WIFE ofDATE OF BIRTH (month, day, year) *Jan. 13-1880*AGE Years *54* Months *4* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Motorman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *United Railway's Co*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*12. NAME *John T. Balla*14. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*15. MAIDEN NAME *Mary F. Benson*16. BIRTHPLACE (city or town) *Baltimore*
(State or country) *MD*7. INFORMANT *Killie A Balla*
(Address) *9. East Barney St*

8. BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *June 7*, 19*34*9. UNDERTAKER *J. F. McCully*
(Address) *170 E. 7. St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4-1934*22. I HEREBY CERTIFY, That I attended deceased from *October 8*, 19*33*, to *June 4-*, 19*34*I last saw him alive on *June 4-*, 19*34* Death is said to have occurred on the date stated above, at *4:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis and
Chronic Endocarditis

Date of onset

several years

Other contributory causes of importance:

*Broncho Pneumonia**3 days*Name of operation *none*Date of *✓*What test confirmed diagnosis *typical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓*, 19Where did injury occur? *✓* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in publicplace *✓*Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

M. D. Buxton

M. D.

(Address)

301 East Cross St

6-1834

2077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Ward)

Length of residence in city or town where death occurred yrs. mos. d. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Mrs. Charles L. Luvall*

DATE OF BIRTH (month, day, year) *June 30-1892*

AGE Years *42* Months *2* Days *6* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Fireman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

17. BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *May 7, 1934*

UNDERTAKER (Address)

FILED

- 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1934*

22. I HEREBY CERTIFY, that I attended deceased from

19 to 19

I last saw him alive on *May 30, 1934* Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of

importance were as follows

Severe 2nd + 3rd degree burns.

Other contributory causes of importance:

*Boiler of P.R. Aquino**exploded.*

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the fol-

lowing: *Accident, suicide, or homicide* Date of injury *May 5, 1934*Where did injury occur? *Shannon Point*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *Industry*Manner of injury *P.R. W.*Nature of injury *Burns*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. B. Link*(Address) *Coroner*

M. D.

02078

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02078

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. *628 W. Saratoga ST., 4-01* WARD)

2-FULL NAME

Concetta glorioso

(a) RESIDENCE NO.

628 W. Saratoga ST.,

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred *42* yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4 COLOR OR RACE

white

5 Single, Married, Widowed, or Divorced, (write the word)

widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Angelo glorioso

DATE OF BIRTH (month, day, and year)

Feb 29, 1867

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

67

3

5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Italy

10 NAME OF FATHER

Pietro Leppe

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Italy

12 MAIDEN NAME OF MOTHER

Petra Grace

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Italy

Informant

(Address)

Petra Sciaccia

1613 E. 47 St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *June 4-1934*

17 I HEREBY CERTIFY, That I attended deceased from *June 2, 1934* to *June 4, 1934* that I last saw her alive on *June 4, 1934* and that death occurred, on the date stated above, at *6:30 P. m.*

The CAUSE OF DEATH* was as follows:

Apoplexy

CONTRIBUTORY (duration) yrs. mos. ds. *Chronic interstitial nephritis* (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) *Luigi S. S. Stefani*, M. D. *June 5, 1934* (Address) *407 E. Eads St*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

New Cathedral

DATE OF BURIAL

June 7 1934

20 UNDERTAKER

Frank V. Pipitone

ADDRESS

2018 E. Beloit St

- 1934

19

Registrar

02079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02079

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Valley View Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4309 Valley View St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M	4. Color or Race W	5. Single, Married, Widowed or Divorced (write the word) Married
----------	-----------------------	---

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Annie C. Barnham

DATE OF BIRTH (month, day, year)

May 31 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70			14	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

R.R. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore

12. BIRTHPLACE (city or town) (State or country)

13. NAME Herman H. Barnham

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

Frederick Barnham 4415 Baginaster

18. BURIAL, CREMATION, OR REMOVAL

Date June 7, 1934

19. UNDERTAKER (Address)

Leonard P. Rye 3302 Highland Rd

20. FILED

H. J. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1934

22. I HEREBY CERTIFY that I attended deceased from

July 15, 1934, to June 4, 1934

I saw him alive on July 3, 1934 Death in said

have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. Heller M. D.

(Address) 1737 South St

Date of onset

about

3 yrs

ago

02080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles E. Cole

(a) Residence: No. 3224 Presstman St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ola S. Cole		
6. DATE OF BIRTH (month, day, year) December 11, 1860		
7. AGE Years 73	Months 5	Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Norris Co. Accessories
	10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town)
Baltimore
(State or country)
Maryland13. NAME
Taylor Cole
14. BIRTHPLACE (city or town)
Stevens City
(State or country)
Virginia15. MAIDEN NAME
Louise Kimball16. BIRTHPLACE (city or town)
(State or country)
Maryland17. INFORMANT
Mr. Harry T. Cole
(Address)
2727 Louise Ave.18. BURIAL, CREMATION OR REMOVAL
Place
London Park Cemetery June 8th, 193419. UNDERTAKER
(Address)
1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1934, to June 6th, 1934.I last saw him alive on June 5th, 1934. Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset
4-2-34

(Other contributory causes of importance:

Pneumonia

6-4-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 19...

Where did injury occur? X None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) O. H. Hoffman

(Address) 2500 Garrison Blvd.

M. D.

-1934

F 02081

F 02081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hospital Ward) 16 - 01 (If death occurred in hospital or institution, give the NAME instead of street and number.)Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 18 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Hammans Rd. 1414 Maine Ave. Brooklyn, Md. Co. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married
6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Ralph E. Moxley6. DATE OF BIRTH (month, day, year) June 4, 19037. AGE Years 31 Months 0 Days 2 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) Washington
11. Total time (years) spent in this occupation 2412. BIRTHPLACE (city or town) (State or country) Washington13. NAME Frederick Gunling14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Triffie Ogilvie16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Ralph E. Moxley
(Address) 1414 Maine Ave., Brooklyn, Md.18. BURIAL, CREMATION, OR REMOVAL Interred
Place West Baltimore Gen'l Hospital Date 6/9/3419. UNDERTAKER Wm. J. ...
(Address) Huntington Village, Md.20. FILED 1-1334
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 193422. I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to June 6, 1934I last saw her alive on June 6, 1934 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension 1 Year
Cerebral Apoplexy 6 Days

Other contributory causes of importance:

Nephritic Toxemia of Pregnancy 1 Week
Cardiac Failure 24 HoursName of operation Classical Cesarean Section Date of June 3rdWhat test confirmed diagnosis? Examination of Tubes Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) John K. ... M. D.(Address) West Baltimore Gen'l Hospital

FF 02082

02082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Elsinore Ave Ward)

Registered No. 94-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry H. Price

(a) Residence: No. 2706 Elsinore Ave

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 7th 1866

AGE Years 67 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Walker

9. Industry or business in which work was done, as mill, bank, etc. Wohlsehild Kohler Co.

10. Date deceased last worked this occupation (month and year) Nov 1928 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Harford Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Gellerman (Address) 2706 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date June 7th 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1931 to June 5 1934

I last saw him alive on June 5 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Buerger's Disease

Date of onset

1/10/31

Other contributory causes of importance:

Coronary Thrombosis

May 10 1934

Name of operation Amputation of leg Date of 1932 What test confirmed diagnosis? By amputation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Mittle

M. D.

(Address) 2435 Maryland Ave

FILED 7-1934

Registrar

M. D. B. 1934 F 02083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 E. Lombard St.,

Ward) 1-01

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2110 E. Lombard St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male 4. Color of Hair Brown, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of Emma E. Burkard
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town,
(State or country)

13. NAME

14. BIRTHPLACE (city or town,
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town,
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

6/3/34 19 to 6/6/34 19

I last saw him alive on 6/4/34 19 Death is said
to have occurred on the date stated above, at 12:35 P. M.The principal cause of death and related causes of
importance were as follows:

Date of onset

Peri-Rectal Cellulitis with gangrene 8/27

Other contributory causes of importance:

Sorenia -

Name of operation Incision & drainage Date of 9/4

What test confirmed diagnosis? Was there an autopsy 8/5

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UN 7 - 1934

Registrar

F 02084

F 02084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Cluwood Ave. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Edith Little

(a) Residence: No.

207 Cluwood Ave.

Ward.

X

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced, HUSBAND or (or) WIFE of *William Little*

DATE OF BIRTH (month, day, year)

AGE

57 56

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

03 1/2

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Thomas Cropper

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

17. INFORMANT

(Address)

Miss Neoma Little 207 Cluwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholics 6/7

19. UNDERTAKER

(Address)

714 Calver St 1217 St Calver St

20. DIED

7-1934

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 8 1934 to June 4 1934*I last saw him alive on *June 4 1934* Death is saidto have occurred on the date stated above, at *7 A* m.

The principal cause of death and related causes of importance were as follows:

Acute Grippe cold Anemia Pulmonary Edema Cardiac failure

Date of onset

*5/8/34**6/4/34*

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. V. Clark 5010 Greenleaf Rd

02085

HEALTH DEPARTMENT—CITY OF BALTIMORE

02085

CERTIFICATE OF DEATH

183V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Foot of Montford Ave.* St., *6-Ward* 1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alvin P. Koelbel(a) Residence: No. *2232 Lanby St.* St., *6-Ward* 1

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 16, 1928*AGE *6* Years *6* Months *2* Days *15* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*13. NAME *Simon Koelbel*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*15. MAIDEN NAME *Theresa Vitak*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *MD*INFORMANT *Puter Endres*(Address) *204 N. Chapel St.*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeem* Date *June 7, 1934*UNDERTAKER *Martin W. E. Dippel*(Address) *21 S. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *8:40 a.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Probable Accidental Drowning

Other contributory causes of importance:

Name of operation Date of *No*What test confirmed diagnosis? *Post* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following: *Yes* Date of injury *6/5, 1934*Accident, suicide, or homicide? *Yes*Where did injury occur? *Foot of Montford Ave.* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Public Place*Manner of injury *Fell overboard*Nature of injury *Drowned*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. P. Herzog MD* Coroner M. D.(Address) *1305 N. Patterson St.*

FILED

- 1934

117-1934-117

F 02086

F 02086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Durham St. Ward 2-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 107 S. Durham St. Ward 2-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of7. DATE OF BIRTH (month, day, year) Oct 4 19338. AGE Years 8 Months 8 Days 2 If LESS than 1 day, ____ hrs. or ____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Balto14. NAME Charles Bridge15. BIRTHPLACE (city or town) (State or country) Balto16. MAIDEN NAME Louise Beebel17. BIRTHPLACE (city or town) (State or country) Balto18. INFORMANT Louise Beebel(Address) 107 S. Durham St.

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 7 193420. UNDERTAKER Max W. E. Duppel(Address) 212 E. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 193422. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to June 6 1934I last saw him alive on June 6 1934 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Broncho-Pneumonia 6/5/34
(Primary)

Other contributory causes of importance:

NoneName of operation None Date of 7What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 7 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. ...(Address) 858 ...

M. D.

JUN 7 - 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City* St. *43-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1510 Retrol St.* St. *Ward.* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Paul W. Burley*
WIFE ofDATE OF BIRTH (month, day, year) *8/21/1880*AGE Years Months Days If LESS than 1 day, hrs. or min.
53 *9* *13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

*Balto Md.*13. NAME *John R. Sanders*

14. BIRTHPLACE (city or town) (State or country)

*Md.*15. MAIDEN NAME *Cornelia Cherry*

16. BIRTHPLACE (city or town) (State or country)

Md.

INFORMANT (Address)

Joseph Sanders

BURIAL, CREMATION, OR REMOVAL

Place *Western*Date *Aug 8* 1934

UNDERTAKER (Address)

Wm Cook
1217 St Paul St

FILED 1934

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/4* 193422. I HEREBY CERTIFY, That I attended deceased from *3/21* 1934 to *6/4* 1934I last saw him alive on *6/4* 1934 Death is said to have occurred on the date stated above, at *12 am*

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset

4 mo.

Other contributory causes of importance:

Secondary carcinoma

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *E. B. Bursey* M. D.

(Address)

Balto City

M. D. B. 1934-02088

F 02088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 202 E Chase St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Caroline Lee Clarke Murtney

(a) Residence: No. 202 E Chase St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If ~~married~~ widowed, or divorced (or) WIFE of late Jos. C. Murtney7. DATE OF BIRTH (month, day, year) July 19th 1862

8. AGE 71 Years 72 Months 10 Days 17 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Howard Co Md (State or country)

13. NAME William Clarke

14. BIRTHPLACE (city or town) Howard Co Md (State or country)

15. MAIDEN NAME Albina Matthews

16. BIRTHPLACE (city or town) Howard Co Md (State or country)

17. INFORMANT Mrs. William C. Clarke

(Address) 202 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7th 1934

19. UNDERTAKER J. Jenkins & Son

(Address) 1011 N. Calvert St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 193422. I HEREBY CERTIFY. That I attended deceased from Jan 1st 1933, to June 6th 1934Last saw her alive on May 1st 1934 Death is said

to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset June 6th 1934

Other contributory causes of importance:

Myocardial Infarction

Name of operation Date of

What test confirmed diagnosis? Sign. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Chataard M. D.

(Address) 304 N. Calvert St

D. R. 1200
F 02089

✓ F 02089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1335 Myrtle St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1335 Myrtle St., 17-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 1. Color or Race R. 5. Single, Married, Widowed, or Divorced (write the word) WidowedIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 1877AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min.
57

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation
040BIRTHPLACE (city or town)
(State or country) Pa13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country) "15. MAIDEN NAME Ann Wood16. BIRTHPLACE (city or town)
(State or country) PaINFORMANT Annie Tyler(Address) 1578 York Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/7UNDERTAKER Frances DeHemery(Address) 578 W. Biddle St.FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/3422. I HEREBY CERTIFY, That I attended deceased from 6/1/34 to 6/1/34I last saw him alive on 6/1/34Death is said to have occurred on the date stated above, at 8:30 A.

The principal cause of death and related causes of importance were as follows:

Pat. Tuberculosis
Sept 9/100

Date of onset

Other contributory causes of importance:

Name of operation PharyngealDate of 18What test confirmed Pharyngeal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) H. L. Williams(Address) 922 Carroll St.

M. D.

F 02090

F 02090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

Provident Hospital ST 11-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Babe Briscoe

(a) RESIDENCE NO.

1342 Butler

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yes

mos

ds

How long in U. S. if of foreign birth?

yes

mos

ds

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

3 Single, Married, Widowed, or Divorced, (write the word)

Male

Colored

Single

(a) If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

Sept 1 / 1934

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2

3

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

10 NAME OF FATHER

Charlie Briscoe

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Baltimore, Md.

12 MAIDEN NAME OF MOTHER

Janette Taylor

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Denderson, N.C.

Informant

(Address)

Janette Briscoe, 1312 Butler St.

3

Filed

1934

Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 4 / 34

17

I HEREBY CERTIFY, That I attended deceased from

April 1, 1934, to June 4, 1934

that I last saw him alive on June 4, 1934

and that death occurred, on the date stated above, at 10:50 PM

The CAUSE OF DEATH was as follows:

Premature infant

(duration) yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary)

Secondary Anemia

(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted If not at place of death?

Provident Hospital

Did an operation precede death?

No

Was there an autopsy?

No

What test confirmed diagnosis?

(Signed)

Calvin B. LeCompt

M. D.

, 19

(Address)

Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Auburn Cem

DATE OF BURIAL

6/8 / 1934

20 UNDERTAKER

Frances Hemeley

ADDRESS

518 W. Middle St.

F 02091

✓ F 02091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

CITY OF BALTIMORE: (No. _____)

St. 8-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S. If of foreign birth - yrs. - mos. - ds.

2. FULL NAME

William Hugg

(a) Residence: No. _____

1809 N. Bond St.,

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of Lydia Pyle

DATE OF BIRTH (month, day, year)

AGE 88 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

North Carolina

13. NAME

Benjamin Hugg

14. BIRTHPLACE (city or town) (State or country)

Bates, W. Va.

15. MAIDEN NAME

Daisy Ashley

16. BIRTHPLACE (city or town) (State or country)

North Carolina

INFORMANT (Address)

Hospital Record

17. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 6/8 1934

18. UNDERTAKER (Address)

Henry W. Meeks & Son 805 N. Calverly St.

FILED 1334

Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/18/34 to 6/5/34, 1934

I last saw him alive on 6/5/34, 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Permeability 6/3/34
Ventricular Failure 10-12-34

Other contributory causes of importance:

Pneumonia 10-12-34
Bronchitis 1930

Name of operation

none

Date of

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

J. L. Hugg
Md. Gen. Hospital

D. R. 23679
02092

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02092

161-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4616 White St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4616 White St., 26 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Marrieda. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) JUN 7 1934

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Theodore C Schlatzer14. BIRTHPLACE (city or town) (State or country) Baltimore15. MAIDEN NAME Kathleen M. Dineen16. BIRTHPLACE (city or town) (State or country) Baltimore17. INFORMANT Theodore C Schlatzer(Address) 4616 White

18. BURIAL, CREMATION, OR REMOVAL

Place St. BernardDate June 7, 193419. UNDERTAKER Leo H. Cook(Address) 1723 Patterson, PK Ave

JUL 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 7 193422. I HEREBY CERTIFY, That I attended deceased from JUN 7 1934 to JUN 7 1934I last saw him alive on JUN 7 1934. Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset

18 days

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signatures)

(Address) 4134 Washington

M. D.

F 02093

✓ F 02093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 E. Chase Street, 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James T. Garrity

(a) Residence: No. 817 E. Chase St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Agnes Wallace Garrity (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 18, 1892

AGE 41 Years 4 Months 17 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Buisness

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Timothy Garrity

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Margaret O'Hara

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Margaret Garrity (Address) 817 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 6/8/1934

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

7-1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 14, 1933 June 5, 1934

I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 11:00 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic)

Date of onset

12/14/33

Other contributory causes of importance:

Chronic Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ben. D. Hayden M. D.

(Address) 1216 N. Calhoun St.

D. 02094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of street and number. yrs. mos. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 N. Milton St., 75.9 mos. 27 yrs.)

2. FULL NAME

(a) Residence: No. 1525 N. Milton St., (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX: male 2. COLOR OR RACE: White 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed 4. DATE OF BIRTH (month, day, year): Sept 4-1858 5. AGE: 75.9 yrs. 6. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.: None 7. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, HANK, ETC.: None 8. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year): None 9. DATE OF DEATH (month, day, year): June 6, 1934 10. TIME OF DEATH (hour, minute): 2:04 p.m. 11. TOTAL TIME (years) spent in this occupation: None 12. BIRTHPLACE (city or town) (State or country): Baltimore, Md. 13. NAME: George W. Fountain 14. BIRTHPLACE (city or town) (State or country): Baltimore, Md. 15. MAIDEN NAME: Anna Martin 16. BIRTHPLACE (city or town) (State or country): Baltimore, Md. 17. INFORMANT (Address): 1525 N. Milton St., June 9, 1934 18. BURIAL, CREMATION, OR REMOVAL (Address): None 19. UNDERTAKER (Address): None

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1934 22. I HEREBY CERTIFY, That I attended deceased from May 27, 1934, to June 6, 1934. Death is said to have occurred on the date stated above, at 2:04 p.m. The principal cause of death and related causes of importance were as follows: Carcinoma of Liver

Other contributory causes of importance: T. pneumonia + Peritonitis

Name of operation: None 23. What test confirmed diagnosis? None 24. Was there an autopsy? None 25. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None 26. Where did injury occur? None 27. Specify whether injury occurred in industry, in home, or in public place: None 28. Manner of injury: None 29. Nature of injury: None 30. Was disease or injury in any way related to occupation of deceased? None 31. (Signed) M. D. 32. (Address) 2216 9 Ave. N. Bld.

JUL 7 - 1934

F 02095

✓ F 02095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3013 Lona Ter* St., *8-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *4* mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Minnie Elizabeth Zipp(a) Residence: No. *3013 Lona Ter* St., *8-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color or Race *White* 4. Single, Married, Widowed, or Divorced (write the word) *Single*5. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.
44 *3* *25*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation *23*

10. BIRTHPLACE (city or town) (State or country)

11. NAME

12. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

15. INFORMANT

(Address) *3013 Lona Ter*

16. BURIAL, CREMATION, OR REMOVAL

Place *Baltimore* Date *June 7, 1934*

17. UNDERTAKER

(Address) *1214 N. Caroline St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That *June 5, 1934* attended deceased from *Nov 4, 1931* to *June 5, 1934*I last saw her alive on *June 4, 1934* Death is said to have occurred on the date stated above, at *6:30* m.

The principal cause of death and related causes of importance were as follows:

Cardiac exhaustion

Date of onset

June 5

Other contributory causes of importance:

Carcinoma of breast

Date of onset

June 4

Name of operation

Removal of breast

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John H. Sanderson*

M. D.

(Address) *1214 N. Caroline St.*

JUL 7 - 1934

02096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *St Agnes Hospital* 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *00* mos. *00* ds. How long in U. S. If of foreign birth? *00* yrs. *00* mos. *00* ds.

2. FULL NAME

(a) Residence: No. *3501 Chelsea Terrace* St., *15-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *March 1904*

AGE

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.*30**2**3*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) *June 1934*11. Total time (years)
spent in this
occupation *5*BIRTHPLACE (city or town)
(State or country) *Pa*13. NAME *John Ashburn*14. BIRTHPLACE (city or town)
(State or country) *Pa*15. MAIDEN NAME *Minna Appleby*16. BIRTHPLACE (city or town)
(State or country) *Pa*INFORMANT *Charles S. Nichols*(Address) *3501 Chelsea Terrace*

BURIAL, CREMATION, OR REMOVAL

Place *Garyon, Pa*Date *6/7 34*UNDERTAKER *J. W. Cook*(Address) *1219 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6 34*

22. I HEREBY CERTIFY That I attended deceased from

injury 19..... to..... 19.....I last saw him alive on *injury* 19..... Death is said
to have occurred on the date stated above, at *6:35 A.m.*The principal cause of death and related causes of
importance were as follows:*Fractured Skull*
Internal Injuries

Date of onset

Other contributory causes of importance:

*Automobile accident*Name of operation *none*Date of *✓*What test confirmed diagnosis? *none*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *accident* Date of injury *6/6 1934*Where did injury occur? *Washington Blvd in Waterloo*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place *Street Accident*Manner of injury *Auto he was riding in*Nature of injury *collided with a curb*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Joseph P. Kearney*(Address) *2200 E. Madison St*

Coroner

M. D.

N7-1934

Registrar

02097

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02097

50

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE:

Jenkins Memorial Hospital
1000 Caton Ave. St. 15th Ward

2. FULL NAME

Mrs. Rachel Nixon

(a) Residence: No.

4026 Clifton Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Frederick R. Lincoln Jr.

DATE OF BIRTH (month, day, year)

July 1, 1858

AGE

Years

Months

75 yrs.

11

5

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

13. NAME

Joseph Katz

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

Bertha Weinberg

16. BIRTHPLACE (city or town) (State or country)

Germany

7. INFORMANT

(Address)

Jenkins Memorial Hospital
1000 Caton Avenue

8. BURIAL, CREMATION, OR REMOVAL

Place

Wood Ridge

Date

June 9, 1934

9. UNDERTAKER

(Address)

Wm. J. Tuckner & Son
1000 Caton Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 3, 1934 to June 6th, 1934

I last saw her alive on June 6th, 1934. Death is said to have occurred on the date stated above, at 6:03 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of heart
Fracture of hip joint
(left side) Pathological

Date of onset

Other contributory causes of importance:

Infarction of heart and
pericardium

Name of operator

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) following: the following: Accident, suicide, or homicide

Where did injury occur?

Specify city or town, county, and State)

Specify whether injury occurred in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

H. H. Hughes, M. D.
H. H. Hughes Hospital

JUN 7 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02099

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. *1103 Myrtle* St., *17-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Butler L. Bolbut*(a) Residence: No. *1103 Myrtle*

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Jennie B.*DATE OF BIRTH (month, day, year) *Aug 17 - 1893*

AGE

Years

Months

Days

*40**9**16*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Md.*13. NAME *George Bolbut*14. BIRTHPLACE (city or town) (State or country) *Md.*15. MAIDEN NAME *Lettie Yates*16. BIRTHPLACE (city or town) (State or country) *Md.*INFORMANT *Jennie B. Bolbut*(Address) *1103 Myrtle Ave*

BURIAL, CREMATION, OR REMOVAL

Place *National*Date *6/5/34*UNDERTAKER *Mrs. George H. Holland*(Address) *163 David Hill Ave*

FILED

JUN 7 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 3*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 26*, 19*34*, to *June 3*, 19*34*I last saw him alive on *June 3*, 1934. Death is said to have occurred on the date stated above, at *2 P.* m.

The principal cause of death and related causes of importance were as follows:

*Valvular Heart Disease
Hypertension - nephritis*

Date of onset

Not Known

Other contributory causes of importance:

Indefinite

Name of operation

Date of

What test confirmed diagnosis *Cholera*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *No*(Address) *117 M. D.*(Address) *117 M. D.*

D. B. 1265-9
02100

✓ F 02100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Conkling St., 16th Ward)

Place of residence in city or town where death occurred. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William S. Brown

(a) Residence: No. 1033 Conkling St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary G. Brown

DATE OF BIRTH (month, day, year) May 24, 1850

AGE 84 Years Months Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

INFORMANT Mary G. Brown (Address) 1033 S. Conkling St.

BURIAL, CREMATION, OR REMOVAL Place not known Date June 9, 1934

UNDERTAKER Richard H. Harley (Address) 700 E. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934 to June 6th, 1934 I last saw him alive on June 6th, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Date of onset

1-15-34

Other contributory causes of importance:

Arteriosclerosis

Date of onset

6-1-34

Name of operation None Date of

What test confirmed diagnosis? Analysis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David W. Sells M. D.

(Address) 10110 S. Howard Ave.

N 7 - 1934

F 02101

02101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36V

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Princeton Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 629 Delphian St., Ward.
(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write in word)
male	Negro	Widowed
If married, widow, or divorced HUSBAND of (or) WIFE of <u>Edward Gibson</u>		

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-34, 1922. I HEREBY CERTIFY, That I attended deceased from 5-21-34, 19, to 6-4-34, 19.I last saw her alive on 6-4-34, 19. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Streptococcus Septicemia

Other contributory causes of importance:

Streptococcus infection of mouth

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

FILED

1934

Registrar

F 02102

02102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 E Lexington St., 5-01 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 1312 E Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color C 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 2 1899

AGE 34 Years 10 Months 2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Assbury Cemetery Date June 7, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934 to June 4, 1934.

I last saw him alive on June 4, 1934. Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

M-25-34

Other contributory causes of importance:

Name of operation M-1 Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. S. Gilman M. D.

(Address) 507 Chesapeake St.

02103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02103

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Ashburton Avenue St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME WILLIAM A. PRIMICERIO(a) Residence: No. 1815 Ashburton AvenueSt., 15-01 Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of : : : :
(or) WIFE of : : : :DATE OF BIRTH (month, day, year) January 6th. 1870AGE Years 64 Months 5 Days — If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)13. NAME Francis A. Primicerio14. BIRTHPLACE (city or town) Virginia
(State or country)15. MAIDEN NAME Ellen C. Bishop16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)INFORMANT Helen S. Primicerio
(Address) 1815 Ashburton Avenue

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date June 9 1934

UNDERTAKER

(Address) 115 N. Pitt. Road

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 193422. I HEREBY CERTIFY, That I attended deceased from Dec 3-28 19— to June 6 1934I last saw him alive on June 5 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Uremia

Date of onset

May 28, 34

Other contributory causes of importance:

Chronic Pancreatic disease
Nephritis, EndocarditisName of operation Diagnosis Date of —What test confirmed diagnosis? — Was there an autopsy? 2023. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) E. Miles Wheeler

M. D.

(Address) 2129 20th St. S.W.

D. R. 12499
02104

F 02104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Bon Secours Hosp.

CITY OF BALTIMORE: (No.

St. 30-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Rev. James B. Tower

(a) Residence: No.

St Charles College

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

17ale

white

single

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

3/1/65

AGE

Years

Months

Days

69

3

3

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

College

10. Date deceased last worked at this occupation (month and year)

5/25/34

11. Total time (years) spent in this occupation

4.2 yrs

BIRTHPLACE (city or town) (State or country)

Springfield Mass.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Mass

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Mass

INFORMANT

Eugene Harrigan

(Address)

St Charles College

BIRTHPLACE (city or town) (State or country)

St Charles College

Place

Date June 8th 1934

UNDERTAKER

Chas. P. Tracy Hon

(Address)

118 W. Mt Royal Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/8/34

1934

22. I HEREBY CERTIFY, That I attended deceased from

5/25

1934 to

6/4

1934

I last saw him alive on

6/4

11:40 p.m.

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Diabetes Mellitus
Coronary Thrombosis

Date of onset

6/8/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Leo F. Kulacki

M. D.

(Address)

Bon Secours Hosp

M.D. 1934

H. E. Williams, M.D.

F/02106

2106

6214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St.,

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME *Samuel Davis*(a) Residence: No. *1621 Ellsworth*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *m* 4. Color or Race *Black* 5. Single, Married, Widowed, or Divorced (write the word) _____If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *12-18-1928*AGE Years *5* Months *4* Days *16* If LESS than 1 day _____ hrs. _____ or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) *N.C.*13. NAME *Ananias Davis*14. BIRTHPLACE (city or town) _____
(State or country) *NC*15. MAIDEN NAME *Edna Andrews*16. BIRTHPLACE (city or town) _____
(State or country) *NC*INFORMANT *Records*(Address) *JOHNS HOPKINS HOSPITAL*

BURIAL, CREMATION, OR REMOVAL

Place *Ashbury Cem.*Date *8*19*34*UNDERTAKER *Wm. A. Cherry*(Address) *1213 N. Cherry St.*

1934

Funeral Home

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *June 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 1, 1934* to *June 4, 1934*I last saw him alive on *June 4, 1934* Death is saidto have occurred on the date stated above, at *9⁵⁰ p. m.*

The principal cause of death and related causes of importance were as follows:

Leban Pneumonia (Primary)

Date of onset

5-31-34

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19*34*

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Arthur H. Hurd*

M. D.

(Address) *Johns Hopkins Hospital*

2107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square 143* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Ziemiński(a) Residence: No. *6901* *East Ave.* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced HUSBAND of (or) WIFE of

John Ziemiński

DATE OF BIRTH (month, day, year)

1895

AGE Years Months Days If LESS than 1 day, hrs. or min.

39

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Lawrence Kodonski

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Michalina Emelinska

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT

John Ziemiński
6901 East Ave

BURYAL, CREMATION, OR REMOVAL

Interment

Date

19

UNDERTAKER

(Address)

Stephen J. Fralcoroski
1000 N. Pennsylvania Ave
Huntington Village, Md

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 5, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 22, 1934* to *June 5, 1934*I last saw him alive on *June 5, 1934* Death is said to have occurred on the date stated above, at *7:43 P.*

The principal cause of death and related causes of importance were as follows:

Bilateral renal calculi
Nephropathy
Uremia

Date of onset

?

6-3-34

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

J. Huer Moore M. D.
Franklin Square 143

02108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *929 S. Streper* St., *1-01* Ward)

Length of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME *Delores Dorn*(a) Residence: No. *929 S. Streper* St., *1-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *✓*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec 31, 1933*AGE Years Months Days If LESS than 1 day, hrs. or min.
5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto*
(State or country) *md.*13. NAME *Geo Dorn*14. BIRTHPLACE (city or town) *Balto*
(State or country)15. MAIDEN NAME *Catherine Brennen*16. BIRTHPLACE (city or town) *Balto*
(State or country) *md.*INFORMANT *Geo. Dorn*
(Address) *929 S. Streper*BURIAL, CREMATION, OR REMOVAL
Place *W. Carmel Cem* Date *June 8, 1934*UNDERTAKER *Stephen J. Laskowski*
(Address) *1000 S. Redwood Ave*1934 *Huntington Hill* *MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6, 1934*

I HEREBY CERTIFY, That I attended deceased from

*June 3, 1934 to June 6, 1934*I last saw her alive on *June 5, 1934* Death is saidto have occurred on the date stated above, at *1209a* m.

The principal cause of death and related causes of importance were as follows:

Acute gastro-Enteritis Date of onset *6/1/34*

Other contributory causes of importance:

Alimentary Toxicosis *6/4/34*Name of operation *none* Date of *none*What test confirmed diagnosis? *Physician* Was there an autopsy? *n*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Dr. A. Rosenblatt* M. D.(Address) *3018 O'Donnell St.*

F-02109

2109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 193

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Benhill St. St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Patrick J. O'Toole.

(a) Residence: No. 220 N. Kenwood Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, XXXXXXXXXXXX HUSBAND of ANNEXED Annie Loné O'Toole.

DATE OF BIRTH (month, day, year) January 10, 1897

AGE 37 Years 4 Months 25 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stark Electric Co.

8. Date deceased last worked at this occupation (month and year) June 5, 1934 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ireland. (State or country)

13. NAME Joseph O'Toole.

14. BIRTHPLACE (city or town) Ireland. (State or country)

15. MAIDEN NAME Bridget Donnelly.

16. BIRTHPLACE (city or town) Ireland. (State or country)

INFORMANT Mrs. John Feeley. (sister) (Address) 1815 Aisquith St.

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date June 8, 1934

UNDERTAKER Margaret B. Flynn (Address) 7107 N. E. St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Electrocution and fracture of the skull. Cutting live wire and thrown to the ground. Accidental Death.

Other contributory causes of importance:

Name of operation None. Date of Inquiry Was there an autopsy? No.

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident Date of Injury 6/5/34

Accident, suicide, or homicide

Where did injury occur? Stark Electric Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Cutting live wire.

Nature of injury Electrocution & fract. skull.

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address) 1017 E. Charles St. Coroner

F/02110

2110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1442 Battery Ave Ward 81)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1442 Battery Ave Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE

Joseph J. Reiley

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

4817425

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country)

Baltimore, Md.

13. NAME

Pete Wendel

14. BIRTHPLACE (city or town, State or country)

Germany

15. MAIDEN NAME

Elizabeth Bingle

16. BIRTHPLACE (city or town, State or country)

Baltimore, Md.

INFORMANT

(Address)

Joseph J. Reiley
1442 Battery Ave

BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross A.C. Co.

Date

June 8, 1934

UNDERTAKER

(Address)

Margaret G. Flynn
2107 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-5-34

22. I HEREBY CERTIFY. That I attended deceased from

March 18, 1934, to June 2, 1934I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis

Date of onset

6 mo

Other contributory causes of importance:

Bulbar Palsy
Cardiac Compensation

Name of operation

What test confirmed diagnosis? Clinical & Laboratory

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Baranco M. D.
436 E. Fort Ave

1934

CE. R. Reiley, M.D.

02111

HEALTH DEPARTMENT-CITY OF BALTIMORE

B F 02111

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. _____)

2-FULL NAME Margaret E. Frederick

(a) RESIDENCE No Parkton, Maryland

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ST.

WARD

(If non-resident give city or town and State)

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white 5 Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) April 3, 1912

AGE 22 Years 2 Months 3 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Parkton
Maryland

10 NAME OF FATHER Charles M. Frederick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Minnie Copenhaver

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Mr. Charles M. Frederick

(Address) Parkton, Md.

-1934

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/6/34 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Scald burns due to Railroad accident at Graystone, Baltimore County

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. H. Harsanyi, M. D. Coroner

6/7/34 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Weisburg, Baltimore County

June 9, 1934

20 UNDERTAKER

ADDRESS

E. Leroy Stiffen, Inc.

1256 North Ave.

F 02112

02112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. St. 3-1 Ward)

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred Unknown mos. ____ ds. How long in U. S. If of foreign birth Unknown mos. ____ ds.

FULL NAME Charles (James) Bradley

(a) Residence: No. 26 Albemarle st. St. ____ Ward ____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE Years Months Days If LESS than 1 day, ____ hrs. or ____ min. 56 ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonw

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Tuefel ?

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

FILE 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to June 7, 1934

I last saw him alive on June 7, 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis

Unknown

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer A. Jaworski

(Address)

Baltimore City Hospitals M. D.

F 02113

02113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3109 Beverly Road St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No. 3109 Beverly Road St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX.

Female

4-COLOR OR RACE,

White

5-Single, Married, Widowed, or Divorced, (Write the word.)

Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of

John E. Powers

DATE OF BIRTH (month, day and year)

Dec. 10, 1864

AGE.

69 yrs. 5 mos. 25 ds.

If LESS than 1 day,

...hrs. or...min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

—

(c) Name of employer

BIRTHPLACE (city or town, State or Country).

Baltimore Md.

10-NAME OF FATHER,

Michael J. Dunn

11-BIRTHPLACE OF FATHER (city or town, State or Country).

Ireland

12-MAIDEN NAME OF MOTHER,

Alice Garvey

13-BIRTHPLACE OF MOTHER (city or town, State or Country).

Ireland

4-

(Informant)

(Address)

Mrs. Marie Sullivan
3109 Beverly Road

5-

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year)

June 6, 1934

17-

I HEREBY CERTIFY, That I attended deceased from

April 13, 1934, to June 5, 1934,

that I last saw him alive on June 5, 1934,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No Date of. —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

Catholic

DATE OF BURIAL,

6/9, 1934

20-UNDERTAKER,

J. B. Manning & Son Refers to 8

2114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton

St. 159 Ward)

length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

Baby Boy Schaper

(a) Residence: No. 234

Collins Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

6-6-34

AGE

Years

Months

Days

If LESS than
1 day, 7-24 hrs.
or 40 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

Albert Frederick Schaper

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Margaret Hermine Fischer

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT (Address)

Margaret Fischer Schaper
234 Collins Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 8: 1934

18. UNDERTAKER (Address)

F. B. Support & Sons
1300 E. Pratt Place

19. YEAR

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1934

22. I HEREBY CERTIFY. That I attended deceased from June 6, 1934, to June 7, 1934.

I last saw him alive on June 7, 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity.

Date of onset

6/6/34

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis Clinical as there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

John C. Drumha M. D.
St. Agnes Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2115

CERTIFICATE OF DEATH

✓ E 021157-

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 Valley St. 9-01 Ward)

Date of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth P. Keen

(a) Residence: No. 1325 Valley St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex: female 2. Color or Race: White 3. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Stephen L. Keen

DATE OF BIRTH (month, day, year) 1881-

AGE

Years 53

Months -

Days - 4 LESS than 1 day, 1 hr. or 2 min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Patrick Kennedy

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME May M. Keen

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Joe Collins

(Address) 926 E. Bath Ave.

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER May M. Keen

(Address) 501 E. 22 St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to June 5, 1934

I last saw her alive on June 5, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Corbrot Hemorrhage. June 2/34

Other contributory causes of importance:

Cardiac Astheny.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed)

(Address)

M. D.

18-1934

D. R. 1700

02116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 02116

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 E. Lafayette St., 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME

Artemus W. Prosser

(a) Residence: No.

211 E. Lafayette St., 2-01

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mollie Prosser

DATE OF BIRTH (month, day, year)

AGE 80 Years 5 Months 11 Days If LESS than 1 day, hra. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Dynamite Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country)

Perryman, Maryland

13. NAME

Charles Prosser

14. BIRTHPLACE (city or town) (State or country)

Perryman

15. MAIDEN NAME

Anna Prosser

16. BIRTHPLACE (city or town) (State or country)

Perryman

INFORMANT

(Address)

Mollie Prosser 201 E. Lafayette St., 2-01

BURIAL, CREMATION, OR REMOVAL

Place

New Freedom Pk., Date June 9th 1934

UNDERTAKER

(Address)

Wm. Cook 1217 St. Paul St.

FILED

1331

Wm. Cook 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1934

22. I HEREBY CERTIFY That I attended deceased from May 24th to June 6th 1934

I last saw him alive on June 6th 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Tuberculosis of Lungs

Other contributory causes of importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. S. Gory - 6220 Madison

M. D.

F 02117

F 02117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Bush St. St. 21-01 Ward)

FULL NAME

Clarence F. Rodgers.

(a) Residence: No.

1103 Ridgely St.

St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 17, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	9	20	19

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

13. NAME

John Rodgers.

14. BIRTHPLACE (city or town)
(State or country)

Scotland.

15. MAIDEN NAME

Clara Martin.

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

INFORMANT Clara Rodgers. (mother)
(Address) 1104 Ridgely St.

BURIAL, CREMATION, OR REMOVAL

Place London Park

Date June 9th 1934

UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental Browning.
Ball from a wharf.

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Accident. Date of Injury 6/6/34.

Where did injury occur? Foot of Bush St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of Injury Ball from a wharf.

Nature of Injury Browning.

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) Otto H. Reinhardt, M. D.
1017 S. Charles St. Coroner
(Address) 6/7/34

8-1934

F 02118

F 02118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 27-01* Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *322 St. Anne Ave. Rd.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *May 31, 1931*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*7 6*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Balto Md.*

13. NAME

*Therese R. Mc Keldin*14. BIRTHPLACE (city or town)
(State or country)*Balto Md.*

15. MAIDEN NAME

*Amelinda Manger*16. BIRTHPLACE (city or town)
(State or country)*New York New York*

INFORMANT

(Address)

*Amelinda Mc Keldin
322 St. Anne Ave. Rd.*

BURIAL, CREMATION, OR REMOVAL

Place

*Wood lawn*Date *June 8th 1934*

UNDERTAKER

(Address)

*Wm Cook
1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-7 1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 31 1934 to June 7 1934*I last saw him alive on *June 7 1934*. Death is said
to have occurred on the date stated above, at *6:55 p.m.*The principal cause of death and related causes of
importance were as follows:*Starvation
Congenital atresia of
esophagus*

Date of onset

Other contributory causes of importance:

Prematurity

Name of operation

Date of

What test confirmed diagnosis? *X-ray* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Wilfred A. Kumpshing
Sinai Hospital*

M. D.

8-1934

D. P. 02119

F 02119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Park Ave. St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1513 Park Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND OF (or) WIFE of Nathan H. Langdon

DATE OF BIRTH (month, day, year)

AGE 77 Years 3 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date June 8 1934

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1932 to June 6 1934

I last saw her alive on June 6 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

On May 20th with coronary disease (present attack of acute ventricular fibrillation) and fatal attack with pain almost certainly coronary occlusion - 24 hr

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

02120

F 02120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 N. Payson St. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Daisy E. Kroneberger

(a) Residence: No. 703 N. Payson St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred J. Kroneberger

DATE OF BIRTH (month, day, year) Nov 2 1880

AGE Years 53 Months 7 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md. (State or country)

12. NAME Louis Knapp

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Alice R. Yealdhall

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Alfred J. Kroneberger (Address) 703 N. Payson St.

BURIAL, CREMATION, OR REMOVAL

Place of Burial or Cremation Date June 9, 1934

UNDERTAKER Harry W. Wainwright (Address) 4204 Ridgewood Ave.

FILED 1934

19

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 6, 1934. last saw her alive on June 6, 1934. Death is said to have occurred on the date stated above, at 9:30 pm.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage in Left Internal Capsule (Right Side Paralysis)

Date of onset

Other contributory causes of importance:

High Blood Pressure caused by Arterial Sclerosis.

Name of operation

Date of

What test confirmed diagnosis? Cause

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thos. H. Phillips

M. D.

(Address) 1939 84th St. N. W.

121

HEALTH DEPARTMENT—CITY OF BALTIMORE 02121

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Brwood St., 11-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.FULL NAME Willie Lee(a) Residence: No. 1000 Brwood St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of Frank Johnson
(or) WIFE of _____

DATE OF BIRTH (month, day, year) May 11 - 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	1	5	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) May 12, 1934

11. Total time (years) spent in this occupation 1 yr

BIRTHPLACE (city or town) Richmond Co
(State or country) Va13. NAME Morris Lee14. BIRTHPLACE (city or town) Richmond Co
(State or country) Va15. MAIDEN NAME Addie Jones16. BIRTHPLACE (city or town) Richmond Co
(State or country) VaINFORMANT Addie Lee(Address) 1000 Brwood St

BURIAL, CREMATION, OR REMOVAL

Place St. Ambrose Co Date 6-8 1934UNDERTAKER John Bus. Co. Holliday(Address) 1631 Grand StFILED 1934 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 193422. I HEREBY CERTIFY, That I attended deceased from May 21, 1934, to June 6, 1934I last saw her alive on June 5, 1934 death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Hepatitis 3 days prior to May 21, 34

Other contributory causes of importance:

Intestinal Hemorrhage June 4, 34
Patient fell down steps into
garage pit May 16-1934Name of operation Appendectomy Date of 1918-?
What is confirmed diagnosis? Cholecystitis Was there an autopsy? no23. If death was due to external causes (violence) fill in also the
Accident, suicide, or homicide? no Date of injury _____, 19____When did injury occur? _____
(Specify city or town, county, and State)
Whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Is disease or injury in any way related to occupation of
deceased? no If so, specify _____(Signed) W. A. Wright M. D.(Address) 1209 Poeschlman St.

F 02122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02122
82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *824 W Osterud St.* St. *21-01* Ward)

DATE OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED *35* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *John A. Stewart*
(a) Residence: No. *824 W Osterud* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male*
2. COLOR OF HAIR *White*
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
4. (married, widowed, divorced) HUSBAND of *Ida Stewart* (or) WIFE of
5. DATE OF BIRTH (month, day, year)
6. AGE *42* Years Months Days If LESS than 1 day, hrs. or min.
7. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. *Laborer*
8. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
9. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
10. Total time (years) spent in this occupation *3*

11. BIRTHPLACE (city or town) *Annapolis Md.*
(State or country)
12. NAME *Charles Stewart*
13. BIRTHPLACE (city or town) *Annapolis Md.*
(State or country)
14. MAIDEN NAME *Joseph Hannah Stewart*
15. BIRTHPLACE (city or town) *Annapolis Md.*
(State or country)

16. INFORMANT *Ida Stewart*
(Address) *824 W Osterud St.*
17. BURIAL, CREMATION, OR REMOVAL
Place *Mt Auburn* Date *Sat 8th 1934*
18. UNDERTAKER *Chas P Wilson*
(Address) *1000 Brantley Ave*

19. FILED *St. Johns*

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) *June 6, 1934*
21. I HEREBY CERTIFY, That I attended deceased from *19* to *19*
I last saw him alive on *June 6* to have occurred on the date stated above, at *3:30* m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cerebral Hemorrhage June 6 - 34
Other contributory causes of importance:

No history of syphilis, Carbon monoxide, acute arterio sclerosis.
Name of operation *Inguis* Date *June 6 - 34*
What test confirmed diagnosis *"* Was there an autopsy? *No*
22. If death was due to external causes (violence) fill in also the following: Date of injury *19*
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify
(Signed) *John L. Volante* D. Coroner
(Address)

P. 62123

HEALTH DEPARTMENT—CITY OF BALTIMORE

P. 02123

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3257 Chestnut Ave. 13-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3257 Chestnut Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 3, 1861

AGE 73 Years 3 Months 3 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Date June 7, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to June 6th, 1934

I last saw him alive on June 6, 1934. Death is said to have occurred on the date stated above, at 9:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

3 yrs ago.

Other contributory causes of importance:

Chronic nephritis & endocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed)

(Address)

M. D.

FILED

8

B 122-9 F 02124

✓ F 02124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME

Rebecca Farber

(a) Residence: No. 426 N. Collington St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widow

6. married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	8. If LESS than 1 day, hrs. or min.
	75			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Austria

13. NAME

Marshall Scherr

14. BIRTHPLACE (city or town) (State or country)

Austria

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

n

17. FORMANT Records of Hopkins

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. Place of burial, cremation, or removal Date 6/8/34

20. UNDERTAKER

(Address)

1437 E. Pratt St.

21. DIED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Date of onset

Other contributory causes of importance:

Fracture of left hip

5/12/34

" " left wrist

Name of operation Pin insertion Date of 5/12/3

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident of injury 5/12/34

Where did injury occur? Baltimore, Md.

Specify whether injury occurred in industry, in home, or in public

place slipped in alley near her home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

2125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02125

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Laurel St. 16-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Edw. Knight

(a) Residence: No.

2015 N. Laurel St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of race White 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Lusie E.

DATE OF BIRTH (month, day, year)

June 4 - 1875

AGE

39 Years 5 Months 3 Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

040

BIRTHPLACE (city or town) (State or country)

Patuxent

3. NAME

Edw. Knight

4. BIRTHPLACE (city or town) (State or country)

Patuxent

5. MAIDEN NAME

Edw. Knight

6. BIRTHPLACE (city or town) (State or country)

Patuxent

INFORMANT

Edw. Knight

BURIAL, CREMATION, OR REMOVAL

2015 N. Laurel St.

Place

London, Md.

Date 6/9/1934

UNDERTAKER

John J. Brown & Son

(Address)

901 Holliday St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 7, 1934

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease Sudden

Other contributory causes of importance:

Name of operation

Regular

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John J. Brown & Son

Coroner

M. D.

1934

02126 HEALTH DEPARTMENT—CITY OF BALTIMORE 02126

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Miss Sarah Lutz

(a) Residence: No. 1404 W. Lexington St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

PL

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I attended deceased from

March 15, 1934 to June 8, 1934

I last saw her alive on June 7, 1934

to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Pulmonary TB?

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B. Brown, M.D.

(Address) 1115 St Paul St., City

2127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *93-003*
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: No. *1001 N. Arlington*

Ward *16-01*

FULL NAME

(a) Residence: No. *1001 N. Arlington*

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race *Col*

5. Single, Married, Widowed, or Divorced *Widow*

6. Date of birth (month, day, year) *73*

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

9. Date deceased last worked at this occupation (month and year) *May 1934*

10. Total time (years) spent in this occupation *1860*

11. Birthplace (city or town) (State or country) *May 1934*

12. Birthplace (city or town) (State or country) *May 1934*

13. Maiden name *May 1934*

14. Birthplace (city or town) (State or country) *May 1934*

15. Birthplace (city or town) (State or country) *May 1934*

16. Birthplace (city or town) (State or country) *May 1934*

17. Birthplace (city or town) (State or country) *May 1934*

18. Birthplace (city or town) (State or country) *May 1934*

19. Birthplace (city or town) (State or country) *May 1934*

20. Birthplace (city or town) (State or country) *May 1934*

21. Birthplace (city or town) (State or country) *May 1934*

22. Birthplace (city or town) (State or country) *May 1934*

21. DATE OF DEATH (month, day, year) *June 1934*

22. I HEREBY CERTIFY That I attended deceased from *June 1934*

I last saw him alive on *June 1934*

to have occurred on the date stated above, at *June 1934*

The principal cause of death and related causes of importance were as follows: *Chronic Myocarditis*

Other contributory causes of importance: *1 year*

Name of operation *Regular*

What test confirmed diagnosis *Regular*

23. If death was due to external causes (violence) fill in also the following: *Regular*

Accident, suicide, or homicide: *Regular*

Where did injury occur? *Regular*

Specify whether injury occurred in industry, in home, or in public place *Regular*

Manner of injury *Regular*

Nature of injury *Regular*

24. Was disease or injury in any way related to occupation of deceased? *Regular*

If so, specify *Regular*

(Signed) *St. Louis*

(Address) *St. Louis*

1934

F 02128

02128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54-002

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hosp. 5-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Katie Sarah Moon(a) Residence: No. *Room 133 Calvin* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*

If married, widowed, or divorced

HUSBAND of *Samuel (dead)*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *5-0 ?* Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laundress

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

cl

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

George Jones

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Margaret Purcell

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

(Address)

*Ricardo**Balt. City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *Unusually of N.A.* Date *June 17* 1934

UNDERTAKER

(Address)

St. Augustine Williams

1934

St. Augustine Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 4, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 17, 1934* to *June 4, 1934*Last saw her alive on *June 4, 1934* Death is said to have occurred on the date stated above, at *2:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Fibrin of arteries
Hypertension
Sclerosis
Myocardial insufficiency
C congestive failure*

Date of onset

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

P. Phagel

M. D.

(Address)

Balt City Hosp

0469

HEALTH DEPARTMENT—CITY OF BALTIMORE

2129

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4224 Strickland St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Fowler Thornlon(a) Residence: No. 4224 Strickland St., 14-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced
HUSBAND of none
(or) WIFE of still with

DATE OF BIRTH (month, day, year)

AGE Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or min. 30

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

(11. Total time (years) spent in this occupation)

BIRTHPLACE (city or town) Balto
(State or country)13. NAME James Thornlon14. BIRTHPLACE (city or town) Balto
(State or country)15. MAIDEN NAME Catherine Fowler16. BIRTHPLACE (city or town) Balto
(State or country)

INFORMANT

(Address) 4224 Strickland

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 8th, 1934

UNDERTAKER

(Address)

FILED

1934

0167

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 193422. I HEREBY CERTIFY, That I attended deceased from June 7, 1934 to June 7, 1934.I last saw deceased alive on June 7, 1934. Death is said to have occurred on the day stated above, at 12:40 a.m.The principal cause of death and related causes of importance were as follows: 12 40

Date of onset

6-6-34Premature
when gestation some
4 1/2 to 5 months

Other contributory causes of importance:

work on part of mother
dish washing
lifting heavy pots

Name of operation

Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury June 7, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Edu. Fiske
612 E. Monument

F 02130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ronald Maymo

(a) Residence: No. 3000 Reisterstown Rd

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year)

4/21/34

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ind

13. NAME

Joe Maymo

14. BIRTHPLACE (city or town) (State or country)

France

15. MAIDEN NAME

Gladys Joseph

16. BIRTHPLACE (city or town) (State or country)

Ind

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's College

Date

Jun 8

1924

19. UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 25, 1934, to June 1, 1934I last saw him alive on June 1, 1934 Death is saidto have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

Erysipelas(Etology Tuberculosis)

Date of onset

5-22-34

Other contributory causes of importance:

Septicemia5-31-34Name of operation None

Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Ruth H. Hurd

M. D.

(Address)

Johns Hopkins Hospital

131

HEALTH DEPARTMENT—CITY OF BALTIMORE

02131

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 S. Calverton Road)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 121 S. Calverton Road

(If usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced, (write the word)

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years Months Days 9. If LESS than 1 day, hrs or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

14. BIRTHPLACE (city or town) (State or country)

15. NAME

16. BIRTHPLACE (city or town) (State or country)

17. MAIDEN NAME

18. BIRTHPLACE (city or town) (State or country)

19. INFORMANT

20. BURIAL, CREMATION, OR REMOVAL

21. PLACE

22. UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year)

24. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) did in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) (Address)

M. D.

F 02132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital, 19-01 Ward

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary M. Elmore

(a) Residence: No.

250 S. Stricker

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of

George (dead)

DATE OF BIRTH (month, day, year)

Oct 21, 1866

AGE

67 ?

Years

5

Months

17

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

London Co Va

13. NAME

Wm Baker

14. BIRTHPLACE (city or town) (State or country)

Delaware

15. MAIDEN NAME

Cornelia

16. BIRTHPLACE (city or town) (State or country)

Del.

INFORMANT

Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Western

Date June 7, 1934

UNDERTAKER

Mr. Mrs. John M. Griefel, Son

(Address)

801 W. Fayette St.

FILED

1934

Huntington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, that deceased from Dec. 7, 1931, to June 7, 1934

I last saw her alive on June 7, 1934 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerosis

Date of onset

12 hrs?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Phagiel

(Address)

Bald City Ave

M. D.

2133

HEALTH DEPARTMENT—CITY OF BALTIMORE

R 02133

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE:

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

St., 4-01 Ward)

ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

HUSBAND of (or) WIFE of

Marguerite Kissinger

DATE OF BIRTH (month, day, year)

Sept 8 1896

AGE

38 Months *9* Days *0*

If LESS than 1 day.....hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

York Pa

NAME

John Altland

BIRTHPLACE (city or town) (State or country)

York Co Pa

MAIDEN NAME

Lizzie Trimmer

BIRTHPLACE (city or town) (State or country)

York Co Pa

FORMANT (Address)

Mrs Stuart F. Altland Waynesboro Pa.

FUNERIAL, CREMATION, OR REMOVAL

Place *Waynesboro Pa* Date *6/9* 1934

FUNERIAL (Address)

Halter Y. Shore Waynesboro Pa

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I attended deceased from 19 to 19

last saw h..... alive on..... Death is said to have occurred on the date stated above at.....

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Sudden

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

2134

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02134

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No.)

St., Ward)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Cole

(a) Residence: No. 1621 Milliman st.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

If married, widowed, or divorced

HUSBAND of Anna
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 11, 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Unknown

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Cole

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Lavinia Cook

16. BIRTHPLACE (city or town) Maryland
(State or country)

INFORMANT Hospital Records

(Address)

FURNIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934 to June 5, 1934

I last saw him alive on June 5, 1934 Death is said to have occurred on the date stated above, 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

1933
(month) unknown

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. W. Jacobsen
Baltimore City Hospitals M. D.

(Address)

F 02135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 10-61*)Length of residence in city or town where death occurred *Life*FULL NAME *Gertrude Urbach (Elizabeth Urbach)*(a) Residence: No. *1020 Asquith*

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 1. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of *Louis Urbach*
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*630*6. Profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Housewife*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation *27*BIRTHPLACE (city or town)
(State or country)*Baltimore*

13. NAME

*?**Stinger*14. BIRTHPLACE (city or town)
(State or country)*Germany*

15. MAIDEN NAME

*?*16. BIRTHPLACE (city or town)
(State or country)*?*

INFORMANT

(Address)

*Records**Bald City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place

*Holy Redeemer*Date *June 9th 1934*

UNDERTAKER

(Address)

Leo G. Jacob
*1723 N. Park Ave*FILER *1934**Huntington*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6, 1934*22. I HEREBY CERTIFY, that attended deceased from
*May 28, 1934 to June 6, 1934*I last saw her alive on *June 6, 1934* Death is said
to have occurred on the date stated above, at *12:30 A.M.*The principal cause of death and related causes of
importance were as follows:*Septicemia*
sepsis
terminal uremia
Hypertension

Other contributory causes of importance:

Date of onset

*?**?**2 wks**?*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

P. M. D.

(Address)

Bald City Hosp.

02136

Stanford HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02136

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1438 Bunk St.* St. *14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1 year* yrs. How long in U. S. If of foreign birth? *1* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *1438 Bunk St.* St., *14-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>male</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
--------------------	------------------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Mar 3 1891*

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<i>43</i>	<i>3</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *070*BIRTHPLACE (city or town) (State or country) *City*

13. NAME

14. BIRTHPLACE (city or town) (State or country) *City*15. MAIDEN NAME *Eda Brown*16. BIRTHPLACE (city or town) (State or country) *City*

INFORMANT

(Address) *1338 Bunk St.*

BURIAL, CREMATION, OR REMOVAL

Place *Mount*

UNDERTAKER

(Address) *1000 of Carroll Ave*

-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-8-1934*22. I HEREBY CERTIFY, That I attended deceased from *6-5-34* 19 to *6-8-1934*I last saw him alive on *6-7-1934*. Death is said to have occurred on the date stated above, at *11:55 A.M.*

The principal cause of death and related causes of importance were as follows:

Cordial Hypertrophy following by acute dilation of heart

Date of onset

Other contributory causes of importance:

Intestinal Nephritis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed)

W. A. Cargill M. D.
(Address) *611 N. Caroline*

02137

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 02137

82-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. *Balto Eye & Ear Hosp 1214 ST. ~~Baltimore~~* WARD) X

2-FULL NAME

(a) RESIDENCE. NO. *4918 Palmer* (A. WARD. X)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

CM

White

Child

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

Years

Months

Days

10 LESS than 1 day, hrs. or min.

8

6

17

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

School-boy

(b) General nature of industry, business, or establishment in which employed (or employer)

School-boy

(c) Name of employer

none

BIRTHPLACE (city or town) (State or country)

Balto. Md.

10 NAME OF FATHER

Jos. J. Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Balto Md.

12 MAIDEN NAME OF MOTHER

Myrtle C. Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Balto Md.

Informant (Address)

J. J. Ryan - Father 4918 Palmer Ave.

1934

H. H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 8th 193417 I HEREBY CERTIFY, That I attended deceased from May 29th 1934, to June 8th 1934, that I last saw him alive on June 8th 1934, and that death occurred, on the date stated above, at 1.20 p.m.

The CAUSE OF DEATH* was as follows:

Most likely: meningitis & lateral sinus thrombosis following tonsil operation (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) mos. ds.

18 Where was disease contracted if not at place of death?

After measles

Did an operation precede death? Yes Date of May 24th 1934

Was there an autopsy?

What test confirmed diagnosis? Incision of tonsil

(Signed) Lateral sinus thrombosis M. D. Nathan Snyder

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Lorraine Cemetery

June 9/34

20 UNDERTAKER

Shaw-Morris Co 108 W. 10th

HEALTH DEPARTMENT—CITY OF BALTIMORE

138

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Eutaw Place Ward 12-4-01)Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Tessie Sherman(a) Residence: No. 2321 Eutaw Place

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of
(or) WIFELouis B. Sherman

DATE OF BIRTH (month, day, year)

June 17 1885

AGE

Years

Months

Days

If LESS than
1 day, 0 hrs.
or 0 min.481122

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)New York
N.Y.

13. NAME

Abraham E. Schwartz14. BIRTHPLACE (city or town)
(State or country)New York
N.Y.

15. MAIDEN NAME

Anna M. Wintersberger16. BIRTHPLACE (city or town)
(State or country)New York
N.Y.

INFORMANT

Mr. Louis Sherman

(Address)

2321 Eutaw Place

BURIAL, CREMATION, OR REMOVAL

Place

New York

UNDERTAKER

(Address)

David Sandheim & Son1802 Eutaw Place

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 193422. I HEREBY CERTIFY, That I attended deceased from Nov 1 1933 to June 9 1934I last saw her alive on 6-8 1934 Death is saidto have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Aden. carcinoma of
ovariesDate of onset
9-1-31

Other contributory causes of importance:

Name of operation

HysterectomyDate of 9-1-31What test confirmed diagnosis? Specimen Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0 1900Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes If so, specify

(Signed) H. Edmund Chever M. D.(Address) 2037 Park Avenue

02140

HEALTH DEPARTMENT—CITY OF BALTIMORE

02140

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Berkshire St., Ward) 01

Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred: yrs. 58 mos. ____ ds. How long in U.S. If of foreign birth? yrs. ____ mos. ____ ds.

FULL NAME

Mrs Ida Anna Stein

(a) Residence: No.

3210 Berkshire St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4 Color or Race White 5. Single, Married, Widowed,
or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of
WIFE of

Mr John Stein

DATE OF BIRTH (month, day, year)

Nov. 17, 1875.

AGE

Years
58Months
6Days
20If LESS than
1 day. ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.

H' work

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Balto., Md.

13. NAME

Mr Conrad Braun

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Mary Katherine Heingerling

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

(Address)

Mr. J. F. L. Stein
3210 Berkshire St.

BURIAL, CREMATION, OR REMOVAL

Place

Balto. City

Date 6/14/34 19

UNDERTAKER

(Address)

Philip Henry Jones
2016 Park Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 6, 1933, to June 2, 1934

I last saw her alive on June 7, 1934, death is said

to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of
importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance:

Carcinoma Uterus

Name of operation

None

Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. Death was due to external causes (violence) fill in also the
following: ____ Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? No If so, specify

(Signed) Arthur C. Moninger M. D.

(Address) 800 E North Ave

JUL 1934

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02141

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore General Hospital Ward) 15-01

2-FULL NAME

Julia I. Diffy

(A) RESIDENCE NO.

2322 Forest Park Avenue St. Ward (Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. da.(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. da.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Single, Married, Widowed, or Divorced, (write the word) WidowedIf married, widowed, or divorced
HUSBAND of Victor Diffy
(or) WIFE ofDATE OF BIRTH (month, day, and year)
March 5, 1853AGE Years 81 Months 3 Days 3 IF LESS than 1 day.....hrs. or.....min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Carroll County
(State or country) Maryland10 NAME OF FATHER Wesley D. Oursler11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)12 MAIDEN NAME OF MOTHER Sarah E. Gosnell13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)Informant Mr. Frank E. Oursler
(Address) 2004 Forest Park Avenue

15 Filled

1934

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1934 193417 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest/autopsy or inquiry.)thereon and from the evidence obtained by said inquiry (Inquest, autopsy, or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured 2. Femurs & Humerus 5/31/34
Broncho Pneumonia 6/7/34CONTRIBUTORY (Secondary) Struck by Automobile
(duration) yrs. mos. ds.(Signed) Joseph Bakony (Coroner) M. D., 19 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Oakland M.E. Church Cemetery
Carroll County, Md.

Date of Burial

June 10 19 34

ADDRESS

1003 West
Baltimore

F 02142

02142 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 6413 Eastern Ave. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Birth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Elizabeth Frank

(a) Residence: No. 6413 Eastern Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gustave Frank

DATE OF BIRTH (month, day, year) Aug. 9/34 1855				
AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	27	26	

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife

BIRTHPLACE (city or town)
(State or country)

Germany

12. NAME

Sebastian Muhlly

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Elizabeth Treuer

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

Edwin Frank

(Address)

6413 Eastern Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 9, 34

UNDERTAKER

(Address)

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934

22. I HEREBY CERTIFY, That attended deceased from June 1, 1934 to June 5, 1934

I last saw her alive on June 5, 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Dec 1933

Other contributory causes of importance:

None.

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

A. W. Reier M. D.
Dundalk, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02143

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

1740 E. Preston St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Child*If married, widowed, or divorced
HUSBAND of
(or) WIFE of*X*

DATE OF BIRTH (month, day, year)

AGE *3* Years *11* Months *16* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

X

10. Date deceased last worked at this occupation (month and year)

*X*11. Total time (years) spent in this occupation *X*BIRTHPLACE (city or town)
(State or country)*Baltimore
Md.*

12. NAME

*John Stewart*14. BIRTHPLACE (city or town)
(State or country)*Baltimore
Maryland*

15. MAIDEN NAME

*Mildred E. Bennett*16. BIRTHPLACE (city or town)
(State or country)*Baltimore
Maryland*

INFORMANT

*Mrs. Mary Beisendaffer
1902 E. Oliver St.*

BURIAL, CREMATION, OR REMOVAL

Place *First Presbyterian Ch.* Date *June 7, 1934*

UNDERTAKER

*William S. Schaffer
1816 E. Monument St.*

FILED

-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*June 7th, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 23rd, 1934* to *June 7th, 1934*I last saw him alive on *June 7th, 1934* Death is said to have occurred on the date stated above, at *5:55 P.M.*

The principal cause of death and related causes of importance were as follows:

*Pneumonia
Bronchopneumonia*

Date of onset

*5/25/34
6/2/34*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

*Samuel E. Lloyd, M.D.
Sydenham Hospital*

F 02144

HEALTH DEPARTMENT—CITY OF BALTIMORE

02144

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Med. Gen. Hosp* St. *14-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city *Joseph Agor* death occurred *June 9* yrs. *14* mos. *01* da. How long in U. S. If of foreign birth? yrs. *14* mos. *01* da.FULL NAME *Widow S. McCullin*(a) Residence: No. *2251 Parkview Rd* St. *14-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Widow*DATE OF BIRTH (month, day, year) *Feb 17/1855*AGE Years *79* Months *3* Days *22* 6. LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) *Wisconsin*3. NAME *Joseph Agor*4. BIRTHPLACE (city or town)
(State or country) *Mass.*5. MAIDEN NAME *Jane Granger*6. BIRTHPLACE (city or town)
(State or country) *New York*INFORMANT *Records of Hosp.*
(Address) *City*

BURIAL, CREMATION, OR REMOVAL

Place *Washington, D.C.* Date *June 11, 1934*UNDERTAKER *Stewart & Morgan Co.*
(Address) *102 North Avenue*

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5-26-34*, 19*34* to *June 9*, 19*34*I last saw *him* alive on *June 9-34*, 19*34*. Death is said to have occurred on the date stated above, at *5:55* A.M.

The principal cause of death and related causes of importance were as follows:

Infarct of Coronary Artery

Date of onset

June 9

Other contributory causes of importance:

*Myocardial Failure*Name of operation *Drainage of abscess* Date of *5-26-34*

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19*34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address) *Med. Sec. Hospital*

✓ F 02145

02145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City* *1892-01* St. *18* Ward *6*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *18* yrs. *18* mos. *18* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *833* *Plunk Alley* St. *18* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X *2* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

HUSBAND of (last) WIFE of

DATE OF BIRTH (month, day, year)

3/15/1878
Years *2* Months *2* Days *21* If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Va.* (State or country)

NAME

BIRTHPLACE (city or town) *Va.* (State or country)MAIDEN NAME *Framm* *?*BIRTHPLACE (city or town) *Va.* (State or country)INFORMANT *Joseph A. Lively* (Address)

BURIAL, CREMATION, OR REMOVAL

Place *Mount Auburn*Date *June 9, 1934*UNDERTAKER *Joseph A. Lively* (Address) *409 N. Mount Street*

FILED

- 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/6* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/31* 19*34* to *6/6* 19*34*I last saw him alive on *6/6* 19*34* Death is said to have occurred on the date stated above, at *11:30 am*

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach 2 mo. Date of onset

Other contributory causes of importance:

Immune

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. R. Brown

M. D.

(Address)

Balto City, Md.

D. 02146

✓ F 02146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sinai Hospital 8-01 Ward)

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary P. Mc Donough

(a) Residence: No.

1847 N. Collington St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female white

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year)

May 7 1895

AGE

Years

Months

Days

If LESS than 1 day, hr. or min.

39

10

29

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tel. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Patrick Mc Donough

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Mary E. Hanley

16. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

Mrs. Margaret Torkey

(Address)

1847 N. Collington St.

BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross

Date June 11, 1934

UNDERTAKER

(Address)

John A. Wynn

3000 E. Balto St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 6, 1934

22. I HEREBY CERTIFY. That I attended deceased from

May 20, 1934 to June 6, 1934

I last saw her alive on June 6, 1934 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertension
Cardiac Insufficiency
Anemia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

(Address)

Kathryn Stern
Sinai Hospital

M. D.

F 02147

F 02147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital 9-01* Ward)Length of residence in city or town where death occurred *5* yrs. *4* mos. *24* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

1934

19

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

June 3, 1934, to June 6, 1934.

I last saw him alive on June 6, 1934. Death is said

to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of
importance were as follows:*measles*
Bronchopneumonia

Date of onset

*16 days**5 days*

Other contributory causes of importance:

Isolated Otitis media

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed)

(Address)

M. D.

F 02148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *South Balto. Gen. Hospital*)

Place of residence in city or town where death occurred

FULL NAME

Joseph F. Sparruberg

(b) Residence: No.

820 S. Paca

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Single*

If married, widowed, or divorced, name of HUSBAND or (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than I day, hrs. or min.

*23**5**23*

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

News Carrier

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto Md.

3. NAME

John B. Sparruberg Jr.

4. BIRTHPLACE (city or town) (State or country)

Balto Md.

5. MAIDEN NAME

Mary A. Neubert

6. BIRTHPLACE (city or town) (State or country)

Balto Md.

INFORMANT

(Address) *John B. Sparruberg Jr.*

BURIAL, CREMATION, OR REMOVAL

Cathedral.

UNDERTAKER

(Address) *Bernard C. Harbo*

FILED

JUN 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6 - 9 - 34

22. I HEREBY CERTIFY That I attended deceased from

*May 21 1934 to June 9 1934*I last saw him alive on *June 9 1934* Death is saidto have occurred on the date stated above, at *1:35 A.*

The principal cause of death and related causes of importance were as follows:

*Lobar Pneumonia**Empyema**Cardiac Disease*
(*mitral Stenosis*)

Other contributory causes of importance:

Date of report

*5/15/34**5/24/34*

Name of operation

Thoracotomy

Date of

*6/13/34*What test confirmed diagnosis? *chest* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Michael J. Wicich* M. D.Address *South Balto. Gen. Hosp.*

F 02149

2149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.)

616 McCabe Ave.

St.

Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME.....

Rena J. ~~Biggs~~ Biggs

(a) Residence No.

(Usual place of abode)

616 McCabe Ave.

St.

Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

40 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX

4-COLOR OR RACE

5-Single,

Married,

Widowed,

(Write the word.)

Female. White

If married, widowed, or divorced HUSBAND of (or) WIFE of

Charles Biggs

DATE OF BIRTH (month, day and year)

If less than 1 day

AGE

65

yrs.

mos.

ds.

...hrs. or...min.?

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or Country)

Baltimore

10-NAME OF FATHER

John Carroll

11-BIRTHPLACE OF FATHER (city or town)

England

12-MAIDEN NAME OF FATHER

Katharine Kelly

13-BIRTHPLACE OF MOTHER (city or town)

Baltimore

(Informant)

(Address)

Ethel Wood
616 McCabe Ave.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year)

June 8, 1934

I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to June 8, 1934, that I last saw him alive on June 7, 1934, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

Myocarditis → 5 years

Bumelia Pneumonia → 3 ds.

(Duration) yrs. mos. ds.

18-Where was disease contracted If not at place of death?

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Slawson, M. D.

19 (Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Moreland Park

June 11, 1934

20-UNDERTAKER

ADDRESS

McGosson 841 W 37

9-1934

Huntington Williams

Registrar

D. P. 02150

F 02150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501-8.41

St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred. 75 yrs. 9 mos. 2 ds.

How long in U. S. of foreign birth? yrs. mos. ds.

2. FULL NAME

Warren W. Bennett

(a) Residence: No. 501-8.41

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of

Lula Bennett

DATE OF BIRTH (month, day, year)

Sept 6-1858

AGE

Years 75 9 Months 2

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

13. NAME

Lant C. Bennett Jr

14. BIRTHPLACE (city or town) (State or country)

Baltimore

15. MAIDEN NAME

Blanche Richardson

16. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT (Address)

Lula Bennett

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER (Address)

Com. Fickler & Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 8, 1934

22. I HEREBY CERTIFY, That I attended death from

April 23, 1934 to June 8, 1934

I last saw him live on June 8, 1934

to have occurred on the date stated above, at 4307 1/2

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Regular

Date of

What test confirmed diagnosis? Was there an autopsy? M

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. F. Fickler

(Address) 1011 N. Broadway

1934

William W. Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 1651 Cedox St. S. 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Reuben G. Foreman. (C)

a) Residence: No. 725 Mulberry St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

Married. ~~XXXXXXXXXX~~ Mary Foreman. (C)

DATE OF BIRTH (month, day, year) March 7, 1892

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Industrial

Date deceased last worked at this occupation (month and year) 6/7/34

Time (years) spent in this occupation

BIRTHPLACE (city or town) Frederick Co. Md. (State or country)

NAME Reuben Foreman. (C)

BIRTHPLACE (city or town) Frederick Co. Md. (State or country)

MAIDEN NAME Annie Fisher. (C)

BIRTHPLACE (city or town) Frederick Co. Md. (State or country)

FORMANT Mary Foreman. (C) wife.

(Address) 725 W. Mulberry St.

RIAL, CREMATION, OR REMOVAL

Place Frederick, Md. Date June 9, 1934

BERTAKER Mrs. Kate R. Williams (Address) 322 S. Broadway St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 9.02 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquirer Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto H. Reinhardt M. D.

6/8/34 (Address) 1017 E. Charles St. Coroner

F 02152

F 02152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Infirmary* WARD) *6-501*

2. FULL NAME

Miss Cele Wien (Wien)

(a) RESIDENCE NO.

840 S. Eleventh, Newark, New Jersey WARD _____
 (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred *Unknown* yrs. _____ mos. _____ ds. _____

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* 3 Single, Married, Widowed, or Divorced, (write the word) *Single*

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, and year) *Feb 9, 1906*

AGE *28* Years Months *4* Days *0* If LESS than 1 day, hrs. _____ or min. _____

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *None*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) *Newark*
 (State or country) *New Jersey*

10 NAME OF FATHER *Harry Wien*

11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) *Russia*

12 MAIDEN NAME OF MOTHER *Cele Kaplan*

13 BIRTHPLACE OF MOTHER (city or town) *New York*
 (State or country) *New York*

Informant *Miss Cele Wien*
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *June 9, 1934*

17 I HEREBY CERTIFY, That I attended deceased from *May 28*, 1934, to *June 9*, 1934, that I last saw her alive on *June 9*, 1934

and that death occurred, on the date stated above, at *6 P* m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. _____ mos. *3* ds. _____

CONTRIBUTORY *General peritonitis Total colectomy*
 (secondary) *Ulcerative colitis* (duration) yrs. _____ mos. *3* ds. _____

18 Where was disease contracted
 If not at place of death? *at home (Baltimore)*

Did an operation precede death? *yes* Date of *June 7, 1934*

Was there an autopsy? *No*

What test confirmed diagnosis? *prognosis*

(Signed) *Samuel H. Friedman* M. D.

19 (Address) *Church Home & Infirmary*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
 MOVAL *Newark New Jersey*

DATE OF BURIAL

6 11 34

20 UNDERTAKER

Jack Lewis Inc.

ADDRESS

1439 E. Balto St

10 1934

1-1-34

02153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 W. Lee St. St. 22-01 Ward)

Age of residence in city or town where death occurred 55 yrs. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Alverta Smothers. (C)

(a) Residence: No. 606 W. Lee St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)
Male Colored MarriedMarried, ~~XXXXXXXXXX~~ Arthur Smothers. (C)
(or) WIFE ofDATE OF BIRTH (month, day, year) Do not know.
Years Months Days If LESS than 1 day, hrs. or min.
55Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupationBIRTHPLACE (city or town) Baltimore, Md.
(State or country)

NAME William Bailey. (C)

BIRTHPLACE (city or town) Virginia.
(State or country)

MAIDEN NAME Foxey Yewell. (C)

BIRTHPLACE (city or town) Virginia.
(State or country)FORMANT Arthur Smothers. (C) husband.
(Address) 606 W. Lee St.BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 6/11/1934UNDERTAKER Mrs. Charles C. Bailey
(Address) 1421 Jefferson St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 11.20 p.m.

The principal cause of death and related causes of importance were as follows:

Organic disease of the heart and kidneys.

Uraemia.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt M. D.
6/8/34 (Address) 1017 E. Charles St. Coroner

1934

F 02154

F 22134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Mercy Hosp

St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME

Eleanora Tauber

(a) Residence: No.

1503 Filbert St

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
 2. Color or Race white
 3. Single, Married, Widowed, or Divorced (write the word) Widow

4. If married, widowed, or divorced
 HUSBAND of James Tauber
 (or) WIFE of

DATE OF BIRTH (month, day, year) July 1 1858

5. AGE Years 65 Months 11 Day 8
 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country)

Germany

10. NAME

James Grammer

11. BIRTHPLACE (city or town) (State or country)

Germany

12. MAIDEN NAME

13. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Hospital Records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Holy Cross Cem. Date 6/6/24 1934

UNDERTAKER

(Address)

Margaret G. Flynn 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31st 1934 to June 9th 1934

I last saw her alive on June 9th 1934 Death is said to have occurred on the date stated above, at 10⁴⁵ A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-Vascular disease

Date of onset

Other contributory causes of importance:

Senility
 Malnutrition

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Daniel R. Robinson

M. D.

(Address)

Mercy Hosp

01934

02155

F 02155
27335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward _____

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

Belore, Hauer

(a) Residence: No. _____

Fullerton Md

St. _____ Ward _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

child

DATE OF BIRTH (month, day, year) Sept 22, 1927

AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	6	8	17/8	

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

school child

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Fullerton Md

3. NAME

Henry L. Hauer

4. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

5. MAIDEN NAME

Mary Hauer

6. BIRTHPLACE (city or town)
(State or country)

Baltimore Md

INFORMANT

Henry L. Hauer

(Address)

Baltimore Md

BURIAL, CREMATION, OR REMOVAL

Place

Cathlam

Date

6/11/34

19

UNDERTAKER

(Address)

G. S. Walters Inc

FILED

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased (from
June 8, 1934, to June 9, 1934)I last saw him alive on June 9, 1934. Death is said
to have occurred on the date stated above, at 7:20 a.m.The principal cause of death and related causes of
importance were as follows:Measles
Pneumonia

Date of onset

May 28
June 6

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

Harry Lachner M. D.

(Address)

Henderson Hospital

D. B. 1288-9 F 02156

F 02156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Luna Hospital* St. *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *30* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *Meyer Brown*(a) Residence: No. *Levinale, MD* St. *7-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year)

AGE *101* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Not Known*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Not Known*16. BIRTHPLACE (city or town) (State or country) *Russia*INFORMANT *Hospital Records*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *Belair Mt. Cemetery* Date *6/10/34* 19UNDERTAKER *Wm. L. Lewis*(Address) *439 E. Balto St.*

FILED

19

Reg. 1000

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 6*, 19*34*, to *June 9*, 19*34*I last saw him alive on *June 9*, 19*34* Death is said to have occurred on the date stated above, at *5:45 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Post-operative Shock**June 9*

Other contributory causes of importance:

*Benign Prostatic Hypertrophy**1934*Name of operation *Ligature prostatectomy* Date of *June 8*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel W. Lewis* M. D.(Address) *Luna Hospital*

OLNAC

02157

F 021387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *648 Washington Blvd* -01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *20* yrs. *0* mos. *0* ds.

FULL NAME

Julius P. Kowitz OR ROFKOWITZ

(a) Residence

No. *648 Washington Blvd* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 1. Color or Race *White* 2. Single, Married, Widowed, or Divorced (write the word) *Widowed*

(If married, widowed, or divorced)

HUSBAND of

Anna

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

FUNERAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

*March 4, 1934 to June 8, 1934*I last saw him alive on *June 8, 1934* Death is saidto have occurred on the date stated above, at *11 P* m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

March 4, 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

100 If so, specify

(Signed)

(Address)

W. A. McElrath

M. D.

F 02158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 621 S. Bethel St. 2-01 Ward)

Place of residence in city or town where death occurred yrs. 17 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Julius Rozankowski

(a) Residence: No. 621 S. Bethel St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race white 2. Single, Married, Widowed, or Divorced (write the word) married

3. Married, widowed, or divorced HUSBAND of Lidwika Rozankowski WIFE of

DATE OF BIRTH (month, day, year)

4. Years 64 Months Days 11. LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 162

BIRTHPLACE (city or town) (State or country)

NAME Joseph Rozankowski

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Josephine Celmer

BIRTHPLACE (city or town) (State or country)

FORMER NAME Mrs. Rozankowski Wife

(Address) 621 S. Bethel St.

FUNERAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 11, 1934

FUNERAL TAKER H. W. Gajewski Eastern Ave

(Address) 1934

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1934

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 9. 9. m.

The principal cause of death and related causes of importance were as follows:

Probable Carcinoma of Esophagus

Other contributory causes of importance:

Probable accidental Contusion

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Kergoy M.D. Coroner

(Address) 1305 N. Patterson Ave

F 02159

F 02159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sima Hospital St. 15-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

H. eda Alexander

(a) Residence: No.

3131 Gwynns Falls Parkway St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: White 2. Single, Married, Widowed, or Divorced: Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

March 4, 1911

AGE

23

Years

Months

2

Days

15

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Public School Teacher

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore Md.

13. NAME

Theresa S. H. Alexander

14. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

15. MAIDEN NAME

Emma S. Craft

16. BIRTHPLACE (city or town)
(State or country)

Baltimore Md.

INFORMANT

Theresa S. H. Alexander

(Address)

3131 Gwynns Falls Parkway

BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Cem Date June 11, 1934

UNDERTAKER

(Address)

Robert S. Little

2700 Edmondson Ave

JUL 1934

H. E. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 7, 1934, to June 9, 1934

I last saw him alive on June 9, 1934. Death is said
to have occurred on the date stated above, at 3:00 p.m.The principal cause of death and related causes of
importance were as follows:

Addison's Disease Birth

Other contributory causes of importance:

Name of operation: Appendectomy Date of June 7

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. K. Koughing M. D.
Quincy Hospital

(Address)

B. 1268-9 F 02160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Regent Road, Mt. Washington St., Washington)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred 58 yrs. 1 mon. 20 ds. How long in U. S. If of foreign birth? yrs. mon. ds.

FULL NAME

Harry M. Hoen

(a) Residence: No. 1712 Regent Road St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. HUSBAND of (or) WIFE of Margaret P. Zentz

7. DATE OF BIRTH (month, day, year) Apr. 16, 1876
8. AGE Years 58 Months 1 Days 20 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Photographer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hoen & Co. 086

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George H. Hoen

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Jennie M. Carey

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Margaret P. Hoen (Address) 1712 Regent Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 6/12, 1934

19. UNDERTAKER W. G. Galtier (Address) 803 N. Calver St.

20. REGISTERED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1934

22. I HEREBY CERTIFY That I attended deceased from

Apr 28, 1934, to June 8, 1934 I last saw him alive on June 8, 1934 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

carcinoma of liver

Date of onset

?

Other contributory causes of importance:

Ch. neoplasm

Name of operation Physical - X-rays Date of

What test confirmed diagnosis? Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Wisconsin St

F 02161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02161

CERTIFICATE OF DEATH

✓ 94-002

PLACE OF DEATH

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 27-01 Ward)

Age of residence in city or town where death occurred 45 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Joseph A. Blondell (Joseph A. Blondell)

(a) Residence: No.

5717 Roland ave

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex 26 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. Date of marriage (month, day, year) 7. Name of wife or husband Ida Houlton Mrs. J. Blondell

8. Date of birth (month, day, year) March 9, 1889

9. Age 45 Years 2 Months 18 Days 10. If LESS than 1 day, hrs. or min.

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sec'y - Treas.

12. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper

13. Date deceased last worked at this occupation (month and year) Feb 26, 1934 14. Total time (years) spent in this occupation Life

15. Birthplace (city or town) Balto Md

16. Name John C. Blondell

17. Birthplace (city or town) Balto Md

18. Maiden Name Margt. Burke

19. Birthplace (city or town) Baltimore Md

20. Form of death Hospital Records

21. Funeral, cremation, or removal

22. Place of funeral, cremation, or removal Cathedral Cemetery Date 6/11 1934

23. Undertaker Henry W. Myers & Son

24. Address of undertaker 805 N. Calvert St.

25. Filed 1934 26. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-16-1934 to June 7, 1934

I last saw him alive on June 7, 1934. Death is said to have occurred on the date stated above, at 8:34 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis

Date of onset 6-7-34

Other contributory causes of importance:

Debility, Backward Endocarditis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? 25

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cecil Adair, M.D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. *2414 Chase St* 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Benjamin T. Fuka(a) Residence: No. *2414 E. Chase St.* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
<i>Male</i>	<i>White</i>	<i>Married</i>

6. HUSBAND of	<i>Irene A. Fuka</i>
---------------	----------------------

DATE OF BIRTH (month, day, year) *Oct 2, 1886*

7. Age	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>47</i>	<i>8</i>	<i>2</i>	<i>2</i>	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

*Balto**Md*

NAME

Joseph Fuka

BIRTHPLACE (city or town) (State or country)

Bohemia

MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

Bohemia

FORMANT

Irene A. Fuka

(Address)

1508 N. Collington Ave

URIAL, CREMATION, OR REMOVAL

Place *Landon National Cemetery**June 12, 1934*

NDERTAKER

Wm Cook

(Address)

1217 St Paul St

D

01934

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1934*I HEREBY CERTIFY, That I attended deceased from *May 26, 1934* to *June 9, 1934*I last saw *her* alive on *June 9, 1934* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Coronary of Pericard

Date of onset

1/1/34

Other contributory causes of importance:

Name of operation.

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed)	<i>William J. R. Sawyer</i>	M. D.
(Address)	<i>2014 Kenwood</i>	

D. P. 1268-9 F 02163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Mary Ave Ward 7-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Carrie Morrow

(a) Residence: No.

4404 Mary Ave

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced

HUSBAND (or) WIFE of

William R. MorrowDATE OF BIRTH (month, day, year) Oct 9th 1853AGE 80 Years 7 Months 29 Days If LESS than 1 day, 0 hrs. or 0 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country)

Oakland Md

3. NAME

Chas W. White

4. BIRTHPLACE (city or town) (State or country)

Balto Md

5. MAIDEN NAME

Elizabeth A. Paine

6. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Ida L. Morrow

(Address)

4404 Mary Ave

BURIAL, CREMATION, OR REMOVAL

Place

6th DistrictDate June 11th 1934

UNDERTAKER

(Address)

Wm Cook
1217 St Paul St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th 193422. I HEREBY CERTIFY, That I attended deceased from May 9 1934 to June 8 1934I last saw her alive on June 7, 1934 Death is said to have occurred on the date stated above, at a a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

June 319346/3/34

Other contributory causes of importance:

Arterio Sclerosis
(a number of years)

Name of operation

none

Date of

no

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Morris B. Green M. D.(Address) 5543 Harford Rd city

JUN 10 1934

F 02164

F 02164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

OF BALTIMORE: (No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME —

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
5. Single, Married, Widowed, or Divorced (write the word)Married, widowed, or divorced
I SHAND of
or) WIFE of

DATE OF BIRTH (month, day, year)

Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

NAME

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

FORMANT

(Address)

RIAL, CREMATION, OR REMOVAL

Place Date

NDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h.c. alive on Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute perforated appendicitis with peritonitis

Other contributory causes of importance:

Acute myocardial failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

F 02165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 021655

CERTIFICATE OF DEATH

✓ 93-004

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital 2-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.FULL NAME *William Charles Spencer*(a) Residence: No. *136 S. Sun* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced
HUSBAND of *Annie E.*
(or) WIFE ofDATE OF BIRTH (month, day, year) *April 24, 1880*AGE *54* Years *1* Months *14* Days If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Seaman 086*

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Delaware*3. NAME *William C. Spencer*4. BIRTHPLACE (city or town) (State or country) *Del.*5. MAIDEN NAME *Melissa Bonorad*6. BIRTHPLACE (city or town) (State or country) *Del.*INFORMANT *Records*
(Address) *Balt. City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *Balto* Date *June 11, 1934*UNDERTAKER *Wm. Cook*
(Address) *1217 St. Paul St.*11. D. *1934* *Wm. Cook* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 8, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 6, 1934* to *June 8, 1934*
last saw him alive on *June 8, 1934* Death is saidto have occurred on the date stated above, at *120 P.M.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Infarction
Congestive failure
Hypertension*

Date of onset

1 mo.?

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*(Signed) *Phagil* M. D.(Address) *Balt. City Hosp.*

F 02166

F 02166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3648 Elm Ave., St. 13 Ward)

Age of residence in city town where death occurred 79 yrs. 7 mos. 16 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 3648 Elm Ave., St. 13 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Widower

4. HUSBAND of (or) WIFE of Sarah Virginia Towson

5. DATE OF BIRTH (month, day, year) Oct. 21-1854

6. AGE Years 79 Months 7 Days 16 If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Business

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

11. NAME John Towson

12. BIRTHPLACE (city or town) Maryland (State or country)

13. MAIDEN NAME Mary Walker

14. BIRTHPLACE (city or town) Maryland (State or country)

15. FOREMANT Mrs. A. A. Unalant

(Address) 3648 Elm Ave.

16. CRIAL, INFORMATION, OR REMOVAL

Place of Burial June 11, 1934

17. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1934

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1934, to June 6, 1934.

I last saw him alive on June 6, 1934. Death is said to have occurred on the date stated above, at 3:18 A.M.

The principal cause of death and related causes of importance were as follows:

Intermyocardial infarction

Other contributory causes of importance

Cerebral arteriosclerosis

84k.

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. A. Unalant M. D.

(Address) 1927 W. 1st St.

02167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02167

CERTIFICATE OF DEATH

PLACE OF DEATH

OF BALTIMORE: (No. 107 East St. 5-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No. 107 East

(Usual place of abode)

St., _____

Ward, _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Married6. Married, widowed, or divorced
HUSBAND of Luther Wiggfield
or WIFE of _____

7. DATE OF BIRTH (month, day, year)

Years

Months

Days

405Jan 1874

8. If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Virginia

NAME

Brack Beard

13. BIRTHPLACE (city or town) (State or country)

Va.

14. MAIDEN NAME

unknown

15. BIRTHPLACE (city or town) (State or country)

Va

16. FORMANT

Luther Wiggfield

Address

107 East

17. FUNERAL, CREMATION, OR REMOVAL

Place

Asbury Am

Date

June 11 1934

18. DEERTAKER

Address

1515 M. Elderly St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1934

22. I HEREBY CERTIFY. That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on Investigation Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Heat Prostration

Date of onset

1 day

Other contributory causes of importance:

Name of operation

Chic

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of Injury _____ 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) James M. Bentone(Address) 700 E. Chap

Coroner

M. D.

02168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02168

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2324 Durham ST. 6-01 WARD)

FULL NAME

John T. Blanton

RESIDENCE NO.

2324 Durham ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

10 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Col.

Married

Married, widowed, or divorced
HUSBAND of
or) WIFE of

Mary Blanton

DATE OF BIRTH (month, day, and year)

May 5, 1906

E

Years

Months

Days

If LESS than
1 day, hrs.
or min.

28

1

3

OCCUPATION OF DECEASED

a) Trade, profession or particular kind of work

Laborer 40

b) General nature of industry, business, or establishment in which employed (or employer)

c) Name of employer

PLACE (city or town)
(state or country)

Farmville Va

NAME OF FATHER

John A. Blanton

BIRTHPLACE OF FATHER (city or town)

Farmville Va.

(State or country)

MAIDEN NAME OF MOTHER

Mary Wilson

BIRTHPLACE OF MOTHER (city or town)

Va.

(State or country)

Informant
(Address)Mary Blanton
2324 Durham

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 8, 1934

17

I HEREBY CERTIFY, That I attended deceased from

June 7, 1934, to June 8, 1934.

that I last saw him alive on June 8, 1934.

and that death occurred, on the date stated above, at 6:15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

CONTRIBUTORY (duration) yrs. mos. 11 ds.
(Secondary) Acute dilatation of heart (duration) yrs. mos. 1 ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam.

(Signed) Wm. L. Berry M. D.

19 (Address) 1420 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Mt. Calvary Cemetery

June 11, 1934

20 UNDERTAKER

ADDRESS

Robert William 1515 N. Edgemoor

1934

Huntington Williams

F 02169

F 02169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

2217 Brunt

CITY OF BALTIMORE: (No.

Balto mps

St. 14-01 Ward

Length of residence in city or town where death occurred

40 yrs

How long in U. S. if of foreign birth? yrs. mon. ds.

FULL NAME

David Barnes

(a) Residence: No.

2217 Brunt

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

1826

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country)

Kent Co., Maryland

13. NAME

James Barnes

14. BIRTHPLACE (city or town, State or country)

Maryland

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town, State or country)

unknown

INFORMANT

(Address)

Annis Barnes
2217 Brunt St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Zion Cemetery Date June 10, 1934

UNDERTAKER

(Address)

E. E. Gaddis
2101 McCulloch St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1934

22. I HEREBY CERTIFY. That I attended deceased from 5-8-34 to 6-8-1934

I last saw him alive on 6-8-1934 Death in said

to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

Uremic Coma
Chronic Nephritis

Date of onset

6/3/34

Other contributory causes of importance:

Laryngitis, Actinobacillus

Name of operation

Clinical

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. R. Boykin M. D.
1512 Guilford St.

10 1934

F 02170

F 02170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH **JOHNS HOPKINS HOSPITAL**

Y OF BALTIMORE: (No. _____)

St. **7-01** Ward **46**

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred _____ yrs. _____ mos. **11** ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.FULL NAME **Margaret Steiner**(a) Residence: No. **120 S 4th St - Youngwood** Ward **Pa**
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
6. Married, widowed, or divorced Charles Steiner	
7. (or) WIFE of	

DATE OF BIRTH (month, day, year) **8-19-1873**

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation **Pa.**BIRTHPLACE (city or town) (State or country) **John W. Phipps Pa.**NAME **John W. Phipps**BIRTHPLACE (city or town) (State or country) **Pa.**MAIDEN NAME **Alice Beiggerton**BIRTHPLACE (city or town) (State or country) **W. Va.**FORMANT **JOHNS HOPKINS HOSPITAL**

RIAL, CREMATION, OR REMOVAL

Place **Greenburg Pa** Date **Nov 11, 1934**DEERTAKER **John C. Miller**(Address) **2535 E. Calver St**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **6-10-1934**22. I HEREBY CERTIFY, That I attended deceased from **5-29-1934** to **6-10-1934**I last saw her alive on **6-10-1934** Death is said to have occurred on the date stated above, at **9:10 a.m.**

The principal cause of death and related causes of importance were as follows:

*Subacute pneumonia, left lung
secondary to influenza
intermittent fever
moderate fever*

Other contributory causes of importance:

Name of operation *Left lobectomy* Date of *5/2/34*What test confirmed diagnosis? *-* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: *-*Accident, suicide, or homicide? *-* Date of injury *1934*Where did injury occur? *yes* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*(Signed) *Pharmaceutical* M. D.(Address) *Johns Hopkins Hospital*

C 1934

F 02171

F 02171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Madison Av ST. 14-01 WARD)

2. FULL NAME Edward Clayton Timms

RESIDENCE NO. 1806 Madison Av ST. WARD

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 111 COLOR OR RACE C Single, Married, Widowed, or Divorced, (write the word) widowed

If married, widowed, or divorced, HUSBAND of TIMMIE TIMMS

DATE OF BIRTH (month, day, and year) 12-23-82

AGE Years 51 Months 5 Days 15 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work chef

(b) General nature of industry, business, or establishment in which employed (or employer) hospital

(c) Name of employer United States

BIRTHPLACE (city or town) Atlanta Ga

NAME OF FATHER UNKNOWN

BIRTHPLACE OF FATHER (city or town) UNKNOWN

(State or country) UNKNOWN

MAIDEN NAME OF MOTHER UNKNOWN

BIRTHPLACE OF MOTHER (city or town) UNKNOWN

(State or country) UNKNOWN

Informant Mrs Elizabeth Williams

(Address) 1806 Madison Av

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/9/34

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1934, to 6/9, 1934, that I last saw him alive on 6/9/34, and that death occurred, on the date stated above, at 1:20 A.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
Chronic interstitial nephritis
Mitral regurgitation
(duration) ? yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction, Acute Peritonitis
(duration) yrs. mos. 3 ds.

18. Where was disease contracted? If not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. Edgar Boone M.D.
(Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

20. UNDERTAKER

DATE OF BURIAL

ADDRESS

1934

1806 Madison Av

02172

F 02172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

PLACE OF DEATH

Y OF BALTIMORE: (No. *Bolto City* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Margaret Whaley Whaley(a) Residence: No. *504 Clogett St.* St., Ward. *X*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced *Married*HUSBAND of *George Whaley*
WIFE ofDATE OF BIRTH (month, day, year) *7-14-1908*Years *26* Months *10* Days *23* If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Bolto Md.*
(State or country)NAME *Frank Rhodes*BIRTHPLACE (city or town) *Md.*
(State or country)MAIDEN NAME *Anna Blayman*BIRTHPLACE (city or town) *S.C.*
(State or country)FORMANT *Corp. Sec.*

(Address)

URIAL, CREMATION, OR REMOVAL

Place *Int. Auburn*Date *June 11, 1934*NDERTAKER *Mrs. Geo. H. Hollander*(Address) *1631 Grand Hill Ave*

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/7*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

5/21, 19*34* to *6/7*, 19*34*I last saw him alive on *6/7*, 19*34* Death is saidto have occurred on the date stated above, at *12:15 PM*

The principal cause of death and related causes of importance were as follows:

*Intestinal obstruction
due to adhesions*

Date of onset

2 wks.

Other contributory causes of importance:

*Erysipelas
Rheumatic heart disease**3 days*Name of operation *Int. lumbr. resection* *8/22/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

When did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas. B. Barry* M. D.(Address) *Bolto City Corp.*

F 02173

F 02173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

St., 27 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth: yrs. mos. ds.

FULL NAME

Mrs. Carrie V. North

(a) Residence: No.

4114 Mentor Ave. St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ Male ☐ Female
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 If married, widowed, widowed
 HUSBAND of Donald R. North
 (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 73 Years Months Days
 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balt., Md

3. NAME

Benjamin Dennis

4. BIRTHPLACE (city or town) (State or country)

Balt., Md

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

Balt., Md

INFORMANT (Address)

Elizabeth M. Gowan

BURIAL Place

Lodge Park

Date June 11, 1934

UNDERTAKER (Address)

George Smith
1900 E. Ward Place

JUL 11 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-31-1934 to 6-8-1934

I last saw her alive on 6-8-1934 Death is said to have occurred on the date stated above at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis

Date of onset Jan 1930

Other contributory causes of importance

Anemia
Acute Cardiac Dilatation6-1-34
6-8-34

Name of operation Date of

What test confirmed diagnosis? (Micro) Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lloyd E. Saylor M. D.

(Address) 39157 York Rd.

02174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. Chester Riland 02174

Edmundson Ave.

82-001

PLACE OF DEATH

Y OF BALTIMORE: (No.

802 W 34th Street Sl. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ch of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME

Amon F. Anthony
802 W 34th Street

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: white
2. Single, Married, Widowed, or Divorced (write the word): married

3. HUSBAND of (Name): Anthony
4. WIFE of (Name): Annie G. Hammond

5. DATE OF BIRTH (month, day, year): Apr 18 - 1877
6. Age: 57 years, 1 month, 21 days
7. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Scranton
(State or country): Pa.

13. NAME: Benj F. Anthony

14. BIRTHPLACE (city or town): Penn.
(State or country):

15. MAIDEN NAME: Annie Zimmerman

16. BIRTHPLACE (city or town): Edinboro
(State or country): Penn.

17. INFORMANT: Annie G. Anthony
(Address): 802 W 34th Street

18. BURIAL, CREMATION, OR REMOVAL:
Place: Parkwood Date: 6/11/34 19

19. UNDERTAKER: Dean Foster
(Address): Bel Air Md

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1934

22. I HEREBY CERTIFY That attended deceased from May 23, 1934 to June 3, 1934

I last saw him alive on June 3, 1934 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

5-3-34

Other contributory causes of importance:

Hypertension

Name of operation: Date of: no

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland M. D.

(Address) 2332 Edmondson Ave

1934

D. B. 177-9 02175

F 02175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 10444 N. Eden St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 10444 N. Eden St., 10-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Col 5. Single, Married, Widowed or Divorced married

If married, widowed, or divorced HUSBAND of Ida Monroe (or wife of)

DATE OF BIRTH (month, day, year) 3-11-1883

AGE Years 51 Months 2 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) 4-1-1934 11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Lumberton N.C.

13. NAME Luke Monroe

14. BIRTHPLACE (city or town) (State or country) Lumberton N.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Ida Monroe (Address) 10444 N. Eden

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date June 11th 1934

UNDERTAKER Mrs. Robert A. Elliott & Son (Address) 1129 N. Camden

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1934 to 6-8-1934

I last saw him alive on 6-8-1934. Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Nephritis of about 8 mos.
Coronary myocarditis
with aortic stenosis.

Other contributory causes of importance: Hard-work and over-eating (no drinker)

Name of operation none Date of operation

What test confirmed diagnosis? Signs & symptoms no

23. If death was due to external causes (violence) fill in also the following: No Date of injury 1934

Accident, suicide, or homicide? No Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas R. Blake M. D.

(Address) 924 Frisquith St.

F 02176

F 02176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City Corp 5-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *15* yrs. *15* mos. *15* ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *James Jenkins*(a) Residence: *1208 Mathews St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. Married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *3/11/1856*AGE Years *78* Months *2* Days *26* If LESS than 1 day, hrs. or min.7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labrum -*

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Cambridge, Md.* (State or country)3. NAME *James Jenkins* *Md.*

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME *Elizabeth Bellamy*6. BIRTHPLACE (city or town) (State or country) *Md.*INFORMANT *Corp record* (Address)BURIAL, CREMATION, OR REMOVAL Place *1118 Calverton* Date *June 11, 1934*UNDERTAKER *Ida S. Snowden* (Address) *1139 Barclay St.*HUNTER *Huntington Williams, Jr.* (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6 - 8 - 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/19* 19*34* to *6/7* 19*34*I last saw him alive on *6/7* 19*34* Death is said to have occurred on the date stated above, at *2:30* p.m.

The principal cause of death and related causes of importance were as follows:

Gangrene of foot it.

Date of onset

June

Other contributory causes of importance:

Bronchopneumonia

Date of onset

2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W. B. Brown* M. D.(Address) *Bolton City Corp*

F 02177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *98*)Place of residence in city or town where death occurred: *40* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *10310 N. Collington Ave.* Ward. *9*

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Helmut Bruno*

7. DATE OF BIRTH (month, day, year) *6/8/1856*
 8. AGE *78* Years *0* Months *5* Days *5* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ldb.*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Germany*

11. Date deceased last worked at this occupation (month and year) *Germany*

12. BIRTHPLACE (city or town) *Rudolph Bruno*
 (State or country) *Germany*

13. NAME *Germany*

14. BIRTHPLACE (city or town) *Elizabeth Schulz*
 (State or country) *Germany*

15. MAIDEN NAME *Germany*

16. BIRTHPLACE (city or town) *Boy used*
 (State or country)

17. INFORMANT (Address) *6/13 39*

18. BURIAL, CREMATION, OR REMOVAL *Baltimore*
 (Address) *1217 St. Paul St*

19. UNDERTAKER (Address) *1217 St. Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/10*, 19*34*

22. I HEREBY CERTIFY. That I attended deceased from *4/22*, 19*34* to *6/10*, 19*34*

I last saw him alive on *6/10*, 19*34* Death is said to have occurred on the date stated above, at *12:30* a.m.

The principal cause of death and related causes of importance were as follows:
Gangrene of foot

Other contributory causes of importance:
Bronchopneumonia

Name of physician *Amputation of leg at 5/10/34*

What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following: *accident, suicide, or homicide?* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *H. P. Bruno* M. D.

(Address) *1217 St. Paul St*

MAY 11 1934

02178

F 02178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No.

2608 N. Calvert St. 12-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred

60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Thomas F. Connolly

(a) Residence: No.

2608 N. Calvert

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

4. Date of Birth (month, day, year)	5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Sept 2, 1866	Traffic Manager

6. Age (Years, Months, Days)	7. If LESS than 1 day, hrs. or min.
67 9 2	

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	9. Date deceased last worked at this occupation (month and year)	10. Total time (years) spent in this occupation
B & O R. R.	1920	35

11. Birthplace (city or town) (State or country)
Talbot Co Md

12. Name
Michael Connolly

13. Birthplace (city or town) (State or country)
Ireland

14. Maiden Name
Katherine Shortall

15. Birthplace (city or town) (State or country)
Ireland

16. Informant
George V. Connolly

17. Address
2608 N. Calvert St.

18. Burial, cremation, or removal
St. Joseph's Talbot Co Md

19. Undertaker
1214 St. Paul St

20. Address
1214 St. Paul St

21. Date of Death
June 10, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from

June 8, 1934, to June 10, 1934.

I last saw him alive on June 10, 1934. Death is said

to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset June 8, 1934

Other contributory causes of importance:

Arterio-sclerosis

Hypertension

Name of operation None

Date of operation

What test confirmed diagnosis Clinical

Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No

Date of injury

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify none

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St

F 02179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 02179

53

1. PLACE OF DEATH

2. FULL NAME

3. RESIDENCE NO.

Length of residence in city or town where death occurred

40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE

5. Single, Married, Widowed, or Divorced, (write the word)

6. HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, and year)

8. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town, State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town, State or country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town, State or country)

Informant

(Address)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

17.

I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1934, to June 10, 1934

that I last saw her alive on June 10, 1934

and that death occurred, on the date stated above, at 10:20 am

The CAUSE OF DEATH* was as follows:

abdominal Carcinomatosis

(duration) yrs. 1 mos. 00 ds.

CONTRIBUTORY (Secondary)

Chronic myocarditis
Sclerosis Generalized

(duration) yrs. 8 mos. 00 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Biopsy

(Signed) Gerald L. Jordan M. D.

19 (Address) Church Home & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURNING, OR REMOVAL

20. UNDERTAKER

DATE OF BURIAL

ADDRESS

1934

Regis.

02180

F 02180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 510 S. Rose Street St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

FULL NAME Frank Koch

(a) Residence: No. 510 S. Rose Street St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Married

3. married, widowed, or divorced HUSBAND of Mary Koch (or) WIFE of

DATE OF BIRTH (month, day, year) March 11 1880

AGE Years 54 Months 2 Days 29 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Poland (State or country)

2. NAME Ferdynand Koch

BIRTHPLACE (city or town) Poland (State or country)

3. MAIDEN NAME Mary Koplak

BIRTHPLACE (city or town) Poland (State or country)

INFORMANT Mrs. Mary Koch (Wife)

(Address) 510 S. Rose Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 12 1934

FUNERAL TAKER John M. Wylby

(Address) 407 S. Chester St.

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to June 9 1934

I last saw him alive on June 9 1934. Death is said to have occurred on the date stated above, at 4.45 m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset 1932

Other contributory causes of importance:

Eczema

Name of operation Date of

What test confirmed diagnosis Rhine analysis autopsy? etc.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred A. Brudick M. D.

(Address) 2221 E. Baltimore St.

F 02181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02181

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City 10-20-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* mos. *14* da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME

Colburn Bayne(a) Residence: No. *8 S. Willow St.* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *White* 5. ~~Single~~ *Widowed* (write the word)HUSBAND of *John M. Bayne* (or) WIFE ofDATE OF BIRTH (month, day, year) *9/22/1846*
AGE Years *8* Months *18* Days *12* If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Bolton Md.* (State or country)2. NAME *Conrad Arnold*BIRTHPLACE (city or town) *Germany* (State or country)5. MAIDEN NAME *Colburn*BIRTHPLACE (city or town) *Germany* (State or country)INFORMANT *Joseph*

(Address)

BURIAL, CREMATION, OR REMOVAL

Place *London Park Cemetery* Date *Wed Aug 29 1934*UNDERTAKER *Geo. W. Little*(Address) *2500 Edmondson Ave*

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/10* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *5/14* 19*34* to *6/10* 19*34*I last saw him alive on *6/1* 19*34* Death is said to have occurred on the date stated above, at *4 P* m.

The principal cause of death and related causes of importance

Large section

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. R. Brown M. D.
Bolton City Hosp.

(Address)

F 02182

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02182

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *13-01* Ward)Registered No. *59*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *40* yrs. *0* mo. *0* da. How long in U. S. If of foreign birth? *2* yrs. *0* mo. *0* da.

FULL NAME

(a) Residence: No. *2220* *Euclid Place* St., *1* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Female* 2. Color or Race *Jewish* 3. Single, Married, Widowed, or Divorced (write the word) *Widowed*4. If married, widowed, or divorced, name of HUSBAND or (for) WIFE of *My man*

DATE OF BIRTH (month, day, year)

5. Age *55* Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

11. NAME

12. BIRTHPLACE (city or town) (State or country)

13. MAIDEN NAME

14. BIRTHPLACE (city or town) (State or country)

15. INFORMANT

(Address)

16. BURIAL, CREMATION, OR REMOVAL

Sutherland Date *9/4/34*

17. UNDERTAKER

(Address)

18. YEAR

1934 *St. Luke's Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 5, 1934* to *June 11, 1934*I last saw her alive on *June 11, 1934* Death is said to have occurred on the date stated above, at *1:55 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute Iritis (Bilateral)

Date of onset

*10 days**Acute Nephritis**< 6 days*

Other contributory causes of importance:

Diabetes Mellitus
*Generalized Arteriosclerosis**12 yrs.*Name of operation *Laboratory + Clinical Signs, No.* Date of *No.*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Burns* M. D.(Address) *Mercy Hospital*

F 02183

F 02183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

OF BALTIMORE: (No. Sinai Hospital St. 15-01 Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)of residence in city or town where death occurred 10 yrs. 4 mo. 4 da. How long in U. S. If of foreign birth? 4 yrs. 4 mo. 4 da.

FULL NAME

Zacary Wexlera) Residence: No. 2018 Presbury St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race white 5. Single, Married, Widowed,
or Divorced (write the word) married6. Married, widowed, or divorced
USAND of
WIFE ofTillie

7. DATE OF BIRTH (month, day, year)

Years 51

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.
Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.
Date deceased last worked at
this occupation (month and
year)Private Tutor11. Total time (years)
spent in this
occupation9. BIRTHPLACE (city or town)
(State or country)Russia

NAME

Hyman Wexler10. BIRTHPLACE (city or town)
(State or country)Russia

MAIDEN NAME

Unknown12. BIRTHPLACE (city or town)
(State or country)Russia

FORMANT

Hospital Records

(Address)

13. SPECIAL OCCUPATION, OR REMOVAL

DEFTAKER

(Address)

1334

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/34 19

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said
to have occurred on the date stated above, at 3.30 P.M.The principal cause of death and related causes of
importance were as follows:Apoplexy

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis clinical there an autopsy no23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

Coroner

M. D.

F 02184

✓ F 02184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Cordova Apts* St. *13-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give his NAME instead of street and number.)

Place of residence in city or town where death occurred *40* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 2. Color or Race *White* 3. Single, Married, Widowed, or Divorced (write the word) *Married*

4. Married, widowed, or divorced HUSBAND of (or) WIFE of

*Rosa*5. DATE OF BIRTH (month, day, year) *Sept-25-1871*6. Age *62* Years *8* Months *15* Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

Russia

12. NAME

Gabriel

13. BIRTHPLACE (city or town) (State or country)

Russia

14. MAIDEN NAME

Not known

15. BIRTHPLACE (city or town) (State or country)

Russia

16. INFORMANT

(Address)

Just Berkowitz
951 Brooklane

17. DATE OF REMOVAL

P.

Gabriel Berkowitz Date *6/11/34* 19

18. UNDERTAKER

(Address)

Just Louis
2100 Eutan Place

19. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/10/34* 19

22. I HEREBY CERTIFY, That I attended deceased from

*Aug - 1929 to June 10 - 1934*I last saw him alive on *June 10 - 1934* Death is said to have occurred on the date stated above, at *6 A. m.*

The principal cause of death and related causes of importance were as follows:

*Myocardial Insufficiency 1929*Date of onset *about*

Other contributory causes of importance:

Cerebral Hemorrhage - 1928
Prostatectomy - 4/1934

Name of operation

Date of *operation*

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Herman Seidel

M. D.

(Address)

2404 Eutan Ave

02185

02185

35 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (NoS

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. how long

FULL NAME Simon Bernhard Meyer

1000 1/2 10th St. Ward

FULL NAME John J. Delinden St., 0 Ward. (If non-resident give city or town and State)
(a) Residence: No. 2618 (Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Married

married, widowed, or divorced
HUSBAND of Rosa R. Meyer
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 29 1871

DATE OF BIRTH (month, day, year)				if LESS than
Years	Months	Days		1 day, hrs.
63	2	10		or min.

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Clerk - Electrical

Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Business**

new mill, ban, etc Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

IRTHPLACE (city or town) Waltham
(State or country) Mass.

NAME Bernard Meyer

BIRTHPLACE (city or town)
(State or country) Germany

MAIDEN NAME Rechel Hummrich

BIRTHPLACE (city or town)
(State or country) Germany

FORMANT *Mrs. S. Myer*
(Address) *3618 Belmont Ave*

URIAL, CREMATION, OR REMOVAL.

URIAL, CREMATION, OR REMOVAL.
Place Chet Shalom Corp. Date June 11, 1938

Place *147*
 UNDERTAKEN *Kind donation for*
 (Address) *1902 Farnum Place*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1980

21. DATE OF DEATH (month, day, year) June 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 9th 1934 to June 9th 1934 Death is said

The principal cause of death and related causes of importance were as follows:

Carcinoma Esophagus No 1933

Other contributory causes of importance:

Metastasis into
lungs

Name of operation _____ Date of _____
 Were there an autopsy? _____

Name of operation: _____ Was there an autopsy? _____
 What test confirmed diagnosis? _____ (violence) fill in also the fol-
 lowing: _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)
Industry, in home, or in public

Specify whether injury occurred in industry, in home, or in _____

place

Manner of Injury	
Nature of Injury	

3. Nature of Injury

4. Was disease or injury in any way related to occupation of deceased

on No 11 no self D. B. Burt M. I.

(Signed) John W. ...
4803 Park Heights Ave

(Address) _____

1934

B 1208-1

02186

Chival

✓

F 02186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Baltimore City Hospital Ward)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Frank Chivert

(a) Residence: No.

5706 St Charles Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race W. 2. Single, Married, Widowed, or Divorced (write the word) Married

Married, widowed, or divorced

HUSBAND of

Maud Chivert

WIFE of

DATE OF BIRTH (month, day, year)

10/4/1886

YEARS

47

MONTHS

8

DAYS

4

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, no spinner, sawyer, bookkeeper, etc.

Upholster

Industry or business in which work was done, no silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Baltimore Md.

(State or country)

NAME

William D Chivert

BIRTHPLACE (city or town)

Va.

(State or country)

MAIDEN NAME

Sarah Planno

BIRTHPLACE (city or town)

Md.

(State or country)

FORMANT

(Address)

1089 N. Ward

BRIAL, CREMATION, OR REMOVAL

Place

Loudon Park

Date June 11, 1934

UNDERTAKER

(Address)

E. Leroy Stiffles & Inc.
125 E. North Ave.

11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/34

22. I HEREBY CERTIFY, That I attended deceased from 5/31 1934 to 6/8 1934

I last saw him alive on 6/8 1934. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis with abscess.

Date of onset

Today

Other contributory causes of importance:

Pulmonary embolism.

Name of operation appendectomy Date of 6/1/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Bourne M. D.

(Address) Baltimore City Hosp.

B. 1265-2
02187 HEALTH DEPARTMENT—CITY OF BALTIMORE
02187

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S. Rappolla St., 16 Ward)

Place of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 28 yrs. 0 mos. 0 ds.

FULL NAME

GEORGE F. CONWAY

(a) Residence: No. 617 S. Rappolla St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced
HUSBAND of Emma Leyshon Conway
WIFE of

Aug. 6. 1885

Years	Months	Days	If LESS than 1 day — hrs or — min.
48	10	3	

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Clerk
Industry or business in which
work was done, as silk mill. Wm. A. Conway Co.
saw mill, bank, etc.

<p>new mill, bank, etc</p> <p>Date deceased last worked at this occupation (month and year) May 1934</p>	<p>Total time (years) spent in this occupation 7</p>
---	---

RTHPPLACE (city or town) Winnipeg
(State or country) Canada

NAME Miles F. Conway

BIRTHPLACE (city or town) St. Louis
(State or country) Mo.

MAIDEN NAME Emma Appel

BIRTHPLACE (city or town)
(State or country) Sweeden

FORMANT Mrs. Emma Conway (Wife)
(Address) 617 S. Rappolla St.

TRIAL, CREMATION, OR REMOVAL. June 11, 1934
Carmel Cem. Date

Price _____
 RY SANDER & SONS, INC. *F. Sander*
 UNDERTAKER
 Address *412 More & Broadway.*

1934 *H. L. L. L.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1934

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY. That I attended deceased from _____
_____ 19____, to _____ 19____

I last saw h _____ alive on _____
to have occurred on the date stated above, at 6.30¹⁹_m a.m. Death is said

The principal cause of death and related causes of importance were as follows:

Leptocarpus Eucdo carditis

Other contributory causes of importance:

Other contributory causes of importance:
Arterial Hypertension

Name of operation 01 Date of 1

Name of operator _____

What test confirmed diagnosis? Alu Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, briefly _____
(Signed) A. Herzog M. D.

(Address) 1305 N. Patterson Park

1888

F 02188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

Y OF BALTIMORE: (No.

BALTIMORE, MD.

St. 27-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Catherine Marguandt

(a) Residence: No.

3209 Montebello Terrace

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex 2. Color or Race 3. Single, Married, Widowed, or Divorced (write the word)

Male White Widowed

4. Married, widowed, or divorced HUSBAND of John W. Marguandt WIFE of

5. DATE OF BIRTH (month, day, year) October 5, 1878

6. Age Years 55 Months 8 Days 4 LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

9. Date deceased last worked at this occupation (month and year)

10. BIRTHPLACE (city or town) (State or country) Baltimore

11. NAME August Hille

12. BIRTHPLACE (city or town) (State or country) Germany

13. MAIDEN NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. INFORMANT Geo. H. Marguandt

16. URIAL, CREMATION, OR REMOVAL

17. Place London Park Date June 12, 1934

18. UNDERTAKER John C. Cullen

19. (Address) 1208 Delaware

20. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to June 9, 1934.

I last saw her alive on June 9, 1934. Death is said to have occurred on the date stated above, at 1:25 P. M.

The principal cause of death and related causes of importance were as follows:

1. Appendicitis
2. Cholecystitis
3. Pulmonary embolism

Other contributory causes of importance:

1. Arteriosclerosis
2. Chronic myocarditis

Name of operation cholecystectomy appendectomy Date of 6-2-34

What test confirmed diagnosis autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) M. J. Maseneller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

11834

89

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 92189

CERTIFICATE OF DEATH

46

PLACE OF DEATH

Y OF BALTIMORE: (No. 510 Harlem Ave., 7-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 20 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME

Eliza Knight

(a) Residence: No. 810 Harlem Ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male Colored Widowed

WIFE of Reuben Knight

DATE OF BIRTH (month, day, year)

45 Years Months Days If LESS than 1 day hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

BURIAL, CREMATION, OR REMOVAL

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934 to June 8, 1934

I last saw her alive on June 6, 1934. Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Dysentery

Other contributory causes of importance:

Name of operation

What test confirmed

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

11-1934

924 Madison Ave

F 02191

F 02191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH

St Agnes Hospital

CITY OF BALTIMORE: (No. _____)

Wilkins & Caton St.,

Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs _____ mos _____ ds. How long in U. S. If of foreign birth? _____ yrs _____ mos _____ ds.

FULL NAME

Baby Girl Lempert

(a) Residence: No. _____

1947 W Mulberry

St., _____

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) 6-7-34

8. AGE Years _____ Months _____ Days _____ If LESS than 1 day 1 hr _____ or min. _____

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (city or town) _____ (State or country) _____

Baltimore Md14. NAME Elmer Martini Lempert

15. BIRTHPLACE (city or town) _____ (State or country) _____

Baltimore Md16. MAIDEN NAME Elizabeth Bernice Lempert

17. BIRTHPLACE (city or town) _____ (State or country) _____

Philadelphia Pa18. INFORMANT Elizabeth Bernice Lempert(Address) 1947 W Mulberry St

19. BURIAL, CREMATION, OR REMOVAL _____

Place St Agnes Hospital Date 6-8-1934

20. UNDERTAKER _____

(Address) _____

1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1934

22. I HEREBY CERTIFY, That I attended deceased from _____

June 7 1934 to _____ 19 _____

I last saw him alive on _____ 19 _____ Death is said

to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? Chin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No If so, specify None(Signed) John C. Decker M. D.(Address) St Agnes Hospital

02192

F 02192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. *Sydenham Hosp* St. *21-01* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Frank Brown(a) Residence: No. *1179 Cleveland St* Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

EX 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND of (or) WIFE of *At*DATE OF BIRTH (month, day, year) *Mar. 26, 1932*AGE Years *1* Months *2* Days *8* If LESS than 1 day hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto

3. NAME

David Brown

4. BIRTHPLACE (city or town) (State or country)

New York

5. MAIDEN NAME

Alice Miller

6. BIRTHPLACE (city or town) (State or country)

Balto

INFORMANT

Alice Brown
(Address) *1179 Cleveland St*

BURIAL, CREMATION, OR REMOVAL

Place *Cedar Hill* Date *June 11, 1934*

UNDERTAKER

Fredrick B. Cole
(Address) *1200 W. Lombard St*

FILED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 8, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 22, 1934* to *June 8, 1934*I last saw him alive on *June 8, 1934* Death is said to have occurred on the date stated above, at *11:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset

5/19

Other contributory causes of importance:

*Bronchopneumonia*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) *Newton G. Jure* M. D.(Address) *Sydenham Hosp*

193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

R 02193

159

PLACE OF DEATH

Y OF BALTIMORE: (No. 224 Myrtle Ave. 4-01

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred. yrs. mo. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Marion Fells

(a) Residence: No.

224 Myrtle Ave.

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X

4. Color or Race

Col

5. Single, Married, Widowed, or Divorced (write the word)

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 10 1934

SE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

157

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore

NAME

Isaac Fells

BIRTHPLACE (city or town)
(State or country)

Baltimore

MAIDEN NAME

Catherine Vanev

BIRTHPLACE (city or town)
(State or country)

Baltimore

FORMANT

(Address)

TRIAL, CREMATION, OR REMOVAL

Place

University of Md Date June 11, 1934

NDERTAKER

(Address)

ILED

1934

0473

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 10 1934

22. I HEREBY CERTIFY, That

attended deceased from

June 10 1934 to June 10 1934

I last saw him alive on June 10 1934

Death is said

to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of
importance were as follows:Atherosclerosis
(Premature 77 yrs)

Date of onset

6/10

1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

M. D.

191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02194

93-003

PLACE OF DEATH

OF BALTIMORE: (No. *Ben Seamus Hays* 27-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred *75* yrs. *4* mos. *20* da.

How long in U. S. If of foreign birth? *75* yrs. *4* mos. *20* da.

FULL NAME

Mrs. Lena

Marius

(Magdalene Monius)

a) Residence No.

112 Upnor Road St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

Married, widowed, or divorced

George Monius

US HAND of

WIFE of

DATE OF BIRTH (month, day, year)

1-20-59

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Baltimore Maryland

NAME

Joseph Bielefeld

BIRTHPLACE (city or town)

Germany

MAIDEN NAME

Not obtainable

BIRTHPLACE (city or town)

Germany

FORMANT

Frank J. Monius

Address

112 Upnor Road

RIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer Cem.* *6/13* *1934*

ERTAKER

Henry W. Mears

Address

805 N. Calvert St.

11 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/10 *1934*

22. I HEREBY CERTIFY. That I attended deceased from

6/5

1934 to *6/10* *1934*

I last saw her alive on *6/10* *1934* Death is said to have occurred on the date stated above, at *3:20 a.m.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Ch. Myocardialis
S. aureus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Alfred R. G. Mearns* M. D.

(Address)

Ben Seamus Hays

F 02195

2195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St.,

Ward)

Age of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth: yrs. mos. da.

FULL NAME

Henry D. Reuser

(a) Residence: No.

1003 Rosquith St.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

4. Married, widowed, or divorced	5. HUSBAND of	6. WIFE of
	Miss Helen Reuser	

7. DATE OF BIRTH (month, day, year)	8. Years	9. Months	10. Days	11. If LESS than 1 day, hrs. or min.
Feb. 13, 1877	57	3	25	

12. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	13. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Guard at 086	Public City Jail

14. Date deceased last worked at this occupation (month and year)	15. Total time (years) spent in this occupation

16. BIRTHPLACE (city or town)	17. (State or country)
Germany	

18. NAME	19. BIRTHPLACE (city or town)	20. (State or country)
Winkler	Germany	

21. MAIDEN NAME	22. BIRTHPLACE (city or town)	23. (State or country)
Winkler	Germany	

24. FORMER NAME	25. (Address)
Helen Reuser	1003 Rosquith St.

26. TRIAL, CREMATION, OR REMOVAL	27. Place	28. Date
	New Catholic Church	Apr 4, 1934

29. UNDERTAKER	30. (Address)
Germany	1003 Rosquith St.

31. REGISTRAR	32. (Address)
Germany	1003 Rosquith St.

33. REGISTRAR	34. (Address)
Germany	1003 Rosquith St.

35. REGISTRAR	36. (Address)
Germany	1003 Rosquith St.

37. REGISTRAR	38. (Address)
Germany	1003 Rosquith St.

39. REGISTRAR	40. (Address)
Germany	1003 Rosquith St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 21, 1934, to June 10, 1934.

I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 10:00 pm.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular
Renal disease

Other contributory causes of importance:

Acute Cardiac Dehydration

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) M. D.

(Address) 1003 Rosquith St.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 3-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME Theodore Raymond(a) Residence: No. 119 S Albemarle St. Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex M 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6. Married, widowed, or divorced
HUSBAND of Anna (Mall)
(or) WIFE of7. DATE OF BIRTH (month, day, year) 12-2-18768. Age (Years, Months, Days, If LESS than 1 day, hrs. or min.)
57 6 8

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

marble Cutter11. Total time (years) spent in this occupation
07612. BIRTHPLACE (city or town) (State or country) Md13. NAME John Raymond14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Margt Burbage16. BIRTHPLACE (city or town) (State or country) Pa17. FORMANT Records(Address) JOHNS HOPKINS HOSPITAL

18. URIAL, CREMATION, OR REMOVAL

Place 1 AckwoodDate 6/13/3419. UNDERTAKER Gary J. R. Smith(Address) 1734 N. Holladay St.

20. 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193422. I HEREBY CERTIFY, That I attended deceased from March 13, 1934 to June 10, 1934I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Myeloma
Enlargement of Spleen

Date of onset

25 years
2 months ago.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 2:0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Merrill

M. D.

(Address) Johns Hopkins Hosp.

F 02197

130 M. & T. 250 Ebs

2197

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 160-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.

Franklin Square Hospital

WARD)

FULL NAME

Baby Emil Wyatt
Lake Station.

19-01

WARD

(If non-resident give city or town and State)

RESIDENCE NO.

(Usual place of abode)

th of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE

5 Single, Married, Widowed,
or Divorced, (write the word)

white

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

June 10, 1934

Years

Months

Days

If LESS than
1 day, hrs.
or min.

1

OCCUPATION OF DECEASED

Trade, profession or
particular kind of workGeneral nature of industry,
business, or establishment in
which employed (or employer)

Name of employer

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

NAME OF FATHER

Ralph M. Wyatt

BIRTHPLACE OF FATHER (city or town)

(State or country)

Wisconsin

MAIDEN NAME OF MOTHER

May Virginia Douglas

BIRTHPLACE OF MOTHER (city or town)

(State or country)

Sudbury
CanadaInformant
(Address)Ralph M. Wyatt
Ruxton, Md

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1934

17 I HEREBY CERTIFY, That I attended deceased from
June 10, 1934, to June 11, 1934,
that I last saw him alive on June 11, 1934,
and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

Intra-aortic Hemorrhage

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage
(duration) yrs. mos. 1 ds.
(duration) yrs. mos. 108 min.18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

A.S. Chaffant

M. D.

(Address)

6205 York Road, City

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

20 UNDERTAKER

Robert Brooks & Son

DATE OF BURIAL

6/12 1934

ADDRESS

Calhoun
Hollman

2198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 57

PLACE OF DEATH

OF BALTIMORE: (No. 2231 Mura St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

all residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Medelloff

a) Residence: No. 2231 Mura St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	married

married, widowed, or divorced

SHAND of Catherine

DATE OF BIRTH (month, day, year) Apr 24/1884

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	16	17

trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

industry or business in which work was done, as silk mill, saw mill, bank, etc.

date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Hungaria

NAME

Peter Medelloff

BIRTHPLACE (city or town) (State or country)

Hungaria

MAIDEN NAME

Bertha Dominov

BIRTHPLACE (city or town) (State or country)

Hungaria

FORMANT

Catherine Medelloff

Address)

2231 Mura St

BIAL, CREMATION, OR REMOVAL

Place

Date

BERTAKER

Address)

ED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure

Rheumatism (arthritis)

Date of onset

1930

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis clinical there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Address)

Coroner

M. D.

1 1934

2199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1220 W Pratt St., 18-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 70 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary E. Knell

(a) Residence: No. 1220 W Pratt St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. Married, widowed, or divorced HUSBAND or (or) WIFE of Joseph F Knell

7. DATE OF BIRTH (month, day, year) July 28, 1870 8. Age Years 70 Months 10 Days 13 9. If LESS than 1 day, hrs. or min.

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife 11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William E. M. Connell

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT Mr. Joseph F Knell

(Address) 1220 W Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Calverton Date 6/13/1934

19. UNDERTAKER John J. Toward

(Address) 901 Holmes St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY That I attended deceased from June 7, 1934 to June 10, 1934 I last saw her alive on June 10, 1934 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows: cerebral Coma

Other contributory causes of importance: Chronic Nephritis, arterio Sclerosis

Name of operation: Clinical Date of

What test confirmed diagnosis? Here an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Knell

(Address) 1220 W Pratt St.

1934

F 02200

200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 W Lombard St. 19-01

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Anne E Haddoe

(a) Residence: No.

1333 W Lombard St.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or race white 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

If married, widowed, or divorced HUSBAND of James Haddoe (or) WIFE of

DATE OF BIRTH (month, day, year) March 17-1863

AGE 91 Years 2 Months 24 1/2 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Baltimore

BIRTHPLACE (city or town) Krop. (State or country) Baltimore City

13. NAME Krop.

14. BIRTHPLACE (city or town) Baltimore City (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore City (State or country) Grand Daughters

INFORMANT (Address)

BURIAL, CREMATION, OR REMOVAL Place Landover Park Date June 3 1934

UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

1934

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1934

I HEREBY CERTIFY. That I attended deceased (from May 26 1934 to June 10 1934)

I last saw her alive on June 19 1934 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Mitral Insufficiency, Mitral Stenosis, Chronic nephritis

Other contributory causes of importance:

Hypertension

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no, Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. M. Quinn

(Address) 24 N. Fulton St.

201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

PLACE OF DEATH

CITY OF BALTIMORE: (No. *50. Balto. Genl. Hosp.*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence where death occurred. *1* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Betty June Upston(a) Residence: No. *405 W. Lombard* St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. Married, widowed, or divorced *none*

7. HUSBAND of (or) WIFE of *none*

8. DATE OF BIRTH (month, day, year) *Aug 6 1932*

YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<i>1</i>	<i>10</i>	<i>4</i>	

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Curtis Bay Md*1. NAME *John E. Upston*4. BIRTHPLACE (city or town) *Curtis Bay Md*5. MAIDEN NAME *Delma V. Watson*6. BIRTHPLACE (city or town) *Millersville Md*INFORMANT *John E. Upston*
(Address) *405 W. Lombard St*

BURIAL, CREMATION, OR REMOVAL

Place of interment *Union Cemetery* Date *July 13 1934*

UNDERTAKER

(Address)

FILED

1034

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) *June 10 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 26 1934* to *June 10 1934*I last saw her alive on *June 10 1934* Death is said to have occurred on the date stated above, at *6:35 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute appendicitis
Liver abscess
Bronchopneumonia

Date of onset

*5/23/34**6/9/34*

Other contributory causes of importance:

Name of operation *Appendectomy* Date of *6/8/34*What test confirmed diagnosis? *operation* as there an autopsy? *NO*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *D. M. L. Currie* M. D.(Address) *So. Balto. Genl. Hosp.*

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

202

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Salisbury Hospital*)Registered No. *02202*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred... yrs... mos... ds. How long in U. S. If of foreign birth? ... yrs... mos... ds.

FULL NAME *Mary E. Woerner*(a) Residence: No. *2250 Cedley St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
-----------------------	----------------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) *Nov 19 1932*

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
<i>1</i>	<i>6</i>	<i>2</i>	<i>2</i>	

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

II. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town) *Balto*

(State or country)

3. NAME *John R. Woerner*4. BIRTHPLACE (city or town) *Balto*

(State or country)

5. MAIDEN NAME *Kathern A. Eckert*6. BIRTHPLACE (city or town) *Balto*

(State or country)

INFORMANT *John R. Woerner*(Address) *2250 Cedley St*BURIAL, CREMATION, OR REMOVAL *Funeral Home*Place *London Park*Date *June 12, 1934*UNDERTAKER *John T. Denning*(Address) *715 N. 1st St*

FILED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1934*22. I HEREBY CERTIFY, That I, attended deceased from *May 23, 1934* to *June 10, 1934*I last saw her alive on *June 8, 1934* Death is said to have occurred on the date stated above, at *7:00* p.m.

The principal cause of death and related causes of importance were as follows:

*Measles
Bronchopneumonia*Date of onset *May 23, 1934*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Raymond B. Dwyer*(Address) *Salisbury Hospital*

2203 HEALTH DEPARTMENT—CITY OF BALTIMORE 22203

CERTIFICATE OF DEATH

 Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

 OF BALTIMORE: (No. 2703 E Monument St., 7-01 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME

 a) Residence: No. 2703 E Monument St., 7-01 Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 4 Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

 married, widowed, or divorced
 (or) WIFE of John C. Day

 DATE OF BIRTH (month, day, year) March 30, 1856

 E Years 78 Months 2 Days 9 If LESS than 1 day, hrs. or min.

 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home of
 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

 BIRTHPLACE (city or town) Baltimore (State or country) Md.

 NAME Conrad Wagner

 BIRTHPLACE (city or town) Germany (State or country)

 MAIDEN NAME Catherine Reppert

 BIRTHPLACE (city or town) Germany (State or country)

 INFORMANT (Address) 2703 E Monument St.

 BURIAL, CREMATION, OR REMOVAL Place Interred Date June 12, 1934

 UNDERTAKER (Address) 106 N. Milton Ave.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (month, day, year) June 9, 1934

 22. I HEREBY CERTIFY, That I attended deceased from January 10, 1931, to June 9, 1934

 I last saw him alive on June 7, 1934 death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction
Infarction of Heart

Date of onset

Jan 10-31

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

 (Signed) C. G. Reppert M. D.

 (Address) 106 N. Milton Ave.

T934

E 02204

2204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 N, Pulaski St. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alverda E. Carter

(a) Residence: No. 2027 N. Pulaski Street St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph John Carter

DATE OF BIRTH (month, day, year) July 18, 1853

AGE GE Years 80 Months II Days 23 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Co. Md. (State or country)

13. NAME Charles C. Hopkins

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Naomi W. Morgan

16. BIRTHPLACE (city or town) Maryland (State or country)

INFORMANT Miss Kittie Carter (Address) 2027 N. Pulaski St.

BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date June 13, 1934

UNDERTAKER Harry W. Egan (Address) 1444 North Ave.

FILLED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on June 11, 1934 Death is said

to have occurred on the date stated above, at 6-45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strain 100%

Other contributory causes of importance:

Arterio Sclerosis & Chronic Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Richards M. D.

(Address) 112 W. 25th St.

205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02205

✓ 82-001

PLACE OF DEATH

Brooklyn

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3814 2nd St., St., 25-01 Ward)

Age of residence in city or town where death occurred 63 yrs. 1 mo. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie C. Griffith

(a) Residence: No. 3814 2nd St., St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James G. S. Griffith

DATE OF BIRTH (month, day, year) Apr. 25, 1871

AGE Years 63 Months 1 Days 14 If LESS than 1 day, hrs. min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Martin Dressel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Rauch

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Rose Switzer (Address) 213 3d Ave., Brooklyn Park

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 12, 1934

UNDERTAKER (Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1934 to June 8, 1934

I last saw her alive on June 11, 1934 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and Cerebral Hemorrhage

Other contributory causes of importance:

Exhaustion

Date of onset

6/7/34

Name of operation None Date of

What test confirmed diagnosis Clinical Whether an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. H. Campbell M. D. 6/11/34 (Address) 1644 Hancock St

206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02206

✓ 92-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 S. Charles St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Kate A. Tallouray

(a) Residence: No. 1636 S. Charles St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse H. Tallouray

DATE OF BIRTH (month, day, year) Jan 14, 1865 AGE Years 69 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Winchester, Va. (State or country)

13. NAME William Dooley

14. BIRTHPLACE (city or town) Va. (State or country)

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) Va. (State or country)

INFORMANT Jesse H. Tallouray (Address) 1636 S. Charles St.

BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date June 3, 1934

UNDERTAKER A. J. G. Evans (Address) 38 E. Pratt St.

1934, Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY That I attended deceased from May 14, 1934 to June 11, 1934

I last saw HER alive on June 10, 1934 Death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Initial Resuscitation Indef.

Other contributory causes of importance:

Acute Dilatation of Heart 6/10/34

Name of operation None Date of Clinical here an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

Signed) R. H. Campbell M. D.

6/11/34 (Address) 1644 Halcyon St.

F 02207

2207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N. Fremont ST., 18-01 WARD)FULL NAME Mary Anna HermanRESIDENCE NO. 118 N. Fremont ST.,

WARD

(If non-resident give city or town and State)

How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced, (write the word) WidowMarried, widowed, or divorced
HUSBAND of
(or) WIFE of Adam HermanDATE OF BIRTH (month, day, and year) Aug 15 1862Years 71 Months 9 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

Trade, profession or
particular kind of work unknownGeneral nature of industry,
business, or establishment in
which employed (or employer)Name of employer Waco M. & Co.BIRTHPLACE (city or town)
(State or country)NAME OF FATHER Michael McCarthyBIRTHPLACE OF FATHER (city or town)
(State or country) IrelandMAIDEN NAME OF MOTHER Bridget MaddenBIRTHPLACE OF MOTHER (city or town)
(State or country)Informant Harry D. George
(Address) 118 N. Fremont

1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 193417 I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to June 10, 1934,
(that I last saw him alive on June 10, 1934)and that death occurred, on the date stated above, at 7:20 A.M.

The CAUSE OF DEATH* was as follows:

Organic Lesion of HeartCONTRIBUTORY
(Secondary)18 Where was disease contracted
if not at place of death? NoDid an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy(Signed) June 10 1934
(Address) 939 N. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL Wincathedral

DATE OF BURIAL

6/13 1934
ADDRESS 1136

20 UNDERTAKER

W. B. BranningsPoplar Grove

B. 02208

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02208

CERTIFICATE OF DEATH

PLACE OF DEATH

St. Agnes Hospital

Ward

Wickens & Caton St., 21-01

Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mary T. Thrush

(a) Residence: No.

409 S. Addison

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

male

white

married

(If married, widowed, or divorced)

(or) WIFE of

Nenny Thrush

DATE OF BIRTH (month, day, year)

July 12, 1895

AGE

38

Years

Months

10

Days

29

If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

3. NAME

Wm. C. Dunkerly

4. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

5. MAIDEN NAME

Mary J. Holmutter

6. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

Mary J. Dunkerly

(Address)

1827 Eagle St.

BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

6/13

1924

UNDERTAKER

J. B. Wipperfurth & Son

(Address)

300 E. Pratt Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1934

22. I HEREBY CERTIFY, That I attended deceased from

June 3, 1934 to June 10, 1934

I last saw him alive on June 10, 1934 Death is said

to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

Repair of post-operative, ventral hernia - onset of hernia

inverted th. umbilica

Date of onset

H50

6-7-34

Other contributory causes of importance:

terminal broncho pneumonia

6-10-34

Name of operation Repair Post-operative Ventral Hernia

What test confirmed diagnosis? Operations there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John C. Dunkerly M. D.

(Address) St. Agnes Hospital

F 02209

F 02209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

PLACE OF DEATH

TY OF BALTIMORE: (No. West Baltimore General Hospital Ward)Registered No. _____
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred yrs. ____ mos. 3 ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

FULL NAME

Baby - Scrivener(a) Residence: No. 515

(Usual place of abode)

City St. City Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) June 7, 1934AGE Years ____ Months ____ Days 3 If LESS than 1 day, hrs. ____ min. ____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Charles R. Scrivener14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Eva Blanche Massey16. BIRTHPLACE (city or town) Baltimore
(State or country) MdINFORMANT Charles R. Scrivener
(Address) 515 Mt. Holly Street

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery 6/12 1934UNDERTAKER J. B. Whippert & Son
(Address) 1300 E. Baltimore Place

2-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193422. I HEREBY CERTIFY, That I attended deceased from June 7, 1934 to June 10, 1934I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic Disease of the New Born with Intracranial Hemorrhage

Date of onset

June 10th

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury _____ 19 ____

Accident, suicide, or homicide? _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) John A. Massey M. D.(Address) West Baltimore

F 02210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02210

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Huntingdon Ave. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred: mgs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Beverly Jane Landers

(a) Residence: No. 2824

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced, (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

7. DATE OF BIRTH (month, day, year) June 7, 1934

8. AGE Years Months Days 4 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation md

13. BIRTHPLACE (city or town) (State or country) md

14. NAME Leroy Landers

15. BIRTHPLACE (city or town) (State or country) md

16. MAIDEN NAME Myrtle J. Hall

17. BIRTHPLACE (city or town) (State or country) md

INFORMANT

(Address)

Leroy Landers 2824 Huntingdon Ave

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

Trinity Ridge Date June 12, 1934
Chapman & Son
3615 Chantilly Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY. That I attended deceased from June 7, 1934 to June 11, 1934

I last saw him alive on June 11, 1934 Death is said to have occurred on the date stated above, at 11:35 Am.

The principal cause of death and related causes of importance were as follows:

Hemorrhagic disease of the new born (Infantile Hemorrhage)

Date of onset 7/1/34

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed)

(Address)

M. D.

12 1934

Registrar

R 125-9 02211 Lettie Gray(Lydia Belt Gray) ✓ F 02211
HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.

University Hospital - 01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Lettie Gray (Lydia Belt Gray)

(a) Residence: No.

524 N. Bruce

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: Col
2. Single, Married, Widowed, or Divorced: married

Married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

1902

3. Age: Years: 32 Months: — Days: — If LESS than 1 day: hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

MD

NAME

unknown

BIRTHPLACE (city or town) (State or country)

MD

MAIDEN NAME

unknown

BIRTHPLACE (city or town) (State or country)

18 May, Co MD.

INFORMANT

Elsey Parker

(Address)

1018 Viscount St

INTERIAL, CREMATION, OR REMOVAL

Place

MD Anker

Date 6-12-1934

UNDERTAKER

(Address)

Donald E. Egan

716 E. Ave

FILED

12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 15, 1934, to June 10, 1934

I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 12:05 PM.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction

Date of onset: June 5

Other contributory causes of importance:

C.N.S. syphilis
Broken down abdominal wound

Name of operation: Hysterectomy; repair of detached vag. Date of: May 15, 1934

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Smith, C. H. M. D.

(Address) University Hospital

F 02212

F 02212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

OF BALTIMORE: (No. 1435 Franklin St. 9-01)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred: 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1435 Franklin St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race: col 2. Single, Married, Widowed, or Divorced (write the word): married

HUSBAND of (or) WIFE of: Mary Ann

DATE OF BIRTH (month, day, year)

62 Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as oil mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year): 8/1/34

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT (Address)

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn (Date: 6/12/34)

UNDERTAKER (Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8, 1934

22. I HEREBY CERTIFY, That attended deceased from May 15, 34, until 8:34

I last saw him alive on June 8, 1934, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? - Was there an autopsy? 200

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

Mark E. Adams M.D.
627 Schurman

F 02213

F 02213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. University Hospital 7-01 Ward)

h of residence in city or town where death occurred

FULL NAME

(a) Residence: No. 821 Bond Court

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

husband of *George Barker*

or WIFE of

DATE OF BIRTH (month, day, year)

Years

Months

Days

If LESS than 1 day, hrs. or min.

39

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

S.C.

NAME

Luke Coleman

BIRTHPLACE (city or town) (State or country)

S.C.

MAIDEN NAME

Violet Green

BIRTHPLACE (city or town) (State or country)

S.C.

FORMANT

Mary King

(Address) 522 N. Fremont Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn

Date June 12, 1934

UNDERTAKER

Mrs Kate R Williams

(Address) 322 N. Schroeder St.

LED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Angina Pectoris**6/6/34*

Other contributory causes of importance:

*Acute heart failure**6/6/34*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. G. Zeller

Coroner

M. D.

(Add)

2739 Eastern Ave

F 02214

HEALTH DEPARTMENT—CITY OF BALTIMORE

02214

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.

3910 Oakford ave 15-01 Ward

th of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME

William L. Stanbury

a) Residence: No.

3910 Oakford ave St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex ☒ Male ☐ Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widower

6. Married, widowed or divorced late Caroline C.

7. HUSBAND of late Caroline C.

8. WIFE of late Caroline C.

DATE OF BIRTH (month, day, year)

Feb. 8 - 1861

9. Age Years 73 Months + Days 2 10. If LESS than 1 day, hrs or min.

11. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.

12. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Agent 386

Manufacturer

13. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation 25 1/2

15. BIRTHPLACE (city or town) (State or country)

md

NAME

John S. Stanbury

16. BIRTHPLACE (city or town) (State or country)

md

MAIDEN NAME

Virginia Cole

17. BIRTHPLACE (city or town) (State or country)

md

INFORMANT

John S. Stanbury

(Address)

1518 Hollins St.

URIAL, CREMATION, OR REMOVAL

Place Union Lodge Date 6/12/34

NDERTAKER

Geo. L. Berger Jr

(Address)

1512 Hollins St.

FILED

1934 June 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193422. I HEREBY CERTIFY, That I attended deceased from June 33 to June 10, 1934

I last saw him alive on June 10, 1934 death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Arterio Sclerosis

Date of onset

Proximal

Other contributory causes of importance:

Pulmonary Edema

2-3 days

Name of operation

Cholec

Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. H. Hoody M. D.

(Address) 1403 Park ave.

02215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02215

CERTIFICATE OF DEATH

108

PLACE OF DEATH

OF BALTIMORE: (No. 936 Harless St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Ella S. Chaffin

(a) Residence: No. 936 Harless St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race

Cauc

5. Single, Married, Widowed, or Divorced (write the word)

Single

Married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year)

Apr 30 - 1934

Years

Months

Days

If LESS than
1 day, hrs.
or min.

1

11

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Baltimore

NAME

John Chaffin

BIRTHPLACE (city or town)
(State or country)

Baltimore

MAIDEN NAME

Mary Gillies

BIRTHPLACE (city or town)
(State or country)

Baltimore

FORMANT

Address)

936 Harless St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt Zion

Date 12th 1934

BURIAL

Address)

Chry Wilson
1000 Chantilly Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

Jan 1 - 1934

22. I HEREBY CERTIFY That I attended deceased from

1934 to 1934

I last saw him alive on Jan 1, 1934. Death is said

to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of
importance were as follows:Liver tumor
primary

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Funk M. D.

(Address)

E 02216

F 02216

514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No.)

St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Betty Lou Pailer

(a) Residence: No.

2144 Walkers Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word)

HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year)

5/4/34

E Years Months Days If LESS than 1 day, hra. or min.

4 weeks 7

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

md

NAME

Charles Pailer

BIRTHPLACE (city or town) (State or country)

md

MAIDEN NAME

Phoebe March

BIRTHPLACE (city or town) (State or country)

md

FORMANT

(Address)

Records
JOHNS HOPKINS HOSPITAL

ERIAL, CREMATION, OR REMOVAL

Place London ParkDate June 13, 1934

NDERTAKER

(Address)

George L. Schwab
112 Frederick Ave

LED

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 5, 1934, to June 11, 1934I last saw him alive on June 11, 1934 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

5-4-34

Other contributory causes of importance:

Dysentery, (Diarrhea)
Bacillary

5-28-34

Name of operation None

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Arthur H. Heynd M. D.(Address) Johns Hopkins Hospital

R. 100-0 02217

02217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1511 Rutland ave St. 8-01 Ward)

th of residence in city or town where death occurred 84 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

George E. M. Bell

(a) Residence: No. 1511 Rutland ave St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race 2. Sex 3. Single, Married, Widowed, or Divorced (write the word)

Male White Widower

4. Married, widowed or divorced HUSBAND of Mary Christina Bell (or WIFE)

5. DATE OF BIRTH (month, day, year) Dec 28 1849

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. BIRTHPLACE (city or town) Baltimore (State or country)

10. NAME Edward M. Bell

11. BIRTHPLACE (city or town) Baltimore (State or country)

12. MAIDEN NAME Anna S. Bosman

13. BIRTHPLACE (city or town) Eastern Shore (State or country)

14. INFORMANT Anna Elizabeth Bell

15. URIAL, CREMATION, OR REMOVAL

16. PLACE London Park Date June 12th 1934

17. UNDERTAKER George Schilling & Sons

18. (Address) 415 W. Monument St

19. REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1934

22. I HEREBY CERTIFY. That I attended deceased from May 18 1934 to June 8 1934

I last saw him alive on June 8 1934. Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Broncho Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. H. Hornstein M. D.

(Address) 733 Wisconsin St.

F 02218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. *Baltimore City Hospital* 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

John Theodore Drew(a) Residence: No. *1204 W. Franklin* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*(married, widowed, or divorced) HUSBAND of *Agnes* (or WIFE of)DATE OF BIRTH (month, day, year) *December 11, 1905*

AGE 28 Years 5 Months 78 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Steward*

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Virginia* (State or country)3. NAME *Richard*4. BIRTHPLACE (city or town) *Va* (State or country)5. MAIDEN NAME *Thelinda Coats*6. BIRTHPLACE (city or town) *Va* (State or country)INFORMANT *Friends*(Address) *Balt. City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *Int. Auburn Cem.* Date *June 13, 1934*UNDERTAKER *Thomas E. Nelson*(Address) *1303 Presbiterian St.*FILED *12 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 9, 1934*22. I HEREBY CERTIFY that I attended deceased from *April 23, 1934, to June 9, 1934*I last saw him alive on *June 9, 1934* Death is saidto have occurred on the date stated above, at *5:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*Typhoid fever**lung abscess & empyema*

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phagel*(Address) *Balt. City Hosp.*

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (N

2301-Madison St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Carter A. Bundy

(a) Residence: No

2301-Madison St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) married

2. HUSBAND of (or) WIFE of

Ella Bundy

DATE OF BIRTH (month, day, year)

April 2, 1885

AGE 49 Years 2 Months 7 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Huckster

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

II. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Westernland Co Va

3. NAME

Unknown

4. BIRTHPLACE (city or town) (State or country)

Bettie Bundy

5. MAIDEN NAME

Ella Richards

6. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

Julia Jones

(Address)

2301 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery

Date June 12, 1934

UNDERTAKER

Thomas E. Nelson

(Address)

1303 Presbiterian St

12 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19....., 19....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)

J. H. M. D.

(Address)

3432 Roland St

02220

F 02220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Kirk Ave. 901 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Albert D. Wheeler

(a) Residence: No.

2819 Kirk Ave. St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

(If married, widowed, or divorced)

HUSBAND of

Augustine W. Wheeler

DATE OF BIRTH (month, day, year)

Feb 6th 1868

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

66

3

24

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Pylesville Md

3. NAME

Michael J. Wheeler

4. BIRTHPLACE (city or town) (State or country)

Pylesville Md

5. MAIDEN NAME

Fannie Rider

6. BIRTHPLACE (city or town) (State or country)

Pylesville Md

INFORMANT

Mrs Myrtle Probst

(Address)

2819 Kirk Ave

BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

June 13th 1934

UNDERTAKER

(Address)

Wm Cook

1217 St Paul St

21934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th 1934I HEREBY CERTIFY, That I attended deceased from March 24th 1934 to June 10th 1934I last saw him alive on June 9th 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hepatic

Date of onset

6/6/34

Other contributory causes of importance:

Chronic interstitial nephritis
Arteriosclerosis

1930

Name of operation

Date of

Abdominal Exam Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Wm Cook 1111 M. D.
401 E 25th St

F 02221

F 02221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No.

St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. ~~Single~~ Married, Widowed, or ~~divorced~~ (write the word)

male white Widowed

Widowed, or ~~divorced~~ Harry C. HuntATE OF BIRTH (month, day, year) July 4th 1860

YEARS Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked in this occupation (month and year) May 25 1934

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) Balto Md

NAME Wells Ashcroft

BIRTHPLACE (city or town) Balto Md.

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown

INFORMANT Wm C. Hunt New York

SERIAL, CREMATION, OR REMOVAL

Place Balto Date June 13th 1934

NDERTAKER Wm Cook

(Address) 1217 St. Paul St

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1934 to 6-11 1934

I last saw him alive on 6-11 1934 Death is said to have occurred on the date stated above, at 9³⁰ am.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with dilatation

Other contributory causes of importance:

Broncho pneumonia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Shaw

(Address) Md. Gen. Hospital

5222

HEALTH DEPARTMENT—CITY OF BALTIMORE

02222

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Leadenhall St. St. 23-01 Ward)

FULL NAME

David Dukes. (C)

(a) Residence: No.

1017 Leadenhall St.

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
Colored

5. Single, Married, Widowed, or Divorced (write the word)
Single

6. Married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year)

April 21, 1932

E

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

2

1

20 21

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None.

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

South Carolina.

NAME

Eugene Dukes. (C)

BIRTHPLACE (city or town)
(State or country)

South Carolina.

MAIDEN NAME

Parle Johnson. (V)

BIRTHPLACE (city or town)
(State or country)

South Carolina.

FORMANT

Eugene Dukes. (C) father.

(Address)

1017 Leadenhall St.

FUNERAL, CREMATION, OR REMOVAL

Place

Mt. Zion Church

Date

6/12

1934

UNDERTAKER

(Address)

Walter B. Binger
139 W. H. Amley St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934, 19

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Measles & Whooping cough.
Pneumo-pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature)

6/11/34

Otto H. Reinhardt

Coroner

M. D.

(Address) 1017 E. Charles St.

JUN 12 1934

02223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. 23 Ward 1

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

Dorothy G. Gist(a) Residence: No. 923W. Lendenhall St. _____

Ward. _____

(If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Female 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Baby

6. If married, widowed, or divorced, name of HUSBAND or WIFE of _____

7. DATE OF BIRTH (month, day, year) March 24, 19348. AGE Years 2 Months _____ Days 21 If LESS than 1 day, _____ hrs. _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore13. NAME Frank R. Gist14. BIRTHPLACE (city or town) (State or country) Greenborough15. MAIDEN NAME Mary L. Gist16. BIRTHPLACE (city or town) (State or country) Greenborough17. INFORMANT Walter B. Gist(Address) 423 W. Lendenhall

18. BURIAL, CREMATION, OR REMOVAL

Place Inf. Cemetery Date 6/12 193419. UNDERTAKER Walter B. Gist(Address) 139 W. Lendenhall

21934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____

June 4, 1934 to June 11, 1934I last saw him alive on June 4, 1934 Death is saidto have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

Peritonitis
PericarditisDate of onset June 30June 9

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis clinical Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) Walter B. Gist M. D.(Address) W. Lendenhall

24

HEALTH DEPARTMENT—CITY OF BALTIMORE 2224

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Pine Heights Ave. St. 25-01 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Emma A. Schafer

(a) Residence: No. 1101 Pine Heights Ave. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) September 8, 1871

AGE Years 62 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Jacob Henry Miller

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

INFORMANT Mr. Harry J. Schafer (Address) 1001 Pine Heights Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery June 13, 1934

UNDERTAKER (Address) 1005 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1934, to June 11, 1934

I last saw h. or alive on April 15, 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

1730

Other contributory causes of importance:

Gangrene l. leg.

Mar '34

Name of operation Date of

What test confirmed diagnosis? Steth Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

W. S. Parson

M. D.

(Address) Selma Ave., Halethorpe, Md.

Registrar.

934

2225

F 02225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

St. Agnes Hospital

St.

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Place of residence in city or town where death occurred

Life

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

da.

FULL NAME

Mrs. Margaret Bieswanger

(a) Residence: No.

2230 N. Baltimore St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX ☒ Male ☐ Female
 4. Color or Race White
 5. Single, Married, Widowed, or Divorced (write the word) Married
 If married, widowed, or divorced, name of HUSBAND of (or) WIFE of George B. Bieswanger
Mrs. Bieswanger

DATE OF BIRTH (month, day, year)

AGE

Years
50

Months

Days

If LESS than
1 day. hrs.
or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

3. NAME

John P. Hodges

4. BIRTHPLACE (city or town) (State or country)

Ireland

5. MAIDEN NAME

Anna Purcel

6. BIRTHPLACE (city or town) (State or country)

Ireland

INFORMANT

Mr. George B. Bieswanger

(Address)

2230 N. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date June 15, 1934

UNDERTAKER

(Address)

1003 N. Baltimore St.

N 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 12, 1934

22. I HEREBY CERTIFY, That

attended deceased from

May 31, 1934, to

June 12, 1934

I last saw him alive on

June 12, 1934

to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertension
Cerebral Hemorrhage

Date of onset

4/1/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Daniel H. Rowland M. D.

F 02226

F 02226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Ellicott Ave.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. da. How long in S. I. of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No.

Mary J. Bran

2936 Ellicott Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race W. 3. Single, Married, Widowed, or Divorced (write the word) Widow

4. HUSBAND of (or) WIFE of Joseph. Bran

5. DATE OF BIRTH (month, day, year) Aug. 15-1867
6. AGE Years 66 Months 9 Days 25 If LESS than 1 day, hrs. or min.7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation 3711. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

12. NAME Patrick Mahony

13. BIRTHPLACE (city or town) Ireland
(State or country)

14. MAIDEN NAME Mahony

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT Harry Bran

(Address) 2936 Ellicott Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Church of the Holy Spirit Date 6/13/34

18. UNDERTAKER Leonard J. Ryan

(Address) 1334 St. Martin's Rd.

19. SIGNATURE

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 6-10-34

21. I HEREBY CERTIFY, That I attended deceased from May 19 34 to June 10 34

I last saw alive on June 10, 1934 Death is said to have occurred on the date stated above, at 1045 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Suppurative Septicemia

Carbuncle of upper lip, nose, cheek, forehead & scalp 5/25/34

Other contributory causes of importance:

Acute Bilateral Suppurative Parotitis 6/3/34

Date of onset

6/7/34

Name of operation None Date of

What test confirmed diagnosis? Smear & Culture Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. R. Geraghty M. D.

(Address) 2225 St. Paul St.

D. B. F 02227

F 02227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Woman's Hospital* St. *27-01* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Annie Madeline Ruppert Scherer.

(a) Residence: No.

5004 Walther Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced HUSBAND or (or) WIFE of *Charles E. Scherer.*

DATE OF BIRTH (month, day, year)

March 5, 1886.

AGE

48

Months

3

Days

6

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore

BIRTHPLACE (city or town) (State or country)

13. NAME

Franklin Ruppert

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

Catherine Buckheit

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

Charles E. Scherer.

(Address)

5004 Walther Ave.

BURIAL, CREMATION, OR REMOVAL

Place

Cathartown

Date

6/13/34

UNDERTAKER

James J. Jones

(Address)

5305 W. 1st St.

DECEASED

112 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 8, 1934, to June 11, 1934*I last saw her alive on *June 11, 1934* Death is said to have occurred on the date stated above, at *1:10 A.M.*

The principal cause of death and related causes of importance were as follows:

*Post-Operative Pneumonia
Myocardial Failure*

Date of onset

*June 10
June 11*

Other contributory causes of importance:

Name of operation *Repair of Ventral Hernia* Date of *June 8, 1934*What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

W. Allen Deckert

M. D.

(Address)

Woman's Hospital

F 02228

HEALTH DEPARTMENT—CITY OF BALTIMORE

02228

CERTIFICATE OF DEATH

✓ 34

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 Sterling St. 10-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Eddie Hutchinson

(a) Residence: No.

1018 Sterling St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male colored married

If married, widowed, or divorced

HUSBAND of Sarah Hutchinson

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

36

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

C. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Va

12. NAME

M. Hutchinson

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

Emma Bland

16. BIRTHPLACE (city or town) (State or country)

Va

INFORMANT

(Address) 1018 Sterling St.

BURIAL, CREMATION, OR REMOVAL

Place Blackstone Va Date Jun 13, 1934

UNDERTAKER

(Address) 1515 McElderry St.

FILED

19

Montgomery

2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1934

22. HEREBY CERTIFY, That I attended deceased from Feb 12, 1934 to June 9, 1934

I last saw him alive on June 7, 1934 Death is said

to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

6 days

Other contributory causes of importance:

Senile In definite

Name of operation ✓ Date of

What test confirmed diagnosis? Was Serman

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Edward Fisher

(Address) 1612 E Monument St. D.

F 02229

F 02229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1102 N. Mount St.; Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

E Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town)
(State or country)

NAME

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

NFORMANT

(Address)

URIAL, CREMATION, OR REMOVAL

Place 111 Zion Cem Date June 13, 1934

NDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from 5/27/34 to 6/9/34

I last saw him alive on 6/9/34 Death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Mammary Gland Infection

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUL 12 1934

Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02230

02230

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 317 S Spring St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Nell Jackson(a) Residence: No. 317 S Spring St St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single2. Married, widowed, or divorced
(US) HUSBAND of
(or) WIFE of

3. DATE OF BIRTH (month, day, year)

Years 29 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

5. BIRTHPLACE (city or town, State or country)

NAME James Nell

BIRTHPLACE (city or town, State or country)

MAIDEN NAME Albela Carroll

BIRTHPLACE (city or town, State or country)

FORMANT

(Address) 1013 Vincent St

6. RIAL, CREMATION, OR REMOVAL

Place Not cremated Date 6-13-34

7. UNDERTAKER

(Address) 216 B St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:40 m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Patterson

Coroner

M. D.

(Address) 13057 Patterson Bldg

F/02231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/22-002

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred. yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

William Waltman

(a) Residence: No.

(Usual place of abode)

St.,

Ward. Md

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

m

white

Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7-18-1933

YEARS

Months

Days

If LESS than
1 day,hra.
ormin.

10

23

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Md

NAME

William Waltman

BIRTHPLACE (city or town)
(State or country)

Md

MAIDEN NAME

Viola Berman

BIRTHPLACE (city or town)
(State or country)

Pa

FORMANT

Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place 1st - 1st - 1st Date June 13, 1934

UNDERTAKER

General K. McGowan

(Address)

1st - 1st - 1st

1934

Huntington Village, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 7, 1934 to June 11, 1934

I last saw him alive on June 11, 1934. Death is said
to have occurred on the date stated above, at 10:00 p.m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Intussusception -
Peritonitis
Pneumonia (primary)6/5/34
6/7/34
6/8/34

Other contributory causes of importance:

Name of operation Reduction Intussusception
operation Date of 6/11/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur H. Kord, M. D.

(Address) Johns Hopkins Hospital

2232

F 02232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Sinai Hospital 22-01 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Boy Sheeman

(a) Residence: No.

653 Light

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 9, 1934

AGE

Years

Months

Days

If LESS than
1 day, 1 hrs.
or min.6. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.7. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.8. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Baltimore
Md.

3. NAME

Lester Sheeman

4. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

5. MAIDEN NAME

Mildred Cornell

6. BIRTHPLACE (city or town)
(State or country)Baltimore
Md.

INFORMANT

Mildred Sheeman

(Address)

653 Light St

BURIAL, CREMATION, OR REMOVAL

Place

W. M. College

Date

June 12, 1934

UNDERTAKER

(Address)

W. M. College

FILED

1934

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1934

22. I HEREBY CERTIFY, That attended deceased from

June 9, 1934, to June 9, 1934

I last saw him alive on June 9, 1934 Death is said

to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of
importance were as follows:

Intracranial hemorrhage

Date of onset

Other contributory causes of importance:

Pneumatury

Name of operation

Spinal

Date of

What test confirmed diagnosis? Spinal fluid

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. M. College M. D.

(Address)

Sinai Hospital

F 02233

HEALTH DEPARTMENT—CITY OF BALTIMORE

233

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred: yrs. mos. da.

FULL NAME

(a) Residence (Usual place of abode)

Ward)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

If married, widowed, or divorced HUSBAND of *Edward T. Davis* (or) WIFE of

DATE OF BIRTH (month, day, year) *May 25 1857*

AGE Years *76* Months *16* Days *16* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore* (State or country) *md*

13. NAME *Peter Angelotti*

14. BIRTHPLACE (city or town) *md* (State or country)

15. MAIDEN NAME *Mary Moore*

16. BIRTHPLACE (city or town) *md* (State or country)

INFORMANT *Mrs Ida A. Khaley*

(Address) *2620 Greenmount av*

BURIAL, CREMATION, OR REMOVAL

Place *Wesleyan*

UNDERTAKER *Chas C. Mitchell*

(Address) *1900 Centre Pl*

1834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11 1934*

22. HEREBY CERTIFY, That I attended deceased from *February 34* to *June 10 1934*

I last saw him alive on *June 4 1934* Death is said to have occurred on the date stated above, at *md*.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

2
6

Other contributory causes of importance:

Name of operation *None*

Date of

What test confirmed diagnosis *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *W H Pearce* M. D.

(Address) *2105 Charles*

F 02234

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

02234

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Bayliss St. St., 26-21 Ward)

Length of residence in city or town where death occurred... yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME

WILLIAM MURPHY,

(a) Residence: No. 1312 Bayliss St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Murphy

DATE OF BIRTH (month, day, year) Jan. 22nd, 1858

AGE 76 Years 4 Months 20 Days 18 hrs. or min. If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME William Murphy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hannah Murphy (Wife) (Address) 1312 Bayliss St.

BURIAL, CREMATION, OR REMOVAL

Placed in Undertaker's Car Date June 13, 1934

UNDERTAKER (Address) 118 W. 1st St. Baltimore

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1933 to June 10th, 1934

I last saw him alive on June 9th, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

5
10
1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

David H. Jones M. D.
1011 S. Calverton Ave

F 02235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 Linden Ave. St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

CHARLES C. LASTNER.

(a) Residence: No.

1313 Linden Ave,

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Married

HUSBAND of Grace E. Lastner

DATE OF BIRTH (month, day, year) Feb. 8th. 1873

Years 61 Months 4 Days 2 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Capt.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police Dept.

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md. (State or country)

NAME August Lastner

BIRTHPLACE (city or town) Balto. Md. (State or country)

MAIDEN NAME Cecelia Heisl

BIRTHPLACE (city or town) Balto. Md. (State or country)

FORMANT Grace E. Lastner (Wife) 1313 Linden Ave.

FUNERAL, CREMATION, OR REMOVAL

Place Cathedral Date June 13, 1934

UNDERTAKER

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th. 1934

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on frequency Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows

Suicide
Pistol wound of
brain.

Other contributory causes of importance

Temp. Insane

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Suicide Date of injury June 10, 1934

Accident, suicide, or homicide

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Hopkins Hospital) St. 7-01 Ward)

of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Lucy Blake

a) Residence: No. Dundalk, Md. R 3 St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race black
 5. Single, Married, Widowed, or Divorced (write the word) married
 6. Married, widowed, or divorced
 7. USHABD of Shirley Blake
 8. WIFE of

9. DATE OF BIRTH (month, day, year) July 3/1900
 10. Years 33 Months 11 Days 7 If LESS than 1 day, hrs. or min.

11. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 12. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 13. Date deceased last worked at this occupation (month and year)
 14. at home
 15. Total time (years) spent in this occupation

16. BIRTHPLACE (city or town) Va.
 17. (State or country)

18. NAME Frank Johnson

19. BIRTHPLACE (city or town) Va.
 20. (State or country)

21. MAIDEN NAME Lillie Ranson

22. BIRTHPLACE (city or town) Va.
 23. (State or country)

24. FORMANT William J. Lynch

25. Address Dundalk, Md

26. RIAL, CREMATION, OR REMOVAL

27. place

28. BERTAKER 638 N. Gilmer

29. Address

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10/34
 22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Shock- child birth
 Long labor- disproportion in child's head.

Other contributory causes of importance:

Version & craniotomy
 Name of operation

Date of 6/10/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Date of injury 19

Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Cooper M. D. Coroner

(Address) 508 E. Lombard

F 02237

2237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *903 Tzgon*)ST. *11-01* WARD)FULL NAME *Mencie Cole*RESIDENCE NO. *903 Tzgon*

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

*Colored**Married*Married, widowed, or divorced
HUSBAND of
(or) WIFE of *Ellen Cole*AGE OF BIRTH (month, day, and year) *1989*

Years

Months

Days

If LESS than
1 day, hrs.
or min.*45*

OCCUPATION OF DECEASED

Trade, profession or
particular kind of work*Barber*General nature of industry,
business, or establishment in
which employed (or employer)*Cutting hair*

Name of employer

*Self*PLACE (city or town)
(State or country)*Va*NAME OF FATHER *Mencie Cole*

BIRTHPLACE OF FATHER (city or town)

(State or country)

*Va*MAIDEN NAME OF MOTHER *Minkum*

BIRTHPLACE OF MOTHER (city or town)

(State or country)

Minkum

Informant

(Address)

Ellen Cole
903 Tzgon

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *6-11-34*

17

I HEREBY CERTIFY That I attended from

May 28 19*34* to *June 11* 19*34*that I last saw him alive on *June 10* 19*34*and that death occurred, on the date stated above, at *2:00* a.m.

The CAUSE OF DEATH* was as follows:

Nephrotic & Pneumia(duration) yrs. mos. *16* ds.CONTRIBUTORY
(Secondary)(duration) yrs. mos. *16* ds.18 Where was disease contracted
if not at place of death?Did an operation precede death? *no* Date ofWas there an autopsy? *no*What test confirmed diagnosis? *Examination*

(Signed)

J. W. Clapper, M. D.

19

(Address) *1435 Madison Ave*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR RE-

DATE OF BURIAL

*Calvary Cem**6/14* 19*34*

20 UNDERTAKER

ADDRESS

*Thomas H. Hensley**13 1934*

E 02238

2238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *605 W. Conway* St. *27-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where deceased was married

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Magge Fisher

(a) Residence: No.

605 W. Conway St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Female* 2. Color or Race *Colored* 3. Single, Married, Widowed, or Divorced *Married* 4. (write the word)
 5. *Edw. Fisher*
 6. *WIFE of*

DATE OF BIRTH (month, day, year)

7. Age *60* Years *7* Months *11* Days *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE

(State or country)

NAME

BIRTHPLACE (city or town)

(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)

(State or country)

FORMANT

(Address)

FUNERAL, CREMATION, OR BURIAL

(Address)

UNDERTAKER

(Address)

DATE

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Date of onset

Peritoneal Carcinomata

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

JUN 13 1934

W. H. McCard

R. 1268-9

H 102239

F 102239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITALCITY OF BALTIMORE: (No. 7-01 St. 7-01 Ward)

Place of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Arthur Kendall(a) Residence: No. 703 Salem St., Hagerstown Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedHUSBAND of Wife or WIFE of WifeDATE OF BIRTH (month, day, year) 9-30-1927

E 6 Years 8 Months 12 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

(1. Total time (years) spent in this occupation)

BIRTHPLACE (city or town) Maryland (State or country)NAME Arthur KendallBIRTHPLACE (city or town) Maryland (State or country)MAIDEN NAME Nathaniel SmithBIRTHPLACE (city or town) Maryland (State or country)FORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md. Date 6/13/34UNDERTAKER Josella Ahrens(Address) 221 BuxtonLHD 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12 193422. I HEREBY CERTIFY, That I attended deceased from 3-19-1934 to 6-12-1934I last saw him alive on 6-12-1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Nephrosis
Prunaceous pneumonia

Date of onset

3-4-346-11-34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Paracentesis Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur N. Kard(Address) Johns Hopkins Hospital

M. D.

2240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02240

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE:

FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

Years *12* Months *9* Days *27* If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

(Address)

7. BURIAL, CREMATION, OR REMOVAL

Fredericksburg, Va June 13, 1934

UNDERTAKER

(Address)

142 W. St. 1034

3 1934

St., 12-01

St., Ward.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... Death is said

I last saw h... alive on 19... m.

The principal cause of death and related causes of importance were as follows:

Drowning in Jones Falls. 284 7th Ave Road.

Other contributory causes of importance

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury 19...

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *J. H. H. H. H. H.*

(Address)

363 2nd Ave

363 2nd Ave

363 2nd Ave

363 2nd Ave

363 2nd Ave

363 2nd Ave

363 2nd Ave

2241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02241

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

United States Marine Hospital

St. 27-01 Ward

CITY OF BALTIMORE: (No.

Age of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Frank H. Powell

(a) Residence: No.

2823 Beechland Ave.

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 2. Color or Race white 3. Single, Married, Widowed, or Divorced (write the word) widower

4. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Emma Powell

DATE OF BIRTH (month, day, year)

March 17, 1852

5. Age Years 82 Months 2 Days 25 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Master

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Seaman

8. Date deceased last worked at this occupation (month and year) March 9, 1927

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country)

Delaware

11. NAME Henry Powell

12. BIRTHPLACE (city or town) (State or country)

Delaware

13. MAIDEN NAME Emma ?

14. BIRTHPLACE (city or town) (State or country)

Delaware

15. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Md.

16. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 14, 1934

17. UNDERTAKER (Address) Henry M. Jenkins & Sons 113 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY That I attended deceased from June 25, 1927, to June 12, 1934

I last saw him alive on June 12, 1934. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic, degenerative

Date of onset Prior to 1927

Other contributory causes of importance

Senility

Name of operation

Clinical & Lab.

Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. A. Abbott M. D.

(Address) U.S. Marine Hospital

F 02242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Edmondson Ave. - 01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Helen, L. Woodfield.

(a) Residence: No.

2323 Edmondson Ave.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of

John A. Woodfield.

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

36

6

7

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore Md.

13. NAME

William Heise.

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

Louise Bittner.

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

INFORMANT

(Address)

John A. Woodfield,

2323 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL

London Park.

Date

6/13/34

UNDERTAKER

(Address)

Mrs Chas A G. Rohde

2327 Edmondson Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 30, 1934, to June 11, 1934.

I last saw her alive on June 12, 1934. Death is said

to have occurred on the date stated above, at 230 A.

The principal cause of death and related causes of importance were as follows:

Pneumatic heart disease

Date of onset

3 years

Other contributory causes of importance:

Pulmonary Oedema

Secondary Gastro-Intestinal Disturbance

Periodic

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Samuel Morrison

M. D.

(Address)

1013 N. Charles St.

F 02243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

Church Home 2nd St. 177-01

2. FULL NAME

Mrs. Eloua Glick

RESIDENCE NO.
(Usual place of abode)

3500 Taney Rd.

WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 COLOR OR RACE 5 Single, Married, Widowed,
or Divorced, (write the word)

Male White Married

If married, widowed, or divorced
HUSBAND of
or WIFE of

Hymen

DATE OF BIRTH (month, day, and year)

1893

Years Months Days

4

If LESS than
1 day, hrs.
or min.

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

House Work

(b) General nature of industry,
business, or establishment in
which employed (or employer)

037

(c) Name of employer

BIRTHPLACE (city or town)
State or country

Russia

NAME OF FATHER

Israel

BIRTHPLACE OF FATHER (city or town)

(State or country)

Russia

MAIDEN NAME OF MOTHER

Dora Hoffman

BIRTHPLACE OF MOTHER (city or town)

(State or country)

Russia

Informant
Address

Hospital Records

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/34

17 I HEREBY CERTIFY, That I attended deceased from
June 4, 1934, to June 13, 1934
that I last saw her alive on June 13, 1934
and that death occurred, on the date stated above, at 7:35 am

The CAUSE OF DEATH* was as follows:

Paralytic Ileus following
operation for Fibro-myomata
of uterus.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY Myocardial Failure.
(Secondary) (duration) yrs. mos. 48 hrs.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? yes. Date of June 4/34
no

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Israel H. Jordan M. D.

19 (Address) Church Home - Inf

*State the Disease Causing Death, or in deaths from Violent Causes
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

Hebrew Mt Carmel

DATE OF BURIAL

6/13/34

20 UNDERTAKER

Jack Lewis Inc

ADDRESS
1439 E. B
St.

3 1934

02244 HEALTH DEPARTMENT—CITY OF BALTIMORE 02244

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (Name)

Place of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

Married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year)

Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

DATE

1934

19

REGISTERED

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

How long in U. S. If of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY that I attended deceased from

19 to 19

I last saw him alive on

to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Diabetic Coma 1 Day

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

✓ F 02245

2245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Baker St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred St. 2 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Alfred Ward(a) Residence: No. 2210 Baker St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Anna Emilie WardDATE OF BIRTH (month, day, year) Mar. 18, 1880AGE Years 54 Months 2 Days 23 If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ClerkIndustry or business in which work was done, as silk mill, saw mill, bank, etc. Parfield W. M. DayDate deceased last worked at this occupation (month and year) Oct. 1934 11. Total time (years) spent in this occupationBIRTHPLACE (city or town) (State or country) Balto. Md.NAME Tom WardBIRTHPLACE (city or town) (State or country) OhioMAIDEN NAME Maria BarrangerBIRTHPLACE (city or town) (State or country) OhioFORMANT Mrs. Anna E. Ward(Address) 2210 Baker St.

URIAL CREMATION, OR REMOVAL

Place Cedar Hill Cem. June 13, 1934NDERTAKER Wm. J. Hickey & Sons(Address) North & Radcliff

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 193422. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to June 10, 1934. I last saw him alive on June 10, 1934. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

June 12, 1934

Other contributory causes of importance:

UnseenName of operation None Date of NoneWhat test confirmed diagnosis? Impression Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 19 34

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None(Signed) Frank H. Oden, M. D.(Address) 2701 N. Calvert St.

JUN 13 1934

02246

F 02246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* St. *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.FULL NAME *David Gellum (a Gilliam)*(a) Residence: No. *220 2 Pearl*St., *1-01* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*If married, widowed, or divorced HUSBAND of *Mary (dead)* (or) WIFE of *?*

DATE OF BIRTH (month, day, year)

AGE *30?* Years Months Days If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Virginia*5. NAME *Theodore*6. BIRTHPLACE (city or town) (State or country) *Va*5. MAIDEN NAME *?*6. BIRTHPLACE (city or town) (State or country) *Va*INFORMANT *Records*(Address) *Bald City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *Laurel Cemetery* Date *June 14, 1934*UNDERTAKER *Mrs Katie R. Williams*(Address) *322 S. Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1934*22. I HEREBY CERTIFY, that I attended deceased from *June 7, 1934* to *June 10, 1934*. Last saw him alive on *June 10, 1934*. Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Hypertension
Myocardial Insufficiency
to congestive failure*

Date of onset

?

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 *34*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *T. P. Magill*

M. D.

(Address) *Bald City Hosp.*

JUN 13 1934

F 02247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Lorman

ST. 15-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Mildred Boyner

(a) RESIDENCE NO.

1812 Lorman

ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

23

yrs.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

Caf

Single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

Sept 14, 1911

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

23

8

26

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Domestic 670

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Baltimore
Md

10 NAME OF FATHER

Jacob Bayner

11 BIRTHPLACE OF FATHER (city or town)

Baltimore
Md

(State or country)

12 MAIDEN NAME OF MOTHER

Mamie Johnson

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore
Md

(State or country)

Informant

(Address)

Mamie Bayner

1812 Lorman

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1934

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to June 10, 1934, that I last saw her alive on June 9, 1934, and that death occurred, on the date stated above, at 3 P M.

The CAUSE OF DEATH* was as follows:

Acute nephritis
"Interstitial"

and a myocarditis

(duration) about 2 yrs. 2 mos. ds.

CONTRIBUTORY Chronic Post-Enteritis
(Secondary)

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? 20 Date of

Was there an autopsy? 20

What test confirmed diagnosis? Clinical

(Signed) Bernard S. French M. D.

6/10, 1934 (Address) 2329 Arundel Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Auburn

UNDERTAKER

Mrs. Katie R. Williams

DATE OF BURIAL

June 14, 1934

ADDRESS 3222

Schwede St

173 1934

02248 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02248

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Place of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race 5. Single, Married, Widowed, or Divorced (write the name)

6. Date of birth (month, day, year)

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. Date of death (month, day, year)

12. Date of burial (month, day, year)

13. Date of removal (month, day, year)

14. Date of interment (month, day, year)

15. Date of cremation (month, day, year)

16. Date of burial (month, day, year)

17. Date of removal (month, day, year)

18. Date of interment (month, day, year)

19. Date of cremation (month, day, year)

20. Date of burial (month, day, year)

21. Date of removal (month, day, year)

22. Date of interment (month, day, year)

23. Date of cremation (month, day, year)

24. Date of burial (month, day, year)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

1934

1934

02249

F 02249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Paca St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred. mos. day. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 601 N. Paca St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color of Race. 2. Sex. 3. Single, Married, Widowed, or Divorced (write the word).

4. Color of Race. 5. Single, Married, Widowed, or Divorced (write the word).

DATE OF BIRTH (month, day, year)

Years. Months. Days. If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

Address

MANNER OF CREMATION, OR REMOVAL

Date

DEATH

Address

FD

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

What test confirmed

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

250

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02250

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Y OF BALTIMORE: No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH

4. Color of skin White 5. Single, Married, Widowed, or Divorced (write the word) m

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Yrs. Months Days
About 63 -If LESS than
1 day, hrs.
or min.Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)Total time (years)
spent in this
occupationPLACE (city or town)
(State or country)

NAME

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

FORMANT

(Address)

BIAL, CREMATION, OR REMOVAL

Place Date

BERTAKER

(Address)

ID.

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 Death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as followsCerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 02251

F 02251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

OF BALTIMORE: (No. 1005 Rutland Ave St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Thomas Thorne

a) Residence: No.

1005 Rutland Ave

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
black

5. Single, Married, Widowed, or Divorced (write the word)
single

Married, widowed, or divorced
SHAND of
WIFE of

DATE OF BIRTH (month, day, year)

May 22/1888

Years

Months

46

0

Days

16

If LESS than

1 day, hrs.

or min.

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Laborer

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Bethlehem Steel Co

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

THPLACE (city or town)
(State or country)

Duehan, N?C?

NAME

Unknown

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

FORMANT

Cornelius Ruffing
1005 Rutland Ave

FIAL, CREMATION, OR REMOVAL

Mr. Salvery, Date June 13, 1934

BERTAKER

Address

Mrs. R. G. Elliott - Daughter
1129 N. Caroline St.

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

19... to

19...

I last saw h... alive on

19... Death is said

to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of
importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Tabes Dorsalis
Syphillis

Name of operation

inquiry

Date of

What test confirmed diagnosis?

Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

02252

F 02252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. *Univ Hospital* St. *26-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Woolshleger Lath*(a) Residence: No. *1117 S. Boulevard* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X 1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*HUSBAND of *Frederick Woolshleger*DATE OF BIRTH (month, day, year) *May 29, 1870*YE 64 Years Months *13* Days If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. *at home*BIRTHPLACE (city or town) *Baltimore* (State or country) *Md.*NAME *Adam Pfeiffer*BIRTHPLACE (city or town) *Germany* (State or country)MAIDEN NAME *Not known*BIRTHPLACE (city or town) *Not known* (State or country)FORMANT *Mrs. Louise Gorge* (Address) *1117 S. Boulevard St.*

URIAL, CREMATION, OR REMOVAL

Place *Int. Carnel Cem.* Date *June 15, 1934*NDERTAKER *George W. Zickler* (Address) *1737 E. Edgar St.*FILED *St. Louis, Mo.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 11, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 8, 1934* to *June 11, 1934*
I last saw her alive on *June 11, 1934* Death is said to have occurred on the date stated above at *545A* in.

The principal cause of death and related causes of importance were as follows:

*Cellulitis of neck.
Eigebates mellitus
Arterio sclerosis*Date of onset
*May 25
1934*

Other contributory causes of importance:

*Myocardial failure
Septicemia**June 11
June 10*Name of operation *Exsusion of Cellulitis* *June 11*What test confirmed diagnosis *Septic* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John Llan Nette* M. D.(Address) *Univ. Hospital*

3 1934

D. N. 02253

F 02253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3230 ODonnell

St. 26-01 Ward)

Age at residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret M. Sauer

(a) Residence: No. 3230 ODonnell

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

none

DATE OF BIRTH (month, day, year) June 4, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	-	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland9. NAME John Sauer
Germany10. BIRTHPLACE (city or town) Germany
(State or country)

11. MAIDEN NAME Louisa Kuhn

12. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Miss Katherine Sauer
(Address) 3230 ODonnell St.

BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date June 15, 1934

UNDERTAKER George W. Zickler
(Address) 1737 E. Pratt St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1933, to June 11, 1934

I last saw her alive on June 10, 1934 Death is said to have occurred on the date stated above, at 11-40 AM

The principal cause of death and related causes of importance were as follows:

Multiple aneurysms (chronic)
(acute exacerbat)

acute endocarditis

Other contributory causes of importance:

Date of onset

Some years

Myocard

just

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

M. D.

(Address) 1010 S. Elmwood Ave.

E 02254

02254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Nordaunton St.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Lina Katz

(a) Residence: No.

3213 Nordaunton St., Ave. Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, divorced, HUSBAND of (or) WIFE of Denj. Katz

DATE OF BIRTH (month, day, year)

AGE 71 Years 71 Months 18 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country)

Baltimore Md.

13. NAME

Louis Cohen

14. BIRTHPLACE (city or town, State or country)

Germany

15. MAIDEN NAME

Hannah Haas

16. BIRTHPLACE (city or town, State or country)

Germany

INFORMANT

Melville G. Gile

(Address)

1453 Light St.

BURIAL, CREMATION, OR REMOVAL

Buried in cemetery 6/14/1934

UNDERTAKER

(Address)

J. Ahrens & Co.

2432 Reisterstown Rd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to June 12, 1934

I last saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel H. Harkness, M.D.

(Address) 328 Singers Falls

1934

F 02255

02255 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Gibbons Ave. ST. 47-01 WARD)

2. FULL NAME

William L. Boone

(a) RESIDENCE NO.

3008 Gibbons Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred

Yrs.

Mos.

Ds.

How long in U. S. if of foreign birth?

Yrs.

Mos.

Ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX ☒ M ☐ F COLOR OR RACE ☒ W ☐ C ☐ O ☐ R ☐ S ☐ M ☐ B ☐ Y ☐ P ☐ I ☐ L ☐ T ☐ H ☐ A ☐ N ☐ D ☐ E ☐ F ☐ G ☐ I ☐ R ☐ E ☐ D ☐ I ☐ A ☐ L ☐ L ☐ I ☐ E ☐ S ☐ T ☐ E ☐ D ☐ I ☐ A ☐ L <

256

F 02256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46 ✓

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Orleans St., 6-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 1750 Orleans St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow
 (If married, widowed, or divorced, give name of HUSBAND or WIFE of Deas E. King)

DATE OF BIRTH (month, day, year) Apr 16 1909
 AGE 25 Years 1 Months 25 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country)

3. NAME Wm Dunning

4. BIRTHPLACE (city or town) Baltimore (State or country)

5. MAIDEN NAME Francis

6. BIRTHPLACE (city or town) Baltimore (State or country)

INFORMANT (Address) 1750 Orleans St.

BURIAL, CREMATION, OR REMOVAL Place London Pl. Date June 14, 1934

UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934
 22. I HEREBY CERTIFY, That I attended deceased from December 4, 1933, to June 11, 1934
 I last saw her alive on June 10, 1934. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:
 Carcinoma of Stomach and Intestines

Other contributory causes of importance:
 Eczema + metastasis

Name of operation none Date of operation
 What test confirmed diagnosis Physical examination

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
 No If so, specify

(Signed) Albert Disqueberg M. D.
 (Address) 2025 E. North Ave.

JUN 13 1934

F 02257

HEALTH DEPARTMENT—CITY OF BALTIMORE

2257

CERTIFICATE OF DEATH

115-001

PLACE OF DEATH

West Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No.

Rayner + Dukeland

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

17 yrs.

mos.

25 ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Harry G. Hamilton

(a) Residence: No.

519 E. Gittings

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

DATE OF BIRTH (month, day, year)

May 14 1917

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

17

25

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Baltimore

(State or country)

NAME

Harry G. Hamilton

BIRTHPLACE (city or town)

Chilapa

(State or country)

MAIDEN NAME

Elizabeth Delcher

BIRTHPLACE (city or town)

Baltimore

(State or country)

INFORMANT

Mr. Harry G. Hamilton

(Address)

519 E. Gittings St

BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

June 14 1934

UNDERTAKER

John F. Derry

(Address)

715 Light St

FILED

1934

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year)

June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

February 14, 1934, to June 11, 1934

I last saw him alive on June 11, 1934 Death is said to have occurred on the date stated above, at 8:11 AM.

The principal cause of death and related causes of importance were as follows:

1. Acute Sepsis + Hemolytic Streptococcus Septicemia + Multiple Abscesses

Date of onset

2/14/34

Other contributory causes of importance:

Secondary Anemia

Name of operation

Lumbar Puncture

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sam E. Derry, M. D.

(Address) West Baltimore Gen. Hosp

F 02258

2258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 103 E. Cross St. 24-01 Ward)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Sarah E. Eckert

(a) Residence: No. 103 E. Cross St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Eckert

DATE OF BIRTH (month, day, year) Sept. 24, 1856

AGE Years 77 Months 8 Days 19 18 If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.

13. NAME John Thornton

14. BIRTHPLACE (city or town) Md.

15. MAIDEN NAME Mary Fisher

16. BIRTHPLACE (city or town) Md.

INFORMANT Mrs. Cora E. Jones (Address) 103 E. Cross St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Prk. Date June 14, 1934

UNDERTAKER (Address) 715 East St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 12, 1934

I first saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis, Cerebral Arteriosclerosis Coronary Arteriosclerosis & Myocardial Failure

Date of onset 6/12/34

6/12/34

Other contributory causes of importance:

Anemia, Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Walter Kohn M. D.

(Address) 602 S. First Ave.

34

02259

F 02259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. University Parkway Ward) 13-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 2 yrs. -- mos. -- ds.

FULL NAME

Catherine Gunther

(a) Residence: No.

702 W. University Parkway Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

George Gunther

DATE OF BIRTH (month, day, year) Nov. 11, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Germany

3. NAME

Carl Schleminger

4. BIRTHPLACE (city or town)
(State or country)

Germany

5. MAIDEN NAME

Not obtainable

6. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT Mr. Geo. Gunther

(Address) 702 W. University Parkway

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. 6/14, 1934

UNDERTAKER

(Address)

8050 N. Calvert St.

Huntington Williams

13-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933 to June 11, 1934

I last saw him alive on June 11, 1934 Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri
with frequent
hemorrhages

Date of onset

Other contributory causes of importance:

Grave secondary Anemia

Name of operation

none

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. J. B. M. D.

(Address) 5 Club Park

F 02260

2260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Hanover. St. St. 23-01 Ward)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph T. Fetsch.

(a) Residence: No. 1702. Hanover. St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
 HUSBAND of Wilhelmina Fetsch.
 (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 28-1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter. Carrier.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore. Md. (State or country)

3. NAME John T. Fetsch

4. BIRTHPLACE (city or town) France (State or country)

5. MAIDEN NAME Anna Seeburger.

6. BIRTHPLACE (city or town) Gerny. (State or country)

INFORMANT Mrs Lillian V. Johnson. (Address) 1702 Hanover. St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.D. 60. 6/14/34

UNDERTAKER E. Schloman & Son 1909 Hanover St. (Address)

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1934

22. I HEREBY CERTIFY That I attended deceased from June 1 1934 to June 11 1934

I last saw him alive on June 11 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage 6/1/34

Other contributory causes of importance:

Exhaustion 6/1/34

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. P. Campbell 6/12/34 (Address) 1644 Hanover St

F 02261

261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No

Baltimore City Hospital 27-01

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

John Groh

(a) Residence: No.

4035 Bellewood Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *white* 2. Single, Married, Widowed, or Divorced (write the word) *widowed*

3. Date of birth (month, day, year) *May 25, 1870*

4. Age (Years, Months, Days) *64* 5. If LESS than 1 day, hrs. or min. *15*

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Labour* 7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040*

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) *Pennsylvania*

11. NAME *Christian*

12. BIRTHPLACE (city or town) (State or country) *Germany*

13. MAIDEN NAME *Sarah Scott*

14. BIRTHPLACE (city or town) (State or country) *Penn.*

15. FORMANT *Records*

16. Address *Balt. City Hosp.*

17. URIAL, CREMATION, OR REMOVAL

18. Place *Calverton* Date *June 17, 1934*

19. UNDERTAKER *Lilly & John Sac.*

20. Address *4035 Bellewood Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1934*

22. I HEREBY CERTIFY, that I attended deceased from *June 7, 1934* to *June 10, 1934* last saw him alive on *June 10, 1934* Death is said to have occurred on the date stated above, at *10:25 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia, bilateral

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Phagel* M. D.

(Address) *Balt. City Hosp.*

1934

F/02262

262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

1707 Cole

St.,

Ward.

19-01

Place of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

John Robert Leap

(a) Residence: No.

1707 Cole

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race

White

2. Single, Married, Widowed, or Divorced (write the word)

Married

3. If married, give name of HUSBAND or WIFE of

Clare Leap

DATE OF BIRTH (month, day, year)

Oct 16 1889

4. Age (Years, Months, Days, or LESS than 1 day, hrs. or min.)

44 8 25 26

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machinist

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Helper

7. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town, State or country)

Penna

NAME

Grant Leap

9. BIRTHPLACE (city or town, State or country)

Penna

10. MAIDEN NAME

Ella Granie

11. BIRTHPLACE (city or town, State or country)

Penna

12. FORMER NAME

Mrs. Clara Leap

13. Address

1707 Cole St

14. Place of Burial, CREMATION, or REMOVAL

Cathedral (Penna) 6/18/34

15. UNDERTAKER

H. A. Taylor

16. Address

Hoboken, N. J.

17. LED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/11

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

The principal cause of death and related causes of importance were as follows:

Sphnromegalic anemia
(Banti's Disease)

Date of onset

1929

Other contributory causes of importance:

Hemorrhage
Ascites

Name of operation

Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If no, specify

(Signed)

(Address)

Thodore Estey M. D.
4012 Edmond Ave

F 02263

263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306-E. Lafayette Ave. St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME

Ferdinand N. Rice

(a) Residence: No. 1306-E. Lafayette Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race White 2. Single, Married, Widowed, or Divorced (write the word) Single

3. Married, widowed, or divorced HUSBAND of Anna M. (Kreuzer) (or) WIFE of

4. DATE OF BIRTH (month, day, year) 5/1/1874 5. Age 60 Years Months 1 Days 11 If LESS than 1 day X 200 or min.

6. Trade, profession, or particular kind of work done, as apothecary, sawyer, bookkeeper, etc. Mechanist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

9. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

11. NAME Frederick P. Rice

12. BIRTHPLACE (city or town) Germany (State or country)

13. MAIDEN NAME Eliz. A. Weitenkemper

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. INFORMANT Anna M. Rice (Address) 1306-E. Lafayette Ave.

16. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/15/34 19

17. UNDERTAKER (Address) 135-Harford Ave.

18. SIGNATURE (Address) Huntington Williams, M.D.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to June 12, 1934

I last saw him alive on June 11, 1934 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1933

Other contributory causes of importance:

Hypertension Cardiovascular Renal Disease Pericardial Uremia

1933?

1 day

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02264

2264

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No.

Maryland Genl. Hospital

Ward)

FULL NAME

Eugene J. McCarthy

(a) Residence: No.

2246-Guildford Ave

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race
White

5. Single, Married, Widowed, or Divorced (write the word)
Married

HUSBAND of

Ida J. (Griffith)

WIFE of

Apr. 4th, 1968

66 Years 2 Months 9 Days

If LESS than 1 day or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Storekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

NAME

Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

FORMANT Ida J. McCarthy

Address 2246-Guildford Ave.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6/16/34

ERTAKER

Address

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 1968 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
6 months

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

(Address)

M. D.

F 02265

F 02265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.

1103 N. Eden

St., 10-01 Ward)

Place of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Ruby Lindsey

FULL NAME

a) Residence: No.

1103 N. Eden

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widow

HUSBAND of Joe Lindsey

DATE OF BIRTH (month, day, year)

Sep 9/1906

Years

Months

Days

If LESS than 1 day, hrs. or min.

27

09

3

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Machine operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Shoe Mfg

Date deceased last worked at this occupation (month and year)

2 wks ago

11. Total time (years) spent in this occupation

PLACE (city or town) Lynchburg, Va.

NAME

John Crank

BIRTHPLACE (city or town) (State or country)

Va

MAIDEN NAME

L. Bearing

BIRTHPLACE (city or town) (State or country)

Va

FORMANT John M. Crank

Address)

Lynchburg, Va

RIAL, CREMATION, OR REMOVAL

Place

Lynchburg, Va June 13, 1934

BETAKER John C. Miller

Address)

2435 E. Charles St

1934

for William, VA

21. DATE OF DEATH (month, day, year) June 12/34

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows: Illuminating Gas Poisoning

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis inquiry as there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? suicide of injury 19

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place in residence 1103 N. Eden St

Manner of injury connected douche hose with gas range 7 in mouth

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Miller

M. D.

D. R. 02266

F 02266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins, Caton St.

Ward)

Length of residence in city or town where death occurred. yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Sarah Bowen

(a) Residence: No. 1113 McClure St., Munhall, Pa.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced (or) WIFE of Henry Bowen

DATE OF BIRTH (month, day, year) Oct. 6, 1869 AGE 64 Years 9 Months 7 Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

137

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

England

9. NAME

Richard Whitehead

10. BIRTHPLACE (city or town) (State or country)

England

11. MAIDEN NAME

Caroline Hawkins

12. BIRTHPLACE (city or town) (State or country)

England

INFORMANT

Dr. Henry A. Bowen

(Address)

12 Cross Street, Caton St.

BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh, Pa. Date June 13, 1934

UNDERTAKER

(Address)

Samuel G. Mitchell

DIED

3 1934

12 Cross Street, Caton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934, to June 13, 1934.

I last saw him alive on June 13, 1934. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia

Date of report 6/18

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Carl G. Oberhel

(Address)

St. Agnes Hosp.

M. D.

F 02267

F 02267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. *730 E. Pratt* St. *Life* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced, name of HUSBAND of *Wife* (or) WIFE of *Wife*

DATE OF BIRTH (month, day, year)

64

Years

Months

Days

1870
If LESS than 1 day, hrs. or min.7. Trade, profession, or particular kind of work done, as *Watchman* sawyer, bookkeeper, etc.8. Industry or business in which work was done, as silk, saw mill, bank, etc. *Boyster Pottery Works*9. Date deceased last worked at this occupation (month and year) *June 1934*11. Total time (years) spent in this occupation *15*BIRTHPLACE (city or town) (State or country) *Md.*

NAME

*Patrick Collins*BIRTHPLACE (city or town) (State or country) *Ireland*

MAIDEN NAME

*Ann Kerley*BIRTHPLACE (city or town) (State or country) *Ireland*

INFORMANT

Hosp. Records

FUNERAL, CREMATION, OR REMOVAL

Place *Cathedral* Date *June 16, 1934*

UNDERTAKER

(Address)

Ann Cook
*1217 St. Paul St*1934 *William Williams, M.D.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-13, 1934*22. I HEREBY CERTIFY, That I attended deceased from *6-10, 1934* to *6-13, 1934*I last saw him alive on *6-13, 1934* Death is said to have occurred on the date stated above, at *6:15 A. m.*

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Cerebral Hemorrhage

Date of onset

*? years**3 days*

Other contributory causes of importance:

*Senility**?*Name of operation *Physical Examination* Date of *No.*What test confirmed diagnosis? *Was there an autopsy?*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Wm. Williams
Mary Cook

F 02268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02268

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 4002) 4002

Place of residence in city or town where death occurred

FULL NAME

(a) Residence: No. 4002

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. Single, married, widowed, or divorced

7. Date of birth (month, day, year) Jan 20 - 1872

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medicine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whitehurst

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 23

12. Place of birth (city or town) Baltimore, Md.

13. Name of deceased James H. Whitehurst

14. Birthplace (city or town) Norfolk, Va.

15. Maiden name Anna R. McElwain

16. Birthplace (city or town) Baltimore, Md.

17. Informant Catherine F. Whitehurst

18. Address 4002 Groveland

19. Burial, cremation, or removal place

20. Undertaker Wm. J. St. Paul

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

23. I last saw him alive on June 13, 1934

The principal cause of death and related causes of importance are as follows: Angina Pectoris Sudden

Other contributory causes of importance:

Name of operation Regular

What test confirmed diagnosis? There an autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Fink

(Address) Baltimore, Md.

14 1934

D.P. 1268-2
F 02269

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02269

CERTIFICATE OF DEATH

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 14-34)

Length of residence in city or town where death occurred *Left* How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME *Helous Davenport*

(a) Residence: No. *2013 Madison Ave.* St. *9th* Ward. *X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Mar. 4 1934*
AGE Years *2* Months *3* Days *1* If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Balto. Md.*
(State or country)

3. NAME *Alfred Davenport*

4. BIRTHPLACE (city or town) *Ba*
(State or country)

5. MAIDEN NAME *Henrietta Brown*

6. BIRTHPLACE (city or town) *Balto. Md.*
(State or country)

INFORMANT *John Alfred Davenport*

(Address) *2013 Madison Ave*

BURIAL, CREMATION, OR REMOVAL

Place *St. John*

Date *6/14 1934*

UNDERTAKER *Sam. H. Cross, Jr.*

(Address) *638 N. Calver*

11. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12, 1934*

22. I HEREBY CERTIFY, That *X* attended deceased from *June 8, 1934* to *June 12, 1934*

I last saw him alive on *June 12, 1934* Death is said to have occurred on the date stated above, at *4:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Measles

Date of onset *June 8*

Other contributory causes of importance:

Colic, high fever, Syphilis & congenital

Name of operation *none* Date of *clinical*

What test confirmed diagnosis *clinical* Was there an autopsy *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *(no)* If so, specify

(Signed) *Sam. H. Cross, Jr.*

(Address) *Hydenham Hospital* M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *14-01* Ward)Length of residence in city or town where death occurred yrs. mos. *7* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Marcella N. Lancaster(a) Residence: No. *146 Hardy Ave.* St., *Catonsville* Ward. *9X*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Sept 15, 1933*AGE Years *1* Months *6* Days *24* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country) *Fultonville, Md.*13. NAME *No Record*14. BIRTHPLACE (city or town)
(State or country) *No Record*15. MAIDEN NAME *No Record*16. BIRTHPLACE (city or town)
(State or country) *No Record*

INFORMANT

(Address) *Margaret E. Lancaster*
140 Hardy Ave

BURIAL, CREMATION, OR REMOVAL

Place *Western Star* Date *June 14, 1934*

UNDERTAKER

(Address) *Mrs. Katie R. Williams*
322 N. Schroeder St.

FILED

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-12-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *6-5-39* 19, to *6-12-34*, 19.I last saw her alive on *6-12-34*, 19. Death is said to have occurred on the date stated above, at *9:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

6-3-34

Other contributory causes of importance:

*measles**6-8-34*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

William J. [Signature] M. D.
President Hospital

2271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Chestnut St. Ward 9)FULL NAME Erith V. Pearson(a) Residence: No. 3315 Chestnut St. Ward 9

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced, name of HUSBAND of (or) WIFE of Levi Pearson

DATE OF BIRTH (month, day, year)

AGE 82 Years 2 Months 3 Days If LESS than 1 day, 3 hrs. or 3 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME Geo. Hayworth

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Butler

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Miss Bertie Pearson(Address) 3315 Chestnut St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 15/34UNDERTAKER Shutter Day(Address) 3315 Chestnut St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13/3422. I HEREBY CERTIFY, That I attended deceased from April 1933 to June 13 1934I last saw him alive on June 12 1934. Death is said to have occurred on the date stated above, at 2:30 PM

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
Cardiac disease

Date of onset

2

Other contributory causes of importance:

Myocardial insufficiency

Name of operation

Date of

What test confirmed diagnosis? Ex. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William H. Williams(Address) 3429 Chestnut St.

JUN 14 1934

F 02272

F 02272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mos. ds.

PLACE OF DEATH

Y OF BALTIMORE: (No. *University Hospital* Ward)th of residence in city or town where death occurred *3* yrs. *11* mos. *20* ds. How long in U. S. If of foreign birth?

FULL NAME

Raymond S. Kemp

(a) Residence: No.

3819 St. Hayward Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 22-1930

AGE

3 Years*11* Months*20* DaysIf LESS than
1 day, hrs.
or min.Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Child*Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town,
State or country)*Baltimore, Md.*

NAME

*Stanley S. Kemp*BIRTHPLACE (city or town,
State or country)*Maryland*

MAIDEN NAME

*Kertrude M. Coleman*BIRTHPLACE (city or town,
State or country)*Maryland*

INFORMANT

Stanley S. Kemp

(Address)

3819 St. Hayward Ave.

SERIAL, REMOVAL

Place

Hoodfawn

UNDERTAKER

Horace H. Burgee

(Address)

231 Falls Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12, 1934*22. I HEREBY CERTIFY, That I attended deceased from
May 28, 1934 to *June 12, 1934*I last saw him alive on *June 12, 1934*. Death is said
to have occurred on the date stated above, at *2:20 P.M.*The principal cause of death and related causes of
importance were as follows:*Second degree Burns covering
Two thirds of Body Surface*

Date of onset

May 28, 1934

Other contributory causes of importance:

Pneumonia

Name of operation

None

Date of

What test confirmed diagnosis? *clinical* Was there an autopsy? *no.*If death was due to external causes (violence) fill in also the fol-
lowing: *Accident, suicide, or homicide?* *Accident* Date of injury *May 28, 1934*Where did injury occur? *Baltimore Md.*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public
place *at home*Manner of Injury *playing with matches*
Nature of Injury *Second degree burns two thirds of body*

23. Was disease or injury in any way related to occupation of deceased?

no. If so, specify(Signed) *J. E. Savage*(Address) *Univ. Hosp.*

M. D.

14 1934

19

Registr.

F 02273

F 02273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Lewis Nelson Green(a) Residence: No. *2018 Pulaski* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *colored* 2. Single, Married, Widowed, or Divorced (write the word) *Single*

3. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE *40* Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

2. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address)

7. FUNERAL, CREMATION, OR REMOVAL

Place *National Cemetery* Date *June 14, 1934*

8. UNDERTAKER

(Address) *Thomas E. Nelson 1303 Presnam St*

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1934*22. I HEREBY CERTIFY, that I attended deceased from *June 4, 1934* to *June 10, 1934*Last saw him alive on *June 10, 1934* Death is saidto have occurred on the date stated above, at *2:00 A* m.

The principal cause of death and related causes of importance were as follows:

Syphilis, C. N. S.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT - CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 W. Porton St. 17-01 Ward)

Place of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME William Nipper St. _____ Ward. _____
(If non-resident give city or town and State)

(a) Residence: No. 548 W. Porton St. _____
(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to June 12, 1934

I last saw him alive on June 11, 1934 death in said
to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset
Feb 1934

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. D. McRae M. D.
(Address) 11260 Druid Hill

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

2. Married, widowed, or divorced Married
HUSBAND of Viola Nipper
(or) WIFE of Edwin Nipper

3. DATE OF BIRTH (month, day, year) Jan 15 1901
Years Months Days
37 01 27

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
5. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
6. Date deceased last worked at this occupation (month and year) _____

7. BIRTHPLACE (city or town) Edgelyfield
(State or country) Pa.

8. NAME Edwin Nipper

9. BIRTHPLACE (city or town) S. C.
(State or country)

10. MAIDEN NAME Viola

11. BIRTHPLACE (city or town) Baltimore
(State or country)

12. INFORMANT Viola Nipper
(Address) 548 W. Porton

13. BURIAL, CREMATION, OR REMOVAL
Place St. Ambrose Date June 10 1934

14. UNDERTAKER Thos. S. Nelson
(Address) 1303 President St.

15. FILED 1934
June 10 1934
Washington Post-Office, D.C.

F 02 HEALTH DEPARTMENT—CITY OF BALTIMORE

02275

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1721 E Balto St St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) WidowIf married, widowed, or divorced HUSBAND of (or) WIFE of Morris

DATE OF BIRTH (month, day, year)

AGE 96 Years Months Days If LESS than 1 day hrs. or min. 1838

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bethesda Mt Carmel Date June 14, 1934

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 193422. I HEREBY CERTIFY, That I attended deceased from 6-11, 1934 to 6-14, 1934I last saw her alive on 6-13, 1934 Death is said to have occurred on the date stated above, at 2:50 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Coronary Cholesterol
Cardiac insufficiency
Cardiac hypertrophy and
dilatation

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 02276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. *Pier 6 Pratt* St., *10-01* Ward)

th of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME *George Great*(a) Residence: No. *1306 Ashland* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*2. Married, widowed, or divorced
HUSBAND of _____
WIFE of _____DATE OF BIRTH (month, day, year) *OCT 28 1918*Years *15* Months *8* Days *14* If LESS than 1 day. hrs. or min. *28*

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*NAME *Benjamin Great*BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*MAIDEN NAME *Eulala Syber*BIRTHPLACE (city or town) *Baltimore*
(State or country) *Md*FORMANT *Eulala Great*Address *1306 Ashland Ave*

RIAL, CREMATION OR REMOVAL

Date *6/15*BERTAKER *Robert L. Young*Address *804 N. Caroline St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 12, 1934*22. I HEREBY CERTIFY, That *Investigation* attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

accidental drowning

Other contributory causes of importance:

while swimming

Name of operation _____ Date of _____

What test confirmed diagnosis? *Histology* Was there an autopsy? _____23. If death was due to external cause (violence) fill in also the following: *Accident* Date of injury *6.14.34*Accident, suicide, or homicide *Accident* Date of injury *6.14.34*Where did injury occur? *Pier 6 Pratt St* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *James M. Gentry* M. D. Coroner(Address) *700 E. Chas*

4 1934

2277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 134 N. Washington St. St., 6-01 Ward)

th of residence in city or town where death occurred yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Charles A. Wilhelm

(a) Residence: No. 134 N. Washington St. St., 6-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

6. Single, married, widowed, or divorced
7. If single, name of
husband of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 4-1890

8. Age Years 8 Months 8 Days 7 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

Mill Worker
Lumber Co.
Fairmount Mill &

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto.Md.

NAME

Abraham Wilhelm

BIRTHPLACE (city or town) (State or country)

Balto.Md.

MAIDEN NAME

Mary Phieffer

BIRTHPLACE (city or town) (State or country)

Balto.Md.

FORMANT

Marie Turner (Sister)

(Address)

3023 Chesterfield Ave.

RIAL, CREMATION, OR REMOVAL

Place Balto. Cem.Date June 14/34

BERTAKER

(Address)

G. Miller & Son

(Address)

233 E. Pratt St.

ED

Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on about 2 P.M. Death is said to have occurred on the date stated above, at about 2 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency(Type or cause undetermined)

Other contributory causes of importance:

Name of operation

inquiry

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Walters
508 E. Pratt St.

Coroner

M. D.

02278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* - 01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Age of residence in city or town where death occurred *25* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *3703* *Hamilton* av. St. *Ward.*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 1. Color or Race *white* 2. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced

HUSBAND of *Kathleen Wirth*
(or) WIFE ofDATE OF BIRTH (month, day, year) *2-24-1892*AGE Years *41* Months *6* Days *19* If LESS than 1 day, *0* hrs. or *0* min.

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *16 3/4*BIRTHPLACE (city or town) *Ansonia*
(State or country) *Mississippi*3. NAME *John Wirth*4. BIRTHPLACE (city or town) *Ansonia*
(State or country) *Mississippi*5. MAIDEN NAME *Wirth*6. BIRTHPLACE (city or town) *Ansonia*
(State or country) *Mississippi*INFORMANT *Kathleen Wirth*(Address) *3703 Hamilton*7. RITE, CREMATION, OR REMOVAL *Interment*8. UNDERTAKER *Lebanon*(Address) *2203*

14

1934

19

Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 13, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 7, 1934* to *June 13, 1934*I last saw him alive on *June 13, 1934* Death is said to have occurred on the date stated above, at *4:05 p.m.*

The principal cause of death and related causes of importance were as follows:

Peptic ulcer

Date of onset

Other contributory causes of importance:

Pulmonary Infarct
Early Bilateral Bronchopneumonia
*atelectasis*Name of operation *Gastro-enterostomy* Date of *6-8-34*What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No.

If so, specify

(Signed) *B. W. Don*(Address) *University Hospital* M. D.

02279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02279

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. *1623 Mulliken* St. *6-01* Ward)

Registered No. C.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

Residence in Baltimore: No. *1623 Mulliken* St.; yrs. mos. *X* ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX

Female

4-COLOR OR RACE,

Colord

5-Single,

*Married**Widowed**or Divorced.*

(Write the word.)

DATE OF BIRTH

*June**28**1933*

(Month)

(Day)

(Year)

AGE

*1**0**4*

If LESS than 1 day,

hrs. or min.?

OCCUPATION

- (a) Trade, profession, or particular kind of work.
- (b) General nature of industry, business, or establishment in which employed (or employer).

Babys

BIRTHPLACE

(State or Country).

Baltimore city M.D

10-NAME OF FATHER

Theodore Weatherbee

11-BIRTHPLACE OF FATHER

(State or Country).

N.C

12-MAIDEN NAME OF MOTHER

Henretter Jacobs

13-BIRTHPLACE OF MOTHER

(State or Country).

N.C

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant)

Henretter Weatherbee

(Address)

1623 Mulliken St

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH.

June 12/34

192

(Month)

(Day)

(Year)

17-

I HEREBY CERTIFY, That I took charge of the

remains described above, held an *inquiry*

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said *inquiry*and that said deceased came to *death*

on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

Encephalitis? Convul-

sions

(Duration) yrs. mos. ds.

(Signed)

J. H. Waters

(Coroner.)

6/14/34, 192 (Address) *508 E. north Ave.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Asbury cemetery**June 16, 1934*

20-UNDERTAKER

ADDRESS

*Edward Bryan**1631 Orleans*

4 1934

Henretter Weatherbee

02280

✓ F 02280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH

CITY OF BALTIMORE: (City)

Baltimore City Hospital 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Hattie Smith

(a) Residence: No.

310 S Spring

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male 2. Color or Race colored 3. Single, Married, Widowed, or Divorced (write the word) widowed

4. If married, widowed, or divorced, HUSBAND of Hephoria (or) WIFE of

5. DATE OF BIRTH (month, day, year)

March 7, 1894

6. AGE 40 Years 3 Months Days If LESS than 1 day, —hra. or —min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

670

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country)

Baltimore

12. NAME

Wesley Smith

13. BIRTHPLACE (city or town) (State or country)

Baltimore

14. MAIDEN NAME

Jane Price

15. BIRTHPLACE (city or town) (State or country)

Baltimore

INFORMANT

Reeds

(Address)

Balt City Hosp

16. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date June 15, 1934

UNDERTAKER

(Address) 16 W. 1st St. Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That attended deceased from June 11, 1934, to June 12, 1934

Last saw her alive on June 12, 1934. Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

6 weeks ago.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was a disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Phosell

M. D.

(Address)

Balt. City Hosp

FILED

4 1934

19

Re

F 02281

F 02281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1530 Abbotson St. St. 9-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elenora Wright

(a) Residence: No. 1530 Abbotson St. St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced

HUSBAND of John F. Wright
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 12, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	29		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland
(State or country)

NAME Chas. Gardner

BIRTHPLACE (city or town) Maryland
(State or country)

MAIDEN NAME Elenora German

BIRTHPLACE (city or town) Maryland
(State or country)INFORMANT John F. Wright
(Address) 1530 Abbotson St.

BURIAL, CREMATION, OR REMOVAL

Burial Parkwood Cem. Date June 14, 1934

UNDERTAKER John Gellert
(Address) 2008 Orleans

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY That I attended deceased from April 16, 1934 to June 11, 1934

I last saw her alive on June 11, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Pneumonia

Date of onset

April 1932

Other contributory causes of importance:

Coronary Thrombosis

June 14, 1934

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. W. Gellert M. D.

(Address) 2746 Alameda Blvd

F 02282 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH *Sydenham Hospital*CITY OF BALTIMORE: (No. *9-21* Ward)Length of residence in city or town where death occurred yrs. mos. *9* ds. How long in U. S. If of foreign birth? yrs. mos. ds.FULL NAME *Billy Gene Barth*(a) Residence: No. *Elliott City*

(Usual place of abode)

Ward. *Inf*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Baby*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *June 22, 1913*

AGE Years *11* Months *22* Days *21* If LESS than 1 day. hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Elliott City, Md.*
(State or country)

13. NAME *John H. Barth*

14. BIRTHPLACE (city or town) *Woodlawn, Md.*
(State or country)

15. MAIDEN NAME *Ellen May Porter*

16. BIRTHPLACE (city or town) *Elliott City, Md.*
(State or country)

INFORMANT *Mrs. Barth*(Address) *Elliott City, Md.*

BURIAL, CREMATION, OR REMOVAL

Place *Morgan Chapel June 15, 1934*UNDERTAKER *B. M. Nantz*(Address) *Dimfield St.*FILED *4-10-34*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 13, 1934*

22. I HEREBY CERTIFY, That attended deceased from *June 5, 1934* to *June 13, 1934*

I last saw her alive on *June 13, 1934* Death is said to have occurred on the date stated above, at *7:21* m.

The principal cause of death and related causes of importance were as follows:

Pharyngitis
Pneumonia

Date of onset *June 5*

Other contributory causes of importance:

Name of operation *none*Date of *June 13*What test confirmed diagnosis *X-Ray* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of Injury *June 13, 1934*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *Harry L. Lerner*(Address) *Sydenham Hospital*

M. D.

F 02283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Harlem 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. 2733 Harlem St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X Color or Race 5. Single, Married, Widowed, (write the word)

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years Months Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

1. Total time (years) in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT

Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 16, 1934

DEERTAKER

Address) 2700 Edmondson Ave

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

19 to 19

I last saw h. alive on Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 months

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 02284

F 02284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2406 Ashland Ave. 7th Ward)

Length of residence in city or town where death occurred. yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

August A Pasch

(a) Residence: No.

(Usual place of abode)

2406 Ashland Ave. 7th Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Color of Race 4. Color of Race White 5. Single, Married, Widowed, or Divorced (write the word) married

(married, widowed, or divorced)

HUSBAND of

Frances Pasch

DATE OF BIRTH (month, day, year)

August 3-1896

AGE

37

Years

Months

Days

If LESS than 1 day, ... hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Funeral

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Director

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Baltimore

NAME

Anton Pasch

BIRTHPLACE (city or town) (State or country)

Bohemia

MAIDEN NAME

Not Known

BIRTHPLACE (city or town) (State or country)

Bohemia

FORMAN

Frances Pasch

(Address)

2406 Ashland Ave.

BURIAL, CREMATION, OR REMOVAL

all

Still June 12-34

UNDERTAKER

Joseph J. Brown

(Address)

1004 1st Century Ave.

21. DATE OF DEATH (month, day, year)

June 12, 1934

22. I HEREBY CERTIFY, That attended deceased from

August 4, 1933, to June 12, 1934

I last saw him alive on June 12, 1934. Death is said

to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1 yr

Other contributory causes of importance:

Name of operation

None

Date of

✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

Joseph Pokorny 2200 E. Madison St.

1934

F 02285

F 02285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

South Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME

Mrs. Lena McKay

(a) Residence: No.

922 No. Duncan St.

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. Married, widowed, or divorced

HUSBAND of

Adrian McKay

(or) WIFE of

DATE OF BIRTH (month, day, year)

April 13-1867

AGE

Years

Months

Days

If LESS than 1 day. hrs. or min.

67 2

Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Balto

2. NAME

John Bowers

4. BIRTHPLACE (city or town) (State or country)

Germany

5. MAIDEN NAME

Lena Gammon

6. BIRTHPLACE (city or town) (State or country)

Germany

INFORMANT

Geo McKay

(Address)

922 No. Duncan St.

7. BURIAL, CREMATION, OR REMOVAL

Buried June 16-34

8. UNDERTAKER

(Address)

J. J. Stur + Son 3000 Kentucky Ave

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/34 19

22. I HEREBY CERTIFY, That I attended deceased from 6/9/34 19 to 6/13/34 19

I last saw her alive on 6/13/34 19 Death is said

to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized
Arteriosclerotic heart disease
Chronic nephritis
Uremia

Date of onset

?

?

?

6/2/34

Other contributory causes of importance:

Name of operation Name clinical and Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury - 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

D. W. P. Currie

M. D.

(Address)

40 Balto. Genl. Hosp.

F 02286

286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 112 S. Highland Ave. St. 26-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Mary a Heien

(a) Residence: No. 112 S. Highland Ave. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
----------------	---------------------------	---

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10-1876			
AGE	Years	Months	Days
	58	5	2
if LESS than 1 day, hrs. or min.			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	at home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
9. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation	

BIRTHPLACE (city or town) Baltimore, MD
(State or country)

3. NAME Herman Heien

4. BIRTHPLACE (city or town) Germany
(State or country)

5. MAIDEN NAME Augusta Golke

6. BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Mrs. Henry Miller
(Address) 2010 N. Wolfe St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am. Date June 15, 1934

UNDERTAKER George W. Zinkler
(Address) 1737 E. Egan St

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934, to June 12, 1934.

I last saw him alive on June 12, 1934. Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative Hypertension	3 yrs
Chronic Nephritis	3 yrs

Other contributory causes of importance:

Cancer of Ovis (nose)	May 1934
Cancer of	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry J. Schindler

(Address) 6016 Eastern Ave

1934

F 02287

F 02287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 129

PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.

St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Claude H. Lugenbeel

(a) Residence: No. 500 E. Barney Street, Baltimore, Md. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced

HUSBAND of Anna May Miller Lugenbeel
(or) WIFE of

DATE OF BIRTH (month, day, year) May 4, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

8. Date deceased last worked at this occupation (month and year) June 9, 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

3. NAME Harry Lugenbeel

4. BIRTHPLACE (city or town) Maryland
(State or country)

5. MAIDEN NAME Effie Beach

6. BIRTHPLACE (city or town) Woodbine
(State or country) MarylandINFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Bedford Place Date June 16, 1934

UNDERTAKER
(Address)A. Howard Evans
30 E. 1st Ave

14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934 to June 13, 1934

I last saw him alive on June 13, 1934 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis, acute, general

Date of onset 6-6-34

Other contributory causes of importance:

Ulcers of cecum

not known

Name of operation Operation on intestine of 6-12-34
Phys. exam. & operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where and injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. M. Townsend M. D.

(Address) U. S. Marine Hospital, Balto. Md.

D. P. 1268-0
2288

F 02288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 Reisterstown Rd.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Date of residence in city or town where death occurred: 123 yrs. 0 mos. 0 ds.How long in U. S. If of foreign birth? 131 yrs. 0 mos. 0 ds.

FULL NAME

(a) Residence: No. 3721 Reisterstown Rd.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 2. Color or Race White 3. Single, Married, Widowed, or Divorced (write the word) Married

4. If married, widowed, or divorced

HUSBAND of Frances Bradley
(or) WIFE ofDATE OF BIRTH (month, day, year) May 28, 1871

AGE

Years 63Months 0Days 15If LESS than 1 day, hrs. 16 or min.

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

6. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

7. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 29BIRTHPLACE (city or town) Bridge
(State or country) Md.8. NAME John J. Bradley9. BIRTHPLACE (city or town) Md.
(State or country)10. MAIDEN NAME Ronise Collison11. BIRTHPLACE (city or town) Md.
(State or country)INFORMANT Mrs. Frances Bradley(Address) 3721 Reisterstown Rd.

12. BURIAL, CREMATION, OR REMOVAL

Place Crompton Md.13. UNDERTAKER Wm. J. McKee Sons(Address) North & Fawcett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 193422. I HEREBY CERTIFY, That I attended deceased from 1929 to June 13, 1934I last saw him alive on June 12, 1934 Death is said to have occurred on the date stated above, at 5154 Ave

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Date of onset

1929

Other contributory causes of importance:

Uræmia6/12/34Name of operation Aut.

Date of

What test confirmed diagnosis? Aut. Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: no

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) Chas. Freeman

M. D.

(Address) 8 East-Read St.

4 1934

Wm. J. McKee Sons

HEALTH DEPARTMENT—CITY OF BALTIMORE

02289

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: No.

Place of residence in city or town where death occurred

FULL NAME

(a) Residence: No.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color of hair
2. Color of eyes
3. Single, Married, Widowed, or Divorced (write the word)
4. Married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

E

Years

Months

Days

If LESS than
1 day, hrs.
or min.

Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town,
State or country)

NAME

BIRTHPLACE (city or town,
State or country)

MAIDEN NAME

BIRTHPLACE (city or town,
State or country)

FORMANT

Address)

12. RIAL, CREMATION, OR REMOVAL

Place

Date

1924

BERTAKER

Address)

ED

1934

0180

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22.

I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

have occurred on the date stated above, at

The principal cause of death and related causes of
importance were as follows:

(Premature Birth)
6 months

Other contributory causes of importance:

Name of operation

Date of

What test confirmed death? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02290

CERTIFICATE OF DEATH

✓ 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sinai Hospital 26-01* St. *Ward*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Baby Boy Mack

(a) Residence: No.

705 S. Greenly

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced. (write the word) *Single*If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

June 10, 1934

AGE

Years

Months

Days

*4*If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)*Balto. Md.*

13. NAME

*Charles Mack*14. BIRTHPLACE (city or town)
(State or country)*Balto. Md.*

15. MAIDEN NAME

*Emma de Vaughn*16. BIRTHPLACE (city or town)
(State or country)*Balto. Md.*

INFORMANT

Emma Mack

(Address)

705 S. Greenly St.

BURIAL, CREMATION, OR REMOVAL

Place

Interred

Date

June 14, 1934

UNDERTAKER

(Address)

*Edw. J. [illegible]**644 [illegible]**H. E. [illegible]*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

*June 10, 1934, to June 14, 1934*I last saw him alive on *June 14, 1934* Death is saidto have occurred on the date stated above, at *2:30 a.m.*The principal cause of death and related causes of
importance were as follows:*Prematurity*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wilfred K. Tompkins, M. D.

(Address)

Sinai Hospital

1934

02291

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02291

CERTIFICATE OF DEATH

93-000

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 S. Elwood Ave. St. 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>
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If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE <u>81</u>	Years	Months	Days	If LESS than 1 day, hrs. or min.
------------------	-------	--------	------	--

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bark, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 16, 1934

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

June 12, 1934, to June 13, 1934I last saw her alive on June 13, 1934. Death is said
to have occurred on the date stated above, at 8:15 m.The principal cause of death and related causes of
importance were as follows:Chronic MyocarditisSenilityBranch PulmonaryMyocardial Failure

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Chronic Was there an autopsy?23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

None If so, specify

(Signed)

(Address)

M. D.

02292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02292

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

913 E. Pratt

ST.

WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME

Thomas Valentine

(a) RESIDENCE NO.

2914 Guilford Avenue

ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed,
or Divorced (write the word)

Male

White

Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Alice Gosweiler

DATE OF BIRTH (month, day, and year) June 25, 1870

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

63

11

17

OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work
(b) General nature of industry,
business, or establishment in
which employed (or employer)

Marble Setter

(c) Name of employer Hilgartner Marble Co.

BIRTHPLACE (city or town)
(State or country)

Baltimore

Maryland

10 NAME OF FATHER Francis Valentine

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Austria

12 MAIDEN NAME OF MOTHER Mary Podesta

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Italy

Informant Mrs. Alice G. Valentine

(Address) 2914 Guilford Avenue

1934

192

Huntington Williams, M.D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1934

17 I HEREBY CERTIFY, That I took charge of the
remains described above, held an *inquiry*
(Inquest, autopsy or inquiry.)thereon and from the evidence obtained by said
Inquiry find that said deceased came to *his* death
(Inquest, au-
topsy or inquiry.)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? *unknown*Did an operation precede death? *No* Date ofWas there an autopsy? *No*What test confirmed diagnosis? *Hist*

(Signed)

*W. H. Peterson*M. D.
Coroner

6/13, 1934 (Address) 1305 N. Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes,
state (1) Means and Nature of Injury, and (2) whether Accidental,
Suicidal, or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL
Green Mount Cemetery

DATE OF BURIAL

6/15 1934

20 UNDERTAKER

Henry W. Marks & Son 805 N. Calvert

2293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 02293

✓ 122-002

1 PLACE OF DEATH

CITY OF BALTIMORE: IN Church Home & Infirmary WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Hugo Wallin

(a) RESIDENCE NO.

219 W Monument

ST.

WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds.

How long in U. S., if of foreign birth? 25 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

1 COLOR OR RACE

3 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Divorced

If married, widowed, or divorced

HUSBAND of

Unknown Oct 18, 1886

DATE OF BIRTH (month, day, and year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8

3

25

OCCUPATION OF DECEASED

(Physiotherapist)

(a) Trade, profession or particular kind of work

Physiotherapy

(b) General nature of industry, business, or establishment in which employed (or employer)

medical

(c) Name of employer

None

BIRTHPLACE (city or town)

Stockholm

(State or country)

Sweden

10 NAME OF FATHER

Carl F. Wallin

11 BIRTHPLACE OF FATHER (city or town)

?

(State or country)

Sweden

12 MAIDEN NAME OF MOTHER

Anna Lehman

13 BIRTHPLACE OF MOTHER (city or town)

?

(State or country)

Sweden

Informant (Address)

Self

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 13, 1934

17

I HEREBY CERTIFY, That I attended deceased from

May 21, 1934, to June 13, 1934

that I last saw him alive on June 13, 1934

and that death occurred, on the date stated above, at 3:45 p.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction following posterior gastroenterostomy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

Dehydration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? yes Date of 5/30/34

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed)

Sealed H. J. Jordan M. D.

19

(Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Palmira, New Jersey

6/16, 1934

20 UNDERTAKER

ADDRESS

Henry W. Meeks & Son 805 N. Calvert

1934

Stamington Williams, Jr.
a Pennsylvania Railroad Escort -

Mrs. Alma Wallin

D. B. 1268
02294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. *188*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St., *1270* Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

St., *Route # 2* Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of (or) *Mrs. John Sterner*

DATE OF BIRTH (month, day, year)

AGE Years *50* Months *11* Days *1* If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

3. NAME

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

Date

UNDERTAKER

(Address)

DATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

May 31, 19 *34* to *June 15*, 19 *34*I last saw him alive on *June 15*, 19 *34* Death is said to have occurred on the date stated above, at *2:48 A.M.*

The principal cause of death and related causes of importance were as follows:

Extra-abdominal injury - result of mule kick
Pneumonia

Date of onset

*5-30-34**6-2-34*

Other contributory causes of importance:

Name of operation *Exploratory laparotomy* Date of *6-5-34*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *May 30 19 34*Where did injury occur? *on his farm - Lineboro, Md. Route # 2*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *while working on his farm*Manner of injury *Mule Kick*Nature of injury *Rupture of a hollow viscus - ?*24. Was disease or injury in any way related to occupation of deceased? *yes* If so, specify *while working on farm*

(Signed)

M. D.

(Address)

15 1934

02295 HEALTH DEPARTMENT—CITY OF BALTIMORE

F02295

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: *Harbor General Hospital*Registered No. *167*

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* da.

FULL NAME

Charles H. Barnes(a) Residence: No *304-E-21-st* St., *12-01* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widow, or divorced HUSBAND of *Grace Barnes*DATE OF BIRTH (month, day, year) *5-22-01*AGE Years *23* Months *—* Days *23* If LESS than 1 day, *—* hrs. or *—* min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bookkeeper*Industry or business in which work was done, as silk mill, saw mill, bank, etc. *086*Date deceased last worked at this occupation (month and year) *May 11-1924* 11. Total time (years) spent in this occupation *34* yrsBIRTHPLACE (city or town) *Falling Waters* (State or country) *W. Va.*NAME *H. G. Barnes*BIRTHPLACE (city or town) *W. Va.* (State or country) *W. Va.*MAIDEN *Black Emerson*BIRTHPLACE (city or town) *Falling Waters* (State or country) *W. Va.*INFORMANT *Grace Barnes*(Address) *304-E-21-st*

BURIAL, CREMATION, OR REMOVAL

Place *Wagerstown* Date *June 16* 19*34*UNDERTAKER *H. K. Coxman*(Address) *Wagerstown*FILED *15* 19*34*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-14* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *19* to *19*I last saw him alive on *19* Death is said to have occurred on the date stated above, at *—* m.The principal cause of death and related causes of importance were as follows: *Gun Shot* Date of onset*Wound through head*
(Succeeded)

Other contributory causes of importance:

Name of operation *—* Date of *—*What test confirmed diagnosis? *—* Was there an autopsy? *—*23. If death was due to external causes (violence) fill in also the following: *—* 19Accident, suicide, or homicide *—* Date of injury *—*Where did injury occur *at home* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *—*Manner of injury *—*Nature of injury *—*24. Was disease or injury in any way related to occupation of deceased? *—*(Signed) *John H. Houser* M. D. (Address) *2632 Roland*

F 02296

F 02296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Lucia Hospital* St. *7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No.

(Usual place of abode)

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *Barbara*DATE OF BIRTH (month, day, year) *1869*

AGE 65 Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *U.S.A.*13. NAME *K. Brown*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *K. Brown*16. BIRTHPLACE (city or town) (State or country) *Germany*INFORMANT *Barbara Markheimer*(Address) *as above*

BURIAL, CREMATION, OR REMOVAL

Place *Lenox Park*UNDERTAKER *John J. Jones*(Address) *1439 E. Pratt St.*

FILED

1934

21. DATE OF DEATH (month, day, year) *June 14, 1934*22. I HEREBY CERTIFY, That I attended deceased from *April 4, 1934* to *June 14, 1934*I last saw him alive on *June 14, 1934* Death is said to have occurred on the date stated above, at *11:30* A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial failure

Date of onset

June 14, 1934

Other contributory causes of importance:

*Carcinoma of stomach**Chronic prostatitis*

?

Name of operation *Cystoscopy* Date of *6/15/34*What test confirmed diagnosis? *Yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *None* Date of injury *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel Weismann*(Address) *Lucia Hospital*

M. D.

D. F. 42099

F 02297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Harlem Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Kate S. Laynor

(a) Residence: No. 2415 Harlem Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 19, 1848

AGE 35 Years 8 Months 25 Days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher 068

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

NAME George J. Laynor

BIRTHPLACE (city or town) Germany (State or country)

MAIDEN NAME Sophia Seiler

BIRTHPLACE (city or town) Germany (State or country)

FORMANT Mrs. Grace Robinson

(Address) Elkridge, Md.

BURIAL, CREMATION, OR REMOVAL

Bury, Cemetery, Dorsey, Md. Date June 15, 1934

UNDERTAKER E. Leroy S. Miller, Inc.

(Address) 125 E. North Ave.

15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1934

22. HEREBY CERTIFY, That I attended deceased from Feb. 16, 1933, to June 13, 1934

I last saw her alive on June 13, 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis

cerebral hemorrhage

Date of onset

1930?

6/13/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

George J. Laynor 5030 Edmondson Ave.

M. D.

D. 1268-02298

F 02298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

St Agnes Hospital

St.

Ward)

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

Mr. Samuel J. Brown

(a) Residence: No. 310 S. Fulton St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Mrs. Brown

DATE OF BIRTH (month, day, year)

April 12th 1866

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

68

7

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Jobbing

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)

Ind.

13. NAME

Samuel Brown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

don't know

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

Mary Brown
310 S. Fulton St.

BURIAL, CREMATION, OR REMOVAL

Place

Gravestone

Date

June 10th 1934

UNDERTAKER

(Address)

G. Jones
111 S. Fulton St.

FILED

15 1934

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from

5 May, 1934 to June 12, 1934. I last saw him alive on 11 at 11 A.M. 1934. Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed)

Samuel J. Brown M. D.
St Agnes Hospital

(Address)

2299

HEALTH DEPARTMENT—CITY OF BALTIMORE

02299

CERTIFICATE OF DEATH

PLACE OF DEATH

Pronounced dead

Y OF BALTIMORE: (No. of Baltimore)

Michael Mercy Hospital - 01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

FULL NAME

Michael Wojciechowski

(a) Residence: No.

1112 S East Ave St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of

Josefa Wojciechowski

TE OF BIRTH (month, day, year)

Unknown

Years	Months	Days	If LESS than day hrs. or min.
63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Common

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Poland

NAME

John Wojciechowski

BIRTHPLACE (city or town) (State or country)

Poland

MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

Poland

FORMANT

Francis Wojciechowski

Address

1112 S East Ave

RIAL, CREMATION, OR REMOVAL

Date

St. Stanislaus 6/16 1934

BERTAKER

Address

John J. Duda 2811 Hudson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on June 12, 1934. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombus

Date of onset

Sudden

Other contributory causes of importance:

Myocarditis

(Probably Angina type)

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) June M. Kuter

M. D. Coroner

(Address) 700E Chase

5 1934

19

Registrar

F 02300

F 02300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 W. 28th St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Fetus Hines

(a) Residence: No. 412 W. 28th St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX determined Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 10, 1934 AGE Years Months Days If LESS than 1 day, hrs. or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Albert Hines

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Addie Pearl Rayston

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

INFORMANT Addie Rayston Hines (Address) 412 W. 28th St.

BURIAL, CREMATION, OR REMOVAL Place St Agnes Hospital Date 6-11-1934

UNDERTAKER

15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1934

22. I HEREBY CERTIFY That I attended deceased from June 10, 1934 6-10-1934

I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 1:20 AM.

The principal cause of death and related causes of importance were as follows:

Premature labor about 3 mos.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kauffman Miller M. D.

(Address) 1212 St Paul St

F 02301

F 02301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3047 Mayfield ave St., 8-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 3047 Mayfield ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married
If married, widowed, or divorced		
HUSBAND of <u>Arthur L. Mankley</u>		
(or WIFE of)		
DATE OF BIRTH (month, day, year) Jan 23 rd 1894		
AGE	Years	Months
40	4	20
If LESS than 1 day, hr. or min.		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 12, 1934.

I last saw him alive on June 12, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

6/12/34

Other contributory causes of importance:

Arteriosclerosis
Hypertension

1930.

1934.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) George Abram Barden

(Address)

15178 North Ave

M. D.

1934

F 02302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. *City Hospital* St. *76-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Place of residence in city or town where death occurred *Unknown*

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME *Frederick Doncker*

(a) Residence: No.

(Usual place of abode)

St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 4. Color or Race *White* 5. Status Married, Widowed, or Single (write the word) *Married*

6. HUSBAND of *Anna Doncker* (or) WIFE of *Frederick Doncker*

DATE OF BIRTH (month, day, year) *1879*

7. Age Years *35* Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country)

13. NAME *Michael Doncker*

14. BIRTHPLACE (city or town, State or country)

15. MAIDEN NAME *Elizabeth Palowoy*

16. BIRTHPLACE (city or town, State or country)

17. FORMER NAME *Edith Palowoy*

18. Address *535 Bruce St*

19. RIAL, CREMATION, OR REMOVAL

20. Date *6/15/34*

21. BERTAKER *1347 St Charles St*

22. Address

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 10, 1934*22. I HEREBY CERTIFY, That I attended deceased from *injury* 19 to 19I last saw h. alive on *injury* 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured left Femur
pneumonia

Date of onset

*6/6/34**6/8/34*

Other contributory causes of importance:

Automobile Accident

*6/6/34*Name of operation *none*Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: *Accident* Date of injury *6/6/34*Accident, suicide, or homicide *Accident*Where did injury occur? *25th St & Monte Bell St*Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Struck by an auto while*Nature of injury *walking across the street.*

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Joseph Phorn

Coroner

M. D.

(Address)

2200 E Madison St

F 02303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02303

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH

CITY OF BALTIMORE

NO. 1424 Harley Ave. 16-01

WARD

2. FULL NAME

Eugenia C. Haney

(a) RESIDENCE NO.

1424 Harley Ave.

WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

20 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

X

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

C

Widow

If married, widowed, or divorced, HUSBAND (or) WIFE

H. C. Haney

DATE OF BIRTH (month, day, and year)

Dec. 3 1875

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

59

6

10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Ind. unknown

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant

(Address)

Benah C. Caldwell 1424 Harley Ave.

Filed

1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 13, 1934

I HEREBY CERTIFY, that I attended deceased from June 9, 1934, to June 13, 1934, that I last saw her alive on June 13, 1934, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH was as follows:

Lobar Pneumonia with Pleurisy

CONTRIBUTORY (Secondary)

6 hrs. Val. St. D. 3 ds.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical finding

(Signed)

W. S. Sargent, M.D.

(Address) 1522 Harley Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR RE-MOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

St. Michaels

6/16/34

Amb. H. Chase & Son

28 W. Gibson

F 02304

F 02304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 92-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 W. Dunaloga ST. 49-01 WARD)

2. FULL NAME. Ella Russell

(a) RESIDENCE NO. 1517 W. Dunaloga ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

Female Colored Single
If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Essex Co. (State or country) Va

10 NAME OF FATHER Isaac Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Amanda Bagby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Bella Robinson 1517 W. Dunaloga St.

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/14/34

17

I HEREBY CERTIFY, That I attended deceased from 6/14/34 June 14, 1934 that I last saw him alive on June 14, 1934 and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Heart. Regurgitation. (duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Hatcher M. D. (Address) 1225 Pa Ave 6/15/34

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER Mt. Calvary

6/18/34 ADDRESS

Saml. W. Chase 608 N. Gibson

02305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 02305

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE, No.

181 Ashburton St. 15-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color of skin *White* 5. Single, Married, Widowed or Divorced (write the word) *Married*

6. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Fred. Bowles*

7. DATE OF BIRTH (month, day, year) *Sep 30 1889*
 8. AGE Years *47* Months *8* Days *14* If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 11. Total time (years) spent in this occupation (month and year)

12. BIRTHPLACE (city or town) (State or country) *Baltimore*

13. NAME *Christian Foss*

14. BIRTHPLACE (city or town) (State or country) *Baltimore*

15. MAIDEN NAME *Christina Fiskler*

16. BIRTHPLACE (city or town) (State or country) *Germany*

17. FORMANT (Address) *Wm. Foss, 638 Wildwood Thruway*

18. BURIAL, CREMATION, OR REMOVAL *Buried*

19. Date *June 16, 1934*

20. Address *Jeremiah S. Soper, 1644 North Ave*

21. Registrar *Wm. Foss*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19. Death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Suicide
Strangulation
by Hanging

Other contributory causes of importance:

Name of operation

Date of

What test confirmed *Regular* was there an autopsy *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Wm. Foss* M. D.(Address) *Coroner*

HEALTH DEPARTMENT—CITY OF BALTIMORE

306

F 02306

CERTIFICATE OF DEATH

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Josephs Hospital St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 50 mos. ds.

FULL NAME Catherine Lena Neubauer(a) Residence: No. 205 Kenwood Ave. Raspeburg St. 2nd Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. married, widowed, or divorced

HUSBAND of John Neubauer

(or) WIFE of

DATE OF BIRTH (month, day, year) May 7th. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	6		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Ottengrün
(State or country) GermanyNAME John BodenschaltzBIRTHPLACE (city or town) Unknown
(State or country) GermanyMAIDEN NAME Eva SteckerBIRTHPLACE (city or town) Unknown
(State or country) GermanyFORMANT John Neubauer (Husband)(Address) 205 Kenwood Ave. Raspeburg

ERIAL, CREMATION, OR REMOVAL

Place Jerusalem Lutheran CemeteryNDERTAKER Speth & Sons
2401 Belair Road

(Address)

N 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th. 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h alive on

19 Death is said

to have occurred on the date stated above, 3 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 02307

02307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. _____
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Berkshire Road 27-01 St. Ward)

Place of residence in city or town where death occurred _____ yrs. mos. ds. How long in U.S. If of foreign birth? _____ yrs. mos. ds.

FULL NAME

(a) Residence: No. 3126 Berkshire Road St. Ward. _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____
 6. If married, widowed, or divorced _____
 HUSBAND of _____
 (or) WIFE of _____

DATE OF BIRTH (month, day, year)

82 Years 6 Months 28 Days If LESS than 1 day _____ hrs. or min. _____

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 9. Date deceased last worked at this occupation (month and year) _____ 10. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 3126 Berkshire Rd.

MANNER OF REMOVAL, OR REMOVAL

By _____ date June 18, 1934

BURIAL TAKER

(Address) 7401 Belair Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY, That _____ attended deceased from

June 3rd, 1934, to June 14, 1934

I last saw him alive on June 14, 1934 death is said

to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis
 Nephritis
 Date of onset June 3rd 1934

Other contributory causes of importance:

Chronic Nephritis
 Date of onset 1932

Name of operation

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) _____ M. D.
 (Address) 1 W. Union Ave

UN 15 1934

D-120 02308

✓ F 02308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Henry

St. 24-01 Ward)

Length of residence in city or town where death occurred

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1504 Henry

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex *Male* 4. Color of Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*
 If married, widowed or divorced
 HUSBAND or *Magaret M. Mully Fox*
 (or) WIFE of *1869*

DATE OF BIRTH (month, day, year)

AGE *66* Months Days If LESS than 1 day, hrs. min.

6. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *watchman*

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Ireland*

1. NAME *Fox*

4. BIRTHPLACE (city or town) (State or country) *Ireland*

5. MAIDEN NAME *Unknown*

6. BIRTHPLACE (city or town) (State or country) *Unknown*

INFORMANT

(Address) *James A. Fox*

BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*

UNDERTAKER

(Address) *Magaret M. Flynn*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 13 34*

22. I HEREBY CERTIFY that I attended deceased from *May 10* to *June 13 34*

I last saw him alive on *June 13 1934* Death is said to have occurred on the date stated above, at *7:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Carcinoma - oesophagus

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in all the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

John A. Schmitt
1337 S. Charles St.

M. D.

1934

Huntington

D. B. 1258
02309

F 02309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Aged Women's Home
CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Kate L. Gessendaffer

(a) Residence: No. 1404 W. Lexington St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male White

Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 86 Years Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lakeville Md.

9. NAME

Justus Gessendaffer

10. BIRTHPLACE (city or town) (State or country)

Germany

11. MAIDEN NAME

Katherine Kechler

12. BIRTHPLACE (city or town) (State or country)

Germany

13. INFORMANT

Miss Tennet

(Address) 4008 Redwood Ave

14. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date June 14, 1934

15. UNDERTAKER

F. Kernan Keckner

(Address) 1532 Hollister St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 10, 1934 to June 14, 1934

I last saw him alive on June 13, 1934 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

5 days

Other contributory causes of importance:

Hypertension
Atherosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas B. J. J. J.

1115 St. Paul St.

15 1934

F 02310

F 02310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Aged Men's Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Isaac Twamley

(a) Residence: No. 1404 W. Lexington St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

Feb 12, 1850

AGE Years Months Days If LESS than 1 day, ...hra. or min.

84

4

2

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

New York

NAME

John Twamley

BIRTHPLACE (city or town) (State or country)

New York

MAIDEN NAME

Unknown

BIRTHPLACE (city or town) (State or country)

Unknown

FORMANT

Mary E. Forestal

(Address) 1400 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine

Date June 16, 1934

UNDERTAKER

F. Vernon Keebler

(Address) 1532 Hollister St.

5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1934

22. I HEREBY CERTIFY, That attended deceased from

June 16, 1934 to June 19, 1934
I last saw him alive on June 13, 1934 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Chronic

Date of onset

Other contributory causes of importance:

Prostatic Hypertrophy
Cystitis

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed).....

(Address)

Wm B. Angel
1115 E. 1st Ave. N. City

F/02341

311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 44 East 26th St., 12-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME JOHN J. WALDRON

(a) Residence: No. 44 E. 26th Street St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Mrs. Anna C. Waldron (or WIFE of)

DATE OF BIRTH (month, day, year) June, 3rd, 1854

AGE 80 Years Months Days 11 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) England (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

INFORMANT Mrs. Anna C. Waldron (Address) 44 E. 26th Street

BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cemetery Date June 15, 1934

UNDERTAKER (Address) Chas. H. Trause & Son 118 W. McMillan Ave.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to June 14, 1934.

I last saw him alive on June 13, 1934. Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Softening May 10/34

Other contributory causes of importance:

Cerebral Embolism 12/24/33

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B. They M. D. (Address) 2504 27th St.

F 02312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02312

CERTIFICATE OF DEATH

92-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3114 Chesterfield Ave. St. Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Christine Listman

(a) Residence: No. 3114 Chesterfield Ave. St. 26-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced

HUSBAND of George Listman
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 5, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Germany
(State or country)

NAME George Deitz

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Dont Know

BIRTHPLACE (city or town) Germany
(State or country)INFORMANT Wm. G. Listman
(Address) 3114 Chesterfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 16, 1934

UNDERTAKER
(Address)John A. Lewis
2108 E. ...

FILE

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8-1933, to 6-13-1934

I last saw her alive on 6-13-1934. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis - Rheumatic

Date of onset

Childhood

Other contributory causes of importance:

Auricular Fibrillation

23-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Milton C. Paul M. D.

(Address) 2117 Belair 7 Rd.

2313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No.

513 Rossiter Ave

St.,

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

Margaret Hogg Norman

(a) Residence: No.

513 Rossiter Ave

St.,

Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

1. Sex	2. Color or Race	3. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widow

4. Marital Status	5. Name of HUSBAND or WIFE of
Married, widowed, or divorced	Hugh A. Norman

6. Date of Birth (month, day, year)	7. Age
June 3/1871	63

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
None	None		

12. Birthplace (city or town)	13. State or country
Baltimore, Md.	

14. Name	15. Birthplace (city or town)	16. State or country
James Hamilton Hogg	Baltimore, Md.	

17. Maiden Name	18. Birthplace (city or town)	19. State or country
Margaret Raborg	Baltimore, Md.	

20. Name	21. Address
Mrs. C.E. Boyd (Daughter)	513 Rossiter Ave

22. Name	23. Address

24. Name	25. Address

26. Name	27. Address

28. Name	29. Address

30. Name	31. Address

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Injury

6/11/34

Other contributory causes of importance:

Chr Myocarditis- Hypertrophy 5 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident 6/11/34

Where did injury occur?

Balto., Md.

Specify whether injury occurred in industry, in home, or in public place Slipped to floor of her bedroom in her home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

Coroner

M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

2314

CERTIFICATE OF DEATH

F 02314

164-001

PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred

FULL NAME

(a) Residence

PERSONAL AND STATISTICAL PARTICULARS

4. Color of hair Male White 5. Single Married, Widowed, or Divorced (write the word) Single

(If married, widowed, or divorced)
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) July 4-1886
AGE 47 11 9 If LESS than 1 day, hrs. min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town, State or country)

NAME

BIRTHPLACE (city or town, State or country)

MAIDEN NAME

BIRTHPLACE (city or town, State or country)

FORMANT

(Address)

TRIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1934

2909 Silver Hill Rd. 28

Jas. G. Casey

2909 Silver Hill

St.

Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1934
22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on June 13 1934 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:
Semicoma
AsphyxiatedOther contributory causes of importance:
Hypertension

Name of operation

What test confirmed diagnosis? Regular
23. If death was due to external causes (violence, fall, the following: Suicide Date of death June 13 1934
Accident, suicide, etc. 2909 Silver HillWhere did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

02315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02315
V 82-002

PLACE OF DEATH

CITY OF BALTIMORE:

Baltimore City Hospital 12-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

William Hanson

(a) Residence: No.

2215-17 Argonne Kelly St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male Color of Hair colored Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced
HUSBAND of Rose
WIFE of

DATE OF BIRTH (month, day, year)

AGE 50 ? Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country)

Summerville Co Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 22, 1934 to June 13, 1934

last saw him alive on June 13, 1934 Death is held to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
left hemiparesis
Heart disease, hypertensive
Cerebral thrombosis

Date of onset

6 Mos

1 Mos

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Manner of injury

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

P. Phagis

(Address)

Baltimore City Hosp

M. D.

02316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mon. da.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Mosher St. 16-01 Ward)

FULL NAME

(a) Residence: No. 2303 Mosher St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Race. Single, Married, Widowed, Divorced (write the word)

If married, widowed, or divorced

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

2. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

3. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

4. Date deceased last worked at this occupation (month and year)

5. Total time (years) spent in this occupation

6. BIRTHPLACE (city or town) (State or country)

7. NAME

8. BIRTHPLACE (city or town) (State or country)

9. MAIDEN NAME

10. BIRTHPLACE (city or town) (State or country)

11. INFORMANT

(Address)

12. BURIAL, CREMATION, OR REMOVAL

Place

13. UNDERTAKER

(Address)

14. DIED

5 1934

15. REGISTERED

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

June 13 1934 to June 14 1934

I last saw him alive on June 13 1934

to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Cook

(Address) 223 V Eulow St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02317

CERTIFICATE OF DEATH

PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

FULL NAME

Mrs. Fannie E. Smith

(a) Residence: No.

516 Chestnut Hill Ave. St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. ~~Single~~ Married, Widowed, _____ (write the word)

male White Widowed

6. ~~Married~~ widowed, or divorced, _____ (for) WIFE of George A. SmithDATE OF BIRTH (month, day, year) Sept 9th 1858

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

10. BIRTHPLACE (city or town) _____ (State or country) Richmond Va.

11. NAME James T. Farrar

12. BIRTHPLACE (city or town) _____ (State or country) Ireland

13. MAIDEN NAME Martha A. Hayward

14. BIRTHPLACE (city or town) _____ (State or country) Richmond Va.

15. INFORMANT Clara M. Mac Kenzie

16. (Address) 516 Chestnut Hill Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 16, 1934

18. UNDERTAKER _____ (Address) 1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-12-1934 to 6-14-1934

I last saw her alive on 6-14-1934. Death is said to have occurred on the date stated above, at 1:15 A. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & hypertension
Chronic Myocarditis
Chronic Nephritis

Other contributory causes of importance:

Cerebral Hemorrhage 6-12-34

Name of operation _____ Date of _____

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) _____ M. D.

(Address) _____

2318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02318

131

PLACE OF DEATH

Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

Age of residence in city or town where death occurred. 43 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(Mrs) Mary Beener

(a) Residence: No. 1611 E. 31st

(Usual place of abode)

St., _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race male 2. Single, Married, Widowed, or Divorced (write the word) Married

3. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Edwin Beener

DATE OF BIRTH (month, day, year)

June 15, 1890

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

43

10

—

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

6. Date deceased last worked at this occupation (month and year)

June 15, 1934

11. Total time (years) spent in this occupation

137

BIRTHPLACE (city or town) (State or country)

Baltimore Md

3. NAME

Edmond Boyle

4. BIRTHPLACE (city or town) (State or country)

Baltimore Md

5. MAIDEN NAME

Cassie Donke

6. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

(Address)

Edwin Beener

1611 E. 31st

BURIAL, CREMATION, OR REMOVAL

Place

London, Ohio

Date

June 18, 1934

UNDERTAKER

(Address)

J. M. Cook

1214 E. Paul St

DIED

5 1934

Huntington Williams, Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from

June 12, 1934, to June 15, 1934

I last saw her alive on June 15, 1934. Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Hypertension

Date of onset

1931

1931

Other contributory causes of importance:

Anemia

6/10/34

Name of operation _____ Date of _____

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

NO

If so, specify _____

(Signed) _____

Henry M. Hansen

M. D.

(Address) Union Memorial Hospital

02319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospital St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mae Balfour

(a) Residence: No.

867 N Fayette St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of William Balfour (or) WIFE of

DATE OF BIRTH (month, day, year) May 6 1902 AGE 32 Years 32 Months 1 Days 6 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Hungary (State or country)

NAME Andrew Danco

BIRTHPLACE (city or town) Hungary (State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Hungaria (State or country)

INFORMANT Wm W Balfour (Address) 867 N Fayette St

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 6/16/1934

UNDERTAKER Frederick A. Wiley (Address) 1000 W Lombard St

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Hargrave M.D. Coron

(Address) 1305 N. Patterson Park

51934

F 02320

02320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Franklin Square Hospital

CITY OF BALTIMORE: (No. _____)

St., -01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Margaret Skinecka

(a) Residence: No. 2631

Hudson St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Martin Winiacki

DATE OF BIRTH (month, day, year)

July 1903

AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

30

11

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

None

BIRTHPLACE (city or town)
(State or country)Baltimore
Md

13. NAME

Walter Gienkowskie
Poland14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Agnes Wachowicz
Poland16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

Martin Winiacki
2631 Hudson St

BURIAL, CREMATION, OR REMOVAL

Place

Holy Rosary

Date 6/18

19

UNDERTAKER

(Address)

John Tuda
2711 Hudson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from
6 - 14, 1934, to 6 - 15, 1934I last saw her alive on 6 - 15, 1934 Death is said
to have occurred on the date stated above, at 7 A. m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Intestinal obstruction
due to mesenteric
band

Other contributory causes of importance:

Name of operation Release of mesenteric band

Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Samuel Rubin

M. D.

(Address)

Franklin Sq. Hosp.

5 1934

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02321

F 02321
✓ 131

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH *Southern Hospital*
CITY OF BALTIMORE: (NO. *2-01* WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME *William Henry Hughes*
Residence in Baltimore: No. *910 Fell Street*

St.: yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX. *male* 4-COLOR OR RACE. *White* 5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. *Divorced*
(Write the word.)DATE OF BIRTH *April 4, 1857*
(Month) (Day) (Year)AGE, *77 yrs. 2 mos. 9 ds.* If LESS than 1 day, hrs. or min.?OCCUPATION:
(a) Trade, profession, or particular kind of work. *Boat Builder*
(b) General nature of industry, business, or establishment in which employed (or employer).....BIRTHPLACE, (State or Country), *Baltimore, Md.*10-NAME OF FATHER, *John Hughes*11-BIRTHPLACE OF FATHER (State or Country), *Maryland*12-MAIDEN NAME OF MOTHER *Unknown*13-BIRTHPLACE OF MOTHER (State or Country), *Unknown*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Mr. John Hughes*(Address) *910 Fell Street*

1934

191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, *June 13, 1934*
(Month) (Day) (Year)17- I HEREBY CERTIFY, That I attended deceased from *May 15, 1934*, to *June 12, 1934*, that I saw him alive on *June 12, 1934*, and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Chronic Bright's Disease
Heart Failure..... (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) *Chronic Bright's Disease*
..... (Duration) yrs. mos. ds.(Signed) *W. H. Hughes* M. D.
W. H. Hughes, 1934. (Address) *7901 Eastern Ave.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, *Moreland Memorial Park June 13, 1934*

20-UNDERTAKER

E. Leroy Stiffler, Inc. 125 E North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JORNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 3-01 Ward)Length of residence in city or town where death occurred, 6 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

FULL NAME

Peter McCready(a) Residence: No. 34 S Bond St

(Usual place of abode)

St. _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) singleIf married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE 30 Years Months Days If LESS than 1 day, 0 hrs. or 0 min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

P W a worker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)Md

3. NAME

Ellwood McCready4. BIRTHPLACE (city or town)
(State or country)Md

5. MAIDEN NAME

Virginia Todd6. BIRTHPLACE (city or town)
(State or country)Md

INFORMANT

(Address)

RecordsJORNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place

Cambridge, Md. Date June 16, 1934

UNDERTAKER

(Address)

Mc Kate R. Williams322 S. Schroeder St

1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 9, 1934, to June 13, 1934I last saw him alive on June 13, 1934 Death is saidto have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

SyngomyeliaSyngobulbiaAspiration pneumonia -(at base of left lung pneumonia)Bronchio-

Date of onset

1929Jan. 19346-2, 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Jose J. Bergmeyer

M. D.

(Address)

Jorn's Hopkins Hospital

F/ 02323

02323 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD.

St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 30 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME Elizabeth Logan

(a) Residence: No. Cockeysville, Md. St. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 18, 1877

AGE 56 Years 8 Months 19 Days If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cockeysville, Maryland (State or country)

13. NAME Duke Logan

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Keely

16. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Mrs. Anna Logan (Address) Cockeysville, Md.

BURIAL, CREMATION, OR REMOVAL

Place Texas, Md. Date June 18, 1934

UNDERTAKER Wm. C. Brooks & Son (Address) Sparks, Md.

FILED H. H. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934, to June 16, 1934.

I last saw h. or alive on June 16, 1934. Death is said to have occurred on the date stated above, at 12⁰⁰ A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Anterior uveitis
2. Hypertensive
3. Chronic nephritis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

ST. JOSEPH'S HOSPITAL

(Address)

M. D.

BALTIMORE, MD.

FILED

1934

K 02324

2324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* St., *13-01* Ward)Residence in city or town where death occurred *Wife* da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME

(a) Residence: No. *4018 Roland Ave.* St., *4* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *Widowed*If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Late Daisy E. McCauley*

DATE OF BIRTH (month, day, year)

AGE *57* Years *10* Months *13* Days *1317* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Manager of*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chain Store*10. Date deceased last worked at this occupation (month and year) *July 27-1878* 11. Total time (years) spent in this occupation *86*BIRTHPLACE (city or town) *Balto City* (State or country) *Md*13. NAME *John J. McCauley*14. BIRTHPLACE (city or town) *Balto* (State or country) *Md*15. MAIDEN *Madeline K. Kowalski*16. BIRTHPLACE (city or town) *Wash DC* (State or country) *D.C.*17. NAME *John J. McCauley*18. ADDRESS *4018 Roland Ave*19. CREMATION, OR REMOVAL *St Marys Hospital June 18 1934*20. UNDERTAKER *A. S. Marshall*(Address) *539 Fall Road*FILED *Huntington*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-14-1934*22. I HEREBY CERTIFY, That I attended deceased from *6-9-1934* to *6-14-1934*I last saw him alive on *6-14-1934* Death is said to have occurred on the date stated above, at *10:40 AM*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

6/14/34

Other contributory causes of importance:

Hypertension, Atherosclerosis, Coronary Artery Disease, Congestive Heart Failure

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02325

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

Home for incurables

CITY OF BALTIMORE: (No. 40)

St. + Resnick Rd. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME

Mrs. Catharine Ann Crossley

(a) Residence: No. Home for incurables

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

widow

If married, widowed, or divorced

HUSBAND of (or) WIFE of

widow of Thomas A. Crossley

DATE OF BIRTH (month, day, year) Nov. 12, 1854

AGE

79

Years

Months

7

Days

2

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1929

11. Total time (years) spent in this occupation

north Wales

BIRTHPLACE (city or town) (State or country)

13. NAME

John Robblet

14. BIRTHPLACE (city or town) (State or country)

north Wales Great Britain

15. MAIDEN NAME

Catharine Ann Crossley

16. BIRTHPLACE (city or town) (State or country)

north Wales

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Cedar Park

Date

June 16, 1934

UNDERTAKER

(Address)

J. L. Lick

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1930, to June 14, 1934

I last saw alive on June 14, 1934 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Coronary thrombosis

Date of onset

1928

6/13/34

Other contributory causes of importance:

Chronic Pyelitis

antepartum 1930

Name of operation

None

Date of

7/10

What test confirmed diagnosis P.K. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Mayo M. D.

(Address) Medicine Arts Bldg

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St.,

Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. _____ mos. _____ da. _____

How long in U. S. if of foreign birth? yrs. _____ mos. _____ da. _____

FULL NAME

Alexander Daniels

(Danielak)

(a) Residence: No. 1618

Mc Elderry St.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of

(and wife)

Matilda

DATE OF BIRTH (month, day, year)

4-19-1894

AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

40

26

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)

Poland

(State or country)

1. NAME

Theofield Daniels

2. BIRTHPLACE (city or town)

Poland

(State or country)

3. MAIDEN NAME

Sophie

4. BIRTHPLACE (city or town)

Poland

(State or country)

INFORMANT

Records

(Address)

JOHNS HOPKINS HOSPITAL

FUNERAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cemetery Date June 18th 1934

UNDERTAKER

George A. Weber

(Address)

755 E. Anna Street
Huntington Williams, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-15-1934

22. I HEREBY CERTIFY, That I attended deceased from

5-31-1934 to 6-15-1934

I last saw him alive on 6-15-1934 Death is said

to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver
? Carcinoma of liver

Date of onset

5/1/34

Other contributory causes of importance:

Syphilis
Chronic Alcoholism

1930

1930

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Karmichael Tylman

M. D.

(Address)

Johns Hopkins Hospital

1934

2327

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 02327

✓ 92-001

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.)

808 N. Parnish St., 16-01 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Mabel Roberts

(a) Residence: No.

808 N. Parnish St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or hair
5. Single, Married, Widowed, or Divorced (with the words)

HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)
Years Months Days
41 40 1893Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT (Address)

BIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 6, 1934

UNDERTAKER Mrs. Katie Williams (Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Mental Stenosis Sudden

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

1934

E 02328

HEALTH DEPARTMENT—CITY OF BALTIMORE

2328

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1 N. Kenwood Ave* St., *6-21* Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U. S. If of foreign birth yrs mos da.

2. FULL NAME

(a) Residence: No. *1 N. Kenwood Ave* St., *6-21* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*If married, widowed, or divorced, name of (or) WIFE of *Elisha W. Darby*DATE OF BIRTH (month, day, year) *May 31 1869*AGE *65* Years Months Days *14* If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*BIRTHPLACE (city or town) (State or country) *Lancaster Pa*13. NAME *Theodore Whitaker*14. BIRTHPLACE (city or town) (State or country) *Ind.*15. MAIDEN NAME *Emily Brown*16. BIRTHPLACE (city or town) (State or country) *Lancaster Pa*INFORMANT *George W. Whitaker* (Address) *Garrison Blvd*

BURIAL, CREMATION, OR REMOVAL

Place *Loraine Cem* Date *6/17 1934*UNDERTAKER *Frank D. Skilton* (Address) *2818 E. Baltimore St*

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 31 1934* to *June 14 1934*I last saw *person* alive on *June 14 1934* Death is said to have occurred on the date stated above, at *6 P. M.*

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *—* 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bustar C. Thomsen M. D.
(Address) *16 N. Kenwood Ave*

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02329

2329

CERTIFICATE OF DEATH

✓ 108

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Dallas St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

II. FULL NAME

(a) Residence: No. 1035 N. Dallas St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M Color or Race Col 2. Single, Married, Widowed, or Divorced (write the word) m

If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Culbertson

DATE OF BIRTH (month, day, year) July 3, 1892 AGE Years 42 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Harry Culbertson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Ella Fuller

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Mattie L. Butler (Address) 1035 N. Dallas St.

BURIAL, CREMATION, OR REMOVAL

Place 7th St. Cemetery Date June 17, 1934

UNDERTAKER Mrs. B. Elliott Langley (Address) 1229 N. Caroline St.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY That I attended deceased from May 1, 1934 to June 14, 1934

I last saw him alive on June 14, 1934. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Bi-lateral

Date of onset

5/1/34

Other contributory causes of importance:

Acute nephritis

6/2/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? m

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. Compton M. D.

(Address) 1113 N. Caroline St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1/E 02330

2330

CERTIFICATE OF DEATH

✓ 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 26-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mary Sekora

(a) Residence: No. 3918 Mt. Pleasant Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Joseph Sekora (or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 13 1863

AGE Years 70 Months 9 Days 1 If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Austria. (State or country)

1. NAME Joseph Sekora

4. BIRTHPLACE (city or town) Austria. (State or country)

5. MAIDEN NAME not known

4. BIRTHPLACE (city or town) not known (State or country)

INFORMANT Joseph Sekora, Jr.

(Address) 636 S. Lehigh St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Am. Date June 18, 1934

UNDERTAKER George W. Gubler

(Address) 1737 E. Cope St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 3:58 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Probable Carcinoma

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Chiu Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. D.

(Address) 1305 N. Patterson Rd. are

6 1934

F 02331

HEALTH DEPARTMENT—CITY OF BALTIMORE

2331

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Roy

(a) Residence: No. 608 N. Gilmore st. St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Queenie Roy (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 15, 1910

AGE Years Months Days If LESS than 1 day, hrs. or min. 24 4 29

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Isaac Roy

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sara Moody

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Not given cemetery Date 6/18/34

UNDERTAKER Thomas E. Nelson (Address) 1303 Presb'n St

Hunterton Williams, Reg'd Ar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933 to June 14, 1934

I last saw him alive on June 14, 1934 Death is said to have occurred on the date stated above, 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Oct. 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Jacobson Baltimore City Hospitals

M. D.

02332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

02332

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore City Hospital* Ward)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Lula Matthews

(a) Residence: No. *1721 Brund* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *March 29, 1896*

AGE Years Months Days If LESS than 1 day, hrs. min. *38* *2* *15*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Ind.*

13. NAME *William Matthews*

14. BIRTHPLACE (city or town) (State or country) *Ind.*

15. MAIDEN NAME *Priscilla Berry*

16. BIRTHPLACE (city or town) (State or country) *Ind.*

INFORMANT *Records* *Balt City Hosp.*

BURIAL, CREMATION, OR REMOVAL

Place *West Auburn Cemetery* Date *6/16/34*

UNDERTAKER *Thomas E. Nelson*

(Address) *1303 Presston St*

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *June 12, 1934* to *June 14, 1934* Death is said to have occurred on the date stated above, at *1:35 p.m.*

The principal cause of death and related causes of importance were as follows:
*Myocardial Insufficiency
to congestive failure
Heart disease, Syphilitic
aortic insufficiency*

Date of onset

Other contributory causes of importance:

Name of operation Date of *20*

What test confirmed diagnosis? Was there an autopsy? *20*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify: (Signed) *P. Phagel* M. D. (Address) *Balt City Hosp.*

1934

02333

HEALTH DEPARTMENT—CITY OF BALTIMORE

02333

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No

Prudent Hospital 18-01 WARD)

2. FULL NAME

Erving Mack

(a) RESIDENCE NO.

1204 W. Franklin

ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

5 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

1 COLOR OR RACE

3 Single, Married, Widowed, or Divorced, (write the word)

Male

Negro

Single

If married, widowed, or divorced HUSBAND of or WIFE of

DATE OF BIRTH (month, day, and year)

1919

AGE

Years

Months

Days

15

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

10 NAME OF FATHER

William Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country)

no record

12 MAIDEN NAME OF MOTHER

no record

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

no record

Informant (Address)

Suey Mack 1204 W Franklin St

1934

19

Stanton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

6/13/34

17

I HEREBY CERTIFY, That I attended deceased from

4-18-34, 19, to 6-13-34, 19

that I last saw him alive on 6-13-34, 19

and that death occurred, on the date stated above, at 10⁵⁵ A. M.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. 1 mo. 25 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

not known

Did an operation precede death?

Date of

Was there an autopsy?

no

What test confirmed diagnosis?

Blood culture; Widal

(Signed)

William H. Jones M. D.

, 19

(Address)

Prudent Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

Int Auburn Cemetery

June 16 1934

20 UNDERTAKER

Thomas E. Nelson

ADDRESS

1303 Pleasant St

F 02334

HEALTH DEPARTMENT—CITY OF BALTIMORE

02334

CERTIFICATE OF DEATH

✓ 173

PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. _____ Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

FULL NAME

Star W Bruce

(a) Residence No. _____

1332 Myrtle Ave.

Ward _____

(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____

If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, year) _____

AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

Trade, profession, or particular kind of work done, an spinner, sawyer, bookkeeper, etc. _____

Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) _____

NAME _____

BIRTHPLACE (city or town) _____
(State or country) _____

MAIDEN NAME _____

BIRTHPLACE (city or town) _____
(State or country) _____

FORMANT _____

(Address) _____

FUNERAL, CREMATION, OR REMOVAL

Place _____

Date _____

UNDERTAKER _____

(Address) _____

LED _____

10 1934

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) _____

22. I HEREBY CERTIFY That I attended deceased from _____ 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of immediate death are _____

Homicide
Gun shot wound of lung and right fractured skull and
Other contributory causes of importance
Fracture of brain

Date of onset _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide _____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Coroner _____

M. D.

02335

HEALTH DEPARTMENT—CITY OF BALTIMORE 02335

CERTIFICATE OF DEATH

PLACE OF DEATH

Patapsco River

CITY OF BALTIMORE: (No. North end of E. & O. R. R. Bridge. Ward)

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George F. Strathmann.

(a) Residence: No. 723 W. Lexington St. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, HUSBAND of (write name)
 Grace Strathmann.

DATE OF BIRTH (month, day, year) October 8, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

3. NAME William Strathmann.

4. BIRTHPLACE (city or town) Germany.
 (State or country)

5. MAIDEN NAME Catherine Pilgraz.

6. BIRTHPLACE (city or town) Baltimore, Md.
 (State or country)

INFORMANT Matilda Strathmann. (sister)
 (Address) 1631 N. Milton Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date 6/16 1934

UNDERTAKER

(Address)

Philip Herwig Sons
 2016 Orleans St.

JUN 16 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Accidental drowning.
 Fall overboard while crabbing.
 Cardio Vascular disease, Coronary sclerosis, Dilatation of the heart, Hypoplasia of aorta, Congestion of the lungs.

Other contributory causes of importance:

See explanation on reverse.

Name of operation None. Date of Autopsy Inquiry Yes. 16.

What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature)

Otto W. Reinhardt
 6/14/34

Coroner

M. D.

(Address) 1017 E. Charles St.

E 02336

HEALTH DEPARTMENT—CITY OF BALTIMORE

02336

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Greenmount Ave. 3, 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George S. Colton

(a) Residence: No. 3606 Greenmount Ave. 3, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elsie M. Colton

DATE OF BIRTH (month, day, year) July 19 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Not known

14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) Not known
(State or country)INFORMANT Elsie M. Colton (Wife)
(Address) 3606 Greenmount Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date June 16, 1934

UNDERTAKER

6-1934

John H. Denny
715 Light St.
Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gun Shot wound through heart. (Suicide)

Other contributory causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Ridgedale Road St. 27-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ada Elizabeth Maher

(a) Residence: No. 5713 Ridgedale Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 3, 1917

AGE Years Months Days If LESS than 1 day, hrs. or min. 17 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME James E. Maher

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

15. MAIDEN NAME Ada Cornelia Stevens

16. BIRTHPLACE (city or town) Crumpton (State or country) Maryland

INFORMANT Mr. J. E. Maher (Address) 5713 Ridgedale Road

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery June 18, 1934

UNDERTAKER (Address) 1003 N. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY. That I attended deceased from January 14, 1933, to June 15, 1934. I last saw her alive on June 11, 1934. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left kidney extending to adjacent organs and parts.

Date of onset

Other contributory causes of importance:

Name of operation Nephrectomy Date of 27/33

What test confirmed diagnosis Pathology there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dr. Russell Fargo M. D. (Address) 2937 N. Calvert St.

FILED 1934

02338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Wetheredsville Rd., St. 28-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mildred I. Akers

(a) Residence: No. 5107 Wetheredsville Road, St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 27, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	14	17

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationBIRTHPLACE (city or town)
(State or country)Savage
Maryland

13. NAME

Robert L. Akers

14. BIRTHPLACE (city or town)
(State or country)Monona
Virginia

15. MAIDEN NAME

Edith M. Wiles

16. BIRTHPLACE (city or town)
(State or country)Howard County
Maryland

INFORMANT

Mr. Robert L. Akers

(Address)

5107 Wetheredsville Road

BURIAL, CREMATION OR REMOVAL

Place

Savage M. E. Cemetery June 17, 1934

UNDERTAKER

(Address)

1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY. That I attended deceased from
Apr. 15, 1934 to June 14, 1934
I last saw h. BE alive on June 14, 1934. Death is said
to have occurred on the date stated above at 5 a.m.The principal cause of death and related causes of
importance were as follows:

Acute dilatation of heart - duration 2 hrs.

Date of onset

Other contributory causes of importance: +

Hypotension
myocarditisabout
Apr 15/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

2220 Garrison Ave.

M. D.

1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02339

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

Baltimore City Hospitals (Tb.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 27-01 Ward

Length of residence in city or town where death occurred 3 yrs. 6 mos. da. How long in U. S. If of foreign birth? 4 yrs. mos. da.

2. FULL NAME

Robert C. Mueller

(a) Residence: No. 5803 Woodcrest ave.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of Anne Mueller (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 27, 1908

AGE Years 26 Months 3 Days 24 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Engineer Mechanical 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year) About June 4, 1934 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Bremen (State or country) Germany

13. NAME Carl Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown Adele ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. June 18, 1934

UNDERTAKER Joseph B. Cook (Address) 1003 V. Baltimore St.

1934

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 15, 1934

I last saw him alive on June 15, 1934 Death is said to have occurred on the date stated above, at 1.20 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset

June 5, 1934

Other contributory causes of importance:

Pulmonary Tuberculosis

2 1/2 yrs

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. W. Jacobsen M. D. (Address) Baltimore City Hospitals

2340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward) *H-01*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. *531 Stonewall St. Memphis Tenn*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. Sex *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

HUSBAND of *Blanche Hamilton Karsch* (or) WIFE ofDATE OF BIRTH (month, day, year) *Sept 22-1874*AGE Years *59* Months *8* Days *23* If LESS than 1 day, hrs. or min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Physician*

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Nashville, Tenn* (State or country)2. NAME *Edward Herman*3. BIRTHPLACE (city or town) *Berlin* (State or country) *Germany*4. MAIDEN NAME *Mary L. Budecke*5. BIRTHPLACE (city or town) *Nashville, Tenn* (State or country)INFORMANT *Mr. Hamilton Karsch*(Address) *531 Stonewall St. Memphis Tenn*

BURIAL, CREMATION, OR REMOVAL

Place *Nashville, Tenn* Date *June 16 1934*UNDERTAKER *J. J. J. J.*(Address) *Huntington Park, Tenn*21. DATE OF DEATH (month, day, year) *June 14, 1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio-vascular-renal disease

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *August Zeller*

Coroner

M. D.

(Address) *2739 Eastern Ave.*

8 1934

02341 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. **02341**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. **1444 Riverside** St. **24** Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. **1444 Riverside Ave.**

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. Color or Race **White** 5. Single, Married, Widowed, or Divorced (write the word) **Single**

6. married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) **June 15-1934**

AGE

Years

Months

Days

If LESS than
1 day, 12 hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) **Baltimore**13. NAME **Louis C. Kallb.**14. BIRTHPLACE (city or town) (State or country) **Baltimore**15. MAIDEN NAME **Mary C. Crope**16. BIRTHPLACE (city or town) (State or country) **Baltimore**INFORMANT (Address) **1444 Riverside Ave.**

BURIAL, CREMATION, OR REMOVAL

Place **Holy Redeemer**UNDERTAKER (Address) **2107 N. Milton St.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **June 16 - 1934**22. I HEREBY CERTIFY, That I attended deceased from **June 15, 1934, to June 16, 1934**I last saw him alive on **June 15, 1934** Death is saidto have occurred on the date stated above, at **69** m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury **19**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) **Henry F. Buettner** M. D.(Address) **1319 Light St., Balto, Md.**

6 1934

F 02342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02342

CERTIFICATE OF DEATH

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Payne + Ashland* St. *16* Ward)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1 Parkton* St. *16* Ward.

(Cause place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced, HUSBAND of (or) WIFE of *John Steffler*DATE OF BIRTH (month, day, year) *Unknown*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *md.*BIRTHPLACE (city or town) (State or country) *md.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*INFORMANT (Address) *John Steffler*
1 Parkton, Md.

BURIAL, CREMATION, OR REMOVAL

Payville, Balto Co, Md. Date *June 18, 1934*UNDERTAKER (Address) *Paul Hartenstein*
New Freedom Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 15, 1934, to June 16, 1934*I last saw him alive on *June 16, 1934* Death is said to have occurred on the date stated above, at *8:00 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

1. *Acute Coronary Artery Disease* *12/22*
2. *Chronic Myocardial Disease* *6/16/34*
2 Acute Heart Failure

Other contributory causes of importance:

*Secondary Anemia*Name of operation *Autopsy* Date of *6/16/34*What test confirmed diagnosis? *at* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Leon Pelman*(Address) *1215 Baltimore St. Wg.*

M. D.

171934

F 02343

F 02343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

City Hospital 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Frank Kasper

(a) Residence: No.

758 McHenry

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Viola Kasper.

DATE OF BIRTH (month, day, year)

AGE 61 Years 60 Months Days If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Presser

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Tailor Shop

9. Date deceased last worked at this occupation (month and year)

1931

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Lithuania

3. NAME

F Kasper

4. BIRTHPLACE (city or town) (State or country)

Lithuania

5. MAIDEN NAME

Unknown

6. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

Mr. Kasper

(Address)

758 McHenry St.

BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer

Date 6/18/34

UNDERTAKER

(Address)

Chas B. Kucharski 637 S. Dora St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Arterial Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Clin

Was there an autopsy?

No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Dr. Herzog

M. D.

(Address) 1305 N. Patterson Park Ave

7 1934

F 02344

F 02344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Mem. Hosp 27-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2* yrs. *2* mos. *18* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

Winona Newhard(R) Residence: No. *4626 Schenley Rd.**Baltimore, Md.*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) *Dec. 11, 1927*

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*6**6**4*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)*Perryopolis, Pa.*

13. NAME

*Clinton Newhard*14. BIRTHPLACE (city or town)
(State or country)*Northampton, Pa.*

15. MAIDEN NAME

*Mercella Burtis*16. BIRTHPLACE (city or town)
(State or country)*McClellandtown, Pa.*

INFORMANT

(Address)

Clinton Newhard
4626 Schenley Rd., Balt.

BURIAL, CREMATION, OR REMOVAL

Place

St. Brownville Pa. Date *June 17, 1934*

UNDERTAKER

(Address)

Wm. Cook
1217 St. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-15-1934*22. I HEREBY CERTIFY, That I attended deceased from *5-23-1934* to *6-15-1934*I last saw her alive on *6-15-1934* Death is said to have occurred on the date stated above, at *10:20 P.*

The principal cause of death and related causes of importance were as follows:

*Burns - Second Degree**(Child playing with lamp)*

Date of onset

6-23

Other contributory of importance

Accident at home
A. Coroner

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. Butler Grimes

M. D.

(Address) *Union Memorial Hosp.*

JUL 17 1934

19

Register

M. D. 1934 02345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sanri Hospital - 01 Ward)Length of residence in city or town where death occurred 34 yrs. 34 mos. 34 ds. How long in U. S. If of foreign birth? 34 yrs. 34 mos. 34 ds.

2. FULL NAME

(a) Residence: No. 224 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Isaac Kramer
(or) WIFE ofDATE OF BIRTH (month, day, year) 1879AGE Years 55 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037BIRTHPLACE (city or town) Russia
(State or country)13. NAME Isaac Goldberg14. BIRTHPLACE (city or town) Russia
(State or country)15. MAIDEN NAME Hannah16. BIRTHPLACE (city or town) Russia
(State or country)INFORMANT Isaac Kramer
(Address) 224 E. Pratt

BURIAL, CREMATION, OR REMOVAL

Place Wash. Co. Date 6/17 1934UNDERTAKER Isaac Kramer
(Address) 11439 E. Pratt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 193422. I HEREBY CERTIFY, That I attended deceased from June 8, 1934 to June 16, 1934I last saw him alive on June 16, 1934 Death is said to have occurred on the date stated above, at 10:50 am

The principal cause of death and related causes of importance were as follows:

Hypertension
Atherosclerosis
Cardiac hypertrophy & dilatation
Cardiac insufficiency

Other contributory causes of importance:

Emphysema

Date of onset

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) L. Katzman M. D.
(Address) Inglis Hospital

171934

A. D. H. 02346

F 02346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 W. North Ave. St. 13-61 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME

August H. Heller

(a) Residence: No.

642 W. North Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced

HUSBAND of Lena R. Heller
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 5, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

Bohemia

13. NAME Herman Heller

14. BIRTHPLACE (city or town)
(State or country)

Bohemia

15. MAIDEN NAME Theresa

16. BIRTHPLACE (city or town)
(State or country)

Bohemia

INFORMANT Miss. C. Heller

(Address) 642 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Cem Date June 17, 1934

UNDERTAKER (Address) 1902 E. W. Place

17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934, to June 16, 1934

I last saw him alive on June 16, 1934. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Tabes-paresis

Date of onset

Other contributory causes of importance:

Circulatory failure and bulbar paralysis.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Bey. Pushkin

M. D.

(Address) Medical Arts Bldg.

F 02347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

2. FULL NAME

(a) RESIDENCE NO. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE _____

5 Single, Married, Widowed, or Divorced (write the word)

If married, widowed, or divorced, name of _____
(or) WIFE of _____

DATE OF BIRTH (month, day, and year)
Years _____ Months _____ Days _____

If LESS than 1 day, hrs _____ min. _____

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

BIRTHPLACE (city or town) _____
(State or country) _____

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) _____

Informant (Address) _____

Filed 17 1934

WARD _____

WARD _____

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) _____

17 I HEREBY CERTIFY, That I attended deceased from _____ to _____

that I last saw her alive on _____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
Carcinomatosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signature) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL _____

20 UNDERTAKER _____

DATE OF BURIAL

6/17 1934

ADDRESS

578 W. Biddle St.

F 02348

F 02348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) MarriedIf married, widowed, or divorced
HUSBAND of Bella Henson
(or) WIFE of _____DATE OF BIRTH (month, day, year) 1878AGE Years 66 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardener

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

BIRTHPLACE (city or town) _____
(State or country) Virginia13. NAME Unknown14. BIRTHPLACE (city or town) _____
(State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) _____
(State or country) UnknownINFORMANT Records(Address) Balto City Hosptls.

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Luthan Hosptls Date 6/18/1934UNDERTAKER Francis A. Hemmley(Address) 578 W. Biddle St.FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-193422. I HEREBY CERTIFY That I attended deceased from 5-30- 1934 to 6-15- 1934I last saw him alive on 6-15-1934 Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset _____

Other contributory causes of importance:

Chronic alcoholism

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) Harry J. Galt M. D.(Address) Balto City Hosptls

M. D. F 1260-02349

F 02349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 N. Calvert St. 17-24)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Gibbs LaMotte

(a) Residence: No. 3110 N. Calvert St. (Usual place of abode)

St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis J. LaMotte

DATE OF BIRTH (month, day, year) Dec. 18, 1860

AGE Years 73 Months 5 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Gibbs

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Hughes

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Francis J. LaMotte (Address) 3110 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Black Rock Md. Date June 18, 1934

UNDERTAKER (Address) John O. Mitchell & Sons 1900 Eulaw Place

FILED

19

Re

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 13/14 to June 15, 1934

I last saw her alive on June 14, 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Senescent heart failure (motor). - 4 unknown origin - abt 1931.

Other contributory causes of importance:

Chronic Myocardial Insufficiency - Mar 22/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Barroel Howard M. D.

(Address) 4 E. Preston St.

F 02350

HEALTH DEPARTMENT—CITY OF BALTIMORE
CERTIFICATE OF DEATH

F 02350

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.

3532 Chestnut Ave.

St.

13-01 Ward

2-FULL NAME

Earl C. Lovell

(a) RESIDENCE NO.

3532 Chestnut Ave.

St.

13 Ward

(If non-resident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 50 yrs. 11 mos. 11 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed or Divorced, (write the word)
Single5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH (month, day, and year)
July 4, 1883

7 AGE

Years

Months

Days

IF LESS than
1 day hrs.
or min.

50

11

11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Radio Business

9 BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

10 NAME OF FATHER

David Lovell

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER

Eliza Mudd

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Maryland

14

Informant
(Address)J. Winfield Lovell
1015 W. 38th. St.

15 Filed

1934

Registrar

CORONER'S CERTIFICATE OF DEATH

192

16 DATE OF DEATH (month, day, and year)
June 15, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry, thereon and from the evidence obtained by said inquiry, find that said deceased came to death

on the day stated above
The CAUSE OF DEATH was as follows:
Gun shot wound
through head
(suicide)CONTRIBUTORY
(Secondary)18 Where was disease contracted
If not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

Signed

5/16/34

(Address)

3632 Roland Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

St. Mary's Hampden

20 UNDERTAKER

Horace F. Curran

DATE OF BURIAL

June 18 1934

ADDRESS

3631 Falls

F 02351

D. H. 2005-9

F 02351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No.

BALTIMORE, MD.

St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William E. Haines

(a) Residence: No.

3014 Gibbons Ave

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

male white married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen Marie Haines

DATE OF BIRTH (month, day, year) April 8, 1892

AGE Years Months Days If LESS than 1 day, hrs. or min.

42 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Helen Marie Haines

(Address) 3014 E. Gibbons Ave

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER Leonard J. Haines

(Address) 3014 E. Gibbons Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 15, 1934

I last saw him alive on June 15, 1934 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

1. Hypertension

2. Chronic myocarditis

3. Congestive heart failure

Other contributory causes of importance:

1. Pulmonary edema

Name of operation

Date of operation

What test confirmed diagnosis clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Wagnell M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

1. D. B. 1089

F 02352

✓ F 02352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH **ST. JOSEPH'S HOSPITAL**
BALTIMORE, MD.

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. _____) St. **27** Ward _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME **William Readmond**
 (a) Residence No. **5037 Bayford Road** St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX **male** 1. Color or Race **white** 2. Single, Married, Widowed, or Divorced (write the word) **Widowed**
 If married, widowed or divorced
 HUSBAND of **Minnie Redmond**
 (or) WIFE of

DATE OF BIRTH (month, day, year) **Dec. 1858**
 AGE **76** Years **6** Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Time Keeper**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation **66**

BIRTHPLACE (city or town) **St Mary Co Md**
 (State or country)

13. NAME _____

14. BIRTHPLACE (city or town) **St Mary Co Md**
 (State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
 (State or country)

INFORMANT **Robert M. Redmond**
 (Address) **5527 9th St**

BURIAL, CREMATION, OR REMOVAL **Funerary Co**
 Date **6/18/34**

UNDERTAKER **Leonard J. Lynch**
 (Address) **5305 Bayford Rd**

FILED **17 1934** Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) **June 16, 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **June 14, 1934, to June 16, 1934**
 I last saw him alive on **June 16, 1934**. Death is said to have occurred on the date stated above, at **5:45 PM**.

The principal cause of death and related causes of importance were as follows:

1. **Anterior scleritis**
2. **Chronic myocarditis**
3. **Chronic nephritis**

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) **W. H. Magawell** M. D.
ST. JOSEPH'S HOSPITAL
 (Address) **BALTIMORE, MD.**

F 02353

F 02353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
 CITY OF BALTIMORE: (No. _____) St. 19-01 Ward 23

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Sherman Ulysses Weaver

(a) Residence: No. 1509 Edmondson ave.
 (Usual place of abode)

St. _____ Ward _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of Mabel Weaver

DATE OF BIRTH (month, day, year) March 31, 1899

AGE Years 35 Months 2 Days 14 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothes presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Baltimore
 (State or country) Maryland

12. NAME Walter Weaver

14. BIRTHPLACE (city or town) Virginia
 (State or country)

15. MAIDEN NAME Sarah Fallin

16. BIRTHPLACE (city or town) Virginia
 (State or country)

INFORMANT Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/10/34

UNDERTAKER
 (Address)

Mrs. George H. Holla
 10912 Sunnyside Ave.

FILED 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934, to June 15, 1934.

I last saw him alive on June 15, 1934. Death is said to have occurred on the date stated above, at 4.55 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
 Jan.
 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Jaenson M. D.
 (Address) Baltimore City Hospitals

02354

F 02354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 McCulloh St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1407 McCulloh St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced Married

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jeremiah James Emerson

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

If LESS than

1 day

hrs.

or min.

44

14

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10

BIRTHPLACE (city or town)
(State or country)

St. Marys Co. Md.

13. NAME

James Joseph

14. BIRTHPLACE (city or town)
(State or country)

St. Marys Co. Md.

15. MAIDEN NAME

Ousella Smith

16. BIRTHPLACE (city or town)
(State or country)

St. Marys Co. Md.

INFORMANT

(Address)

Joseph James Emerson
1707 McCulloh St.

BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary

Date

6/10/34

UNDERTAKER

(Address)

Mrs. George R. Hollas
1631 Daniel Hill Ave

FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 11, 1933, to June 15, 1934

I last saw him alive on June 14, 1934 Death is said

to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of

importance were as follows:

Chronic Vapular Heart Disease

Date of onset

Sept 11, 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Williams M. D.

(Address) 1924 Penna Ave

17 1934

F 02355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02355

26

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City Hospital*)

2. FULL NAME

(a) Residence: No. *1618 Eting St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *M* 4. Color or Race *negro* 5. Single, Married, Widowed, or Divorced (write the word) *single*

If married, widowed, or divorced, give name of HUSBAND or WIFE of

DATE OF BIRTH (month, day, year) *1:4:1909*

AGE Years *25* Months *5* Days *10* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Bonnieville* (State or country) *Mo. C.*

12. NAME

BIRTHPLACE (city or town) *Bonnieville* (State or country) *Mo. C.*

13. MAIDEN NAME

14. BIRTHPLACE (city or town) *Bonnieville* (State or country) *Mo. C.*

INFORMANT (Address) *1618 Eting St.*

BURIAL, CREMATION, OR REMOVAL

Place *Funeral Home* Date *6/18/34*

UNDERTAKER (Address) *916 Penna Ave*

FILED *18 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/14* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *1/24* 19*34* to *6/14* 19*34*

I last saw him alive on *6/14* 19*34* Death is said to have occurred on the date stated above, at *4:20 am*

The principal cause of death and related causes of importance were as follows:

Tube culosis of spine Date of onset *8 mos.*

Other contributory causes of importance:

malnutrition obscur.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

D. P. Barry
Bolton City Hosp.

M. D.

02356

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02356

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Bernard ST. 12-01 WARD)2. FULL NAME William R. Hiepkins(a) RESIDENCE NO. 2900 Bernard ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male4 COLOR OR RACE White5 Single, Married, Widowed, or Divorced. (write the word) Married6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geraldine HiepkinsDATE OF BIRTH (month, day, and year) Unknown

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

715X

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Keeper(b) General nature of industry, business, or establishment in which employed (or employer) some groceries(c) Name of employer X X X XBIRTHPLACE (city or town) (State or country) Unknown10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) (State or country) UnknownInformant (Address) Howard E. Byll1823 Arago St.

18 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 15 1934

17

I HEREBY CERTIFY That I attended deceased from MAY 31 1934 to JUN 14 1934

that I last saw h

alive on

JUN 14 1934and that death occurred, on the date stated above, at 11:55 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

CONTRIBUTORY (Secondary)

(duration)

Yrs. X

mos. 3

ds.

18 Where was disease contracted if not at place of death? at homeDid an operation precede death? No

Date of

Was there an autopsy? NoWhat test confirmed diagnosis? Clinical Symptoms

(Signed)

JUN 15 1934

(Address)

928 E. North av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL.

DATE OF BURIAL

20 UNDERTAKER Wesburg Balto.

ADDRESS

36 N. Chestnut

✓ F 02357

02357 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. _____)

St. 14-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Sallie Faulkner

(a) Residence: No. 518 Robert st.

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced

HUSBAND of William Faulkner
(or) WIFE of

DATE OF BIRTH (month, day, year) April, 1907

AGE 27 Years 2 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country)

South Carolina

12. NAME George Beckham

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sally Fisher

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion

Date June 18, 1934

UNDERTAKER James A. Adams (Address)

JUN 18 1934

Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to June 15, 1934

I last saw her alive on June 15, 1934 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Jan. 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Meyer W. Jacobsen

M. D.

(Address) Baltimore City Hospitals

F 02358

✓ F 02358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *612 W. Lamar* *7-91* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *612 W. Lamar*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color *Black* Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *Sept 26 1933*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this

BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Geo H Young*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Agnes P. Hebb*16. BIRTHPLACE (city or town) (State or country) *Baltimore*

INFORMANT

(Address)

RELATION, CREMATION, OR REMOVAL

UNDERTAKER

(Address)

FILED

18 1934

19

REGISTERED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on *June 15 1934* Death is said to have occurred on the date stated above, at *10:00* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation *Regular*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

P. 02359

✓ F 02359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Elmhurst Road St., 27-01 Ward)

Length of residence in city town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2 Elmhurst Road St., 27 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed or divorced HUSBAND of (or) WIFE of Frank Wright

DATE OF BIRTH (month, day, year) August 29, 1855

AGE 78 Years 9 Months 19 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Buffalo, N. Y. (State or country) N. Y.

13. NAME Robert Sechell

14. BIRTHPLACE (city or town) Cayuga Sechell (State or country) Cayuga

15. MAIDEN NAME Margaret Oliphant

16. BIRTHPLACE (city or town) Cayuga (State or country) Cayuga

INFORMANT Robert S. Sechell

(Address) 2 Elmhurst Road

BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 19, 1934

UNDERTAKER (Address) 118 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1934

22. I HEREBY CERTIFY, That I attended deceased from September, 1931, to June 17, 1934

I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

Fracture of Hip in Sept 1931 causing patient to be bed-ridden since then Immediate cause of death Pulmonary edema

Other contributory causes of importance:

due to progressive Heart Failure due to chronic myocarditis none Date of onset

Name of operation none Date of

What test confirmed diagnosis? L Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Bueck M. D.

(Address) 5 Clark Road

02360 HEALTH DEPARTMENT—CITY OF BALTIMORE 02360

CERTIFICATE OF DEATH

Registered No. 163

PLACE OF DEATH

CITY OF BALTIMORE: (City or town where death occurred)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

(a) Residence: No. 1240 Washington Blvd

(Usual place of abode)

Ward. X

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *male* 4. Color or Race *White* 5. Single, Married, Widowed, Divorced (write the word) *Married*

If married, widowed, or divorced
HUSBAND of *Frank W. Braun*
(or) WIFE of

DATE OF BIRTH (month, day, year) *July 21-1905*

AGE

Years *28*Months *10*Days *26*

If LESS than
1 day. hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

at home

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

BIRTHPLACE (city or town)
(State or country)

Balto. Md

13. NAME

Joseph Montley

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Md

INFORMANT

(Address)

*Mr F. Braun
1240 Washington Blvd*

BURIAL, CREMATION, OR REMOVAL

Place

Louisa Park

Date

*8/19**34*

UNDERTAKER

(Address)

*John J. Cowan & Son
1901 Hollins St**118 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-16-34*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said
to have occurred on the date stated above, at m.

The principal cause of death and related causes of
importance were as follows:

Bichloride Poisoning

Date of onset

5/6/34

Other contributory causes of importance:

Acute Nephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: *Accident, suicide, or homicide*

Date of injury *5/6-1934*
Balto Md

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

(Address)

Engel Zeller
2739 Eastern Ave

M. D.

Coroner

11-02361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial* St. *1001* Ward)

Length of residence in city or town where death occurred: *Life* yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wilbur P. Mallonee

(a) Residence: No. *2005 Grand Ave.* St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*

If married, widowed, or divorced:

HUSBAND of *Margaret Mallonee*
(or) WIFE of

DATE OF BIRTH (month, day, year) *July 5, 1867*

AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Watch maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

md.

13. NAME

Unknown

14. BIRTHPLACE (city or town) (State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town) (State or country)

Unknown

INFORMANT

(Address)

Margaret Mallonee
2005 Grand Ave.

BURIAL, CREMATION, OR REMOVAL

Date

Grand Ridge June 19, 1934

UNDERTAKER

(Address)

Chapman & Son
1517 Chestnut Ave.

FILED

1934 *June 19* *W. P. Williams* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 10* 19 *to* *May 10* 19

last saw him alive on *May 10* 19 Death is said

to have occurred on the date stated above, at *7:50 p* m.

The principal cause of death and related causes of importance were as follows:

Bilateral Fracture of Skull

Other contributory causes of importance:

Automobile Accident

Name of operation

none

Date of

What test confirmed diagnosis? *autopsy* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *6/15* 1934

Where did injury occur

Front of 3233 Fair Road

Specify whether injury occurred in industry, in home, or in public place

Street Accident
Struck by auto while walking across street

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Joseph P. Mahoney
2202 E. Madison St

Coroner

M. D.

F 02362

F 02362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.

President Hospital ST 15-01 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

Shu-ling Chen

(a) RESIDENCE No.

1618 Presbury St.

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

1. COLOR OR RACE

3. Single, Married, Widowed, or Divorced, (write the word)

Female
If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Single

DATE OF BIRTH (month, day, and year)

Jan. 1934

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

10. NAME OF FATHER

No Record

11. BIRTHPLACE OF FATHER (city or town)
(State or country)

No Record

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (city or town)
(State or country)

No Record

Informant
(Address)Cora Chen
1618 Presbury St

Filed

10 1934

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year)

June 14, 1934

17

I HEREBY CERTIFY, That I attended deceased from

6-12-34, 19, to 6-14-34, 19

that I last saw her alive on 6-14-34, 19

and that death occurred, on the date stated above, at 9:15 P. M.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disease

(duration) yrs. mos. 12 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
If not at place of death?

Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed)

William H. H. D.
President Hospital

19

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt Auburn Cemetery

DATE OF BURIAL

6/18 1934

20. UNDERTAKER

Thomas E. Kelson

ADDRESS

1303 Presbury St

M. D. B. 10-9 02363

F 02363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *539 Allegheny Ave* St.,Ward. *Jawson Md*
(If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *F* Color or race *White* 5. Single, Married, Widowed, or *Widowed* (write the word)If married, widowed, or divorced, name of HUSBAND of (or) WIFE of *Dr John M. Crayton*

DATE OF BIRTH (month, day, year)

AGE *71* Years *70?* Months Days If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Minersville*
(State or country) *Penn.*13. NAME *Christian Youngfleisch*14. BIRTHPLACE (city or town) *Lisiansky*
(State or country) *Poland*15. MAIDEN NAME *Josephine Schmidt*16. BIRTHPLACE (city or town) *Poland*
(State or country) *Poland*INFORMANT *Dr Frank M. Crayton**Jawson Md*BURIAL, CREMATION, OR REMOVAL *Minersville Pa* *6/18/34*UNDEERTAKER *George A. Stanger*(Address) *Fulton Ave Baltimore*

FILED

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-17 - 1934*22. I HEREBY CERTIFY, That I attended deceased from *5-15 - 1934* to *6-17 - 1934*I last saw her alive on *6-17 - 1934* Death is said to have occurred on the date stated above, at *10:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

6/15/

Other contributory causes of importance:

Diabetes Mellitus
Surgically left foot

Name of operation:

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no (specify)

(Signed)

(Address)

University Hospital

M. D. B. F 02364

F 02364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Milton Ave St., 7-01 Ward)

2. FULL NAME

(a) Residence: No. 524 N. Milton Ave St., (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*

If married, widowed, or divorced

WIFE of *John F. Morgan*DATE OF BIRTH (month, day, year) *March 19-1874*AGE *60* Years *2* Months *7* Days *11* LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) *Poland*13. NAME *unknown*14. BIRTHPLACE (city or town) (State or country) *unknown*15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) (State or country) *unknown*INFORMANT *John F. Morgan*(Address) *524 N. Milton Ave*BURIAL, CREMATION, OR REMOVAL *ST. STANISLAUS CEM.* Date *June 19th 1934*UNDERTAKER *George A. Weber*(Address) *100 S. Ann street*FILED *8 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16th 1934*22. I HEREBY CERTIFY That I attended deceased from *April 16 34* to *June 16 34*I last saw *her* alive on *June 16*, 1934 Death is said to have occurred on the date stated above, at *12:21 A.M.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: *House*(Signed) *James H. Bledsoe* M. D.(Address) *100 S. Ann street*

F 02365

F 02365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., 40 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 52 yrs. 1 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 202 E. 32nd St., 40 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND or (or) WIFE of Sebastian H. Hook7. DATE OF BIRTH (month, day, year) Oct 9th 18818. AGE Years 52 Months 8 Days 6 If LESS than 1 day, 0 hrs. 0 min.9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home11. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town) Balto. Md.
(State or country)13. NAME Wm. T. Thompson
Balto14. BIRTHPLACE (city or town) Md.
(State or country)15. MAIDEN NAME Martha Hayes16. BIRTHPLACE (city or town) Balto
(State or country) Md.17. INFORMANT Joseph W. Thompson
(Address) 202 E. 32nd St.18. BURIAL, CREMATION, OR REMOVAL
Place Wood Ridge Date June 18th 193419. UNDERTAKER Wm. Cook
(Address) 1217 S. Paul St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 193422. I HEREBY CERTIFY That I attended deceased from 6-10 1934 to 6-15 1934I last saw her alive on 6-15 1934 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Left ovarian cyst Date of onset 10-1-33Other contributory causes of importance: Paralytic ileus 6-13-34
Cardiac aschemiaName of operation Left salpingo oophorectomy Date 6-11-34What test confirmed diagnosis? Cytology Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury 10Where did injury occur? No (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place NoManner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No If so, specify No(Signed) W. H. Moore M. D.(Address) Franklin Square

1101934

02367

F 02367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Beverly Road St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

George Krauk

(a) Residence: No. 3210 Beverly Road St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

a. If married, widowed, or divorced

HUSBAND of Margaret Krauk (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 9 1872

AGE Years Months Days If LESS than 1 day, hrs. or min. 62 5 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Frederick Krauk

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Bernadine Stottler

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Margaret Krauk (Address) 3210 Beverly Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date June 19, 1934

19. UNDERTAKER

George W. Zuppler (Address) 1737 E. Egan St.

20. FILED

JUN 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 16, 1934

I last saw him alive on June 16, 1934. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

June 14/34

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Herman J. Gering

M. D.

02368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ M F 02368

X 210-002

1-PLACE OF DEATH

City of BALTIMORE: (No. 1 St., 94-01 Ward)

2-FULL NAME

(a) RESIDENCE NO. 6th Ave N. Glenburne St., 6 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? 62 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 Color or Race

5 Single, Married, Widowed, or Divorced, (write the word)

Male

White

Widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of

Augusta A. Harthausen

DATE OF BIRTH (month, day, and year)

April 13, 1865

AGE

Years

Months

Days

IF LESS than 1 day....hrs. or....min.

69

2

3

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

Lewisson Zenitz

(c) Name of employer

BIRTHPLACE (city or town)

(State or country)

Germany

10 NAME OF FATHER

Ludwig Harthausen

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

E. out Kinau

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Germany

Informant

(Address)

Madeline Harthausen

21 N. Mosley St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, au-

topsy or inquiry) and that said deceased came to death on the day stated above. 5:15 P.M.

The CAUSE OF DEATH* was as follows:

Multiple Fractures - Shock.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Stroke by auto.

Quarantine

(duration) yrs. mos. ds.

(Signed) Joseph J. Kokomy (Coroner)

Glenburne

. 19 (Address) 2200 E. W. Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

Cedar Hill June 19 1934

20 UNDERTAKER

ADDRESS

A. Howard Evans 38 E. Fort

Filed

19

1934

Stroke by auto with walking auto

F 02369

F 02369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Mount St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

William H. Tennard

(H) Residence: No. 216 N. Mount St., 19-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male 4. Color or Race Caf 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1875

AGE Years 59 Months + Days + If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Welfare

10. Date deceased last worked at this occupation (month and year) Feb - 3 - 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Virginia

13. NAME

William H. Tennard

14. BIRTHPLACE (city or town) (State or country)

Virginia

15. MAIDEN NAME

William H. Tennard

16. BIRTHPLACE (city or town) (State or country)

Virginia

INFORMANT

Mary Robt
216 N. Mount

BURIAL, CREMATION, OR REMOVAL

Place Int Calvary Ch Date 6/17/34

UNDERTAKER

Isaiah L Brown & Son
108 W. Montgomery St

18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 14, 1934

I last saw him alive on June 14, 1934 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Heart plegia
Chronic Myocarditis
Chronic nephritis

Date of onset

June 13

Other contributory causes of importance:

Name of operation Myocarditis Date of June 14
What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so specify (Signed) Isaiah L Brown M. D.

(Address) 108 W. Montgomery St

02370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02370

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balto. Genl. Hosp.* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Glennburne Md* St. Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* Color or Race *coloured* 3. Single, Married, Widowed, or Divorced (write the word) *Single*

4. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) *June 1915*

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

FILED

18 1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 3, 1934* to *June 15, 1934*I last saw him alive on *June 15, 1934* Death is said to have occurred on the date stated above, at *5:28 P.M.*

The principal cause of death and related causes of importance were as follows:

*acute appendicitis
peritonitis
faecal fistula
broncho pneumonia*

Date of onset

*4/30/34**5/1/34**5/23/34**6/14/34*

Other contributory causes of importance:

Name of operation *repair of faecal fistula* Date of *5/31/34*What test confirmed diagnosis? *question* Was there an autopsy? *yes*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *D. M. L. Currie* M. D.(Address) *So. Balto. Genl. Hosp.*

F D 02371

F 02371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (N. *Baltimore City Hospital 15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life?* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *William Ball*(a) Residence: No. *1623 ? Parriol* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Lucy*
(or) WIFE of *?*

DATE OF BIRTH (month, day, year)

AGE *65? 50* Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore 121*13. NAME *Daniel*14. BIRTHPLACE (city or town) (State or country) *?*15. MAIDEN NAME *Jane Hudson*16. BIRTHPLACE (city or town) (State or country) *?*INFORMANT *Records*(Address) *Balt City Hsp.*

17. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary* Date *6/18* 193418. UNDERTAKER *Samuel Chase & Son**John H. Palmer*

JUN 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Jan. 12, 1933* to *June 16, 1934*
Last saw him live on *June 16, 1934* Death is said to have occurred on the date stated above, at *10:15 AM*

The principal cause of death and related causes of importance were as follows:

*Cerebral hemorrhage, left
hemisphere, right
hypertension
Atherosclerosis*

Date of onset

*4 days
?
?*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *T. P. Hazell*

M. D.

(Address) *Balt. City Hsp.**Huntington Williams, M.D.*

✓ F 02372

02372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 27-01 Ward

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ da.

2. FULL NAME Ethel Hellmug(a) Residence: No. 6602 Hamfirth St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) SingleIf married, widowed, or divorced
HUSBAND of
(or) WIFE ofDATE OF BIRTH (month, day, year) 9-18-1918AGE Years 15 Months 8 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md13. NAME Otto Hellmug14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME Mary Hall16. BIRTHPLACE (city or town) (State or country) MdINFORMANT Records(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Unrecorded Burial Date 6/20/34 19UNDERTAKER Leonard B. B. B.(Address) 3000 Hamfirth St.JUN 18 1934 W. H. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 193422. I HEREBY CERTIFY. That I attended deceased from June 15th 1934 to June 17th 1934. I last saw him alive on June 17th 1934. Death is said to have occurred on the date stated above, at 10:40 P. M.

The principal cause of death and related causes of importance were as follows:

Bacteraemia, staphylococcus aureus
Multiple infected embolisms
meningitis & pyelonephritis &
probably acute endocarditis, all
due to staph. aureus

Other contributory causes of importance:

Name of operation None (Blood-
culture

Date of

What test confirmed diagnosis? Culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) Harry D. Stetson

M. D.

(Address) St. Johns Hopkins Hospital

2373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02373

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3012 Westfield Ave. (Hamilton) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Alfred M. Baker

(a) Residence: No. 3012 Westfield Ave. (Hamilton) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lena (Nixon) Baker

DATE OF BIRTH (month, day, year) May 23, 1862.

AGE 72 Years 0 Months 24 Days If LESS than 1 year

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Annapolis (State or country) Maryland

13. NAME John R. Baker

14. BIRTHPLACE (city or town) England (State or country)

15. MAIDEN NAME Rapheal Tydings

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Lena Baker (Address) 3012 Westfield Ave. (Hamilton) Ward

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 19, 1934

UNDER-SIGNER

JUN 18 1934

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1934

22. I HEREBY CERTIFY. That I attended deceased from May 26, 1934 to June 16, 1934

I last saw him alive on June 15, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Nephritis

Other contributory causes of importance:

Coronary Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Janet L. L. M. D. 1823 N. East St.

02374

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. Joseph's Hospital, 12-01 Ward)

Length of residence in city or town where death occurred

30 Years

How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME

LeRoy Eckard

(a) Residence: No.

401 E. Lanvale Street

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Florence R. Adams

DATE OF BIRTH (month, day, year)

June 25, 1884.

AGE

49

Years

Months

II

Days 23

If LESS than 1 year of

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

Carroll Co. Maryland

13. NAME

Wesley Eckard

14. BIRTHPLACE (city or town) (State or country)

Carroll Co. Maryland

15. MAIDEN NAME

Eileen S. (?)

16. BIRTHPLACE (city or town) (State or country)

Carroll Co. Maryland

INFORMANT

Mrs. Florence Adams Eckard 401 E. Lanvale Street.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 20, 1934

UNDERTAKER

(Address)

FILED

JUN 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Other contributory causes of importance:

Automobile Accident

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 02375

F 02375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Lemon St., 70-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1924 Lemon St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Feb 2 - 1878

AGE Years 56 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME George T. Donaldson

14. BIRTHPLACE (city or town) Maryland (State or country)

15. MAIDEN NAME Sarah Beech

16. BIRTHPLACE (city or town) Frederick Co (State or country) Maryland

INFORMANT Alexander Donaldson (Address) 2016 McKean Ave.

BURIAL, CREMATION, OR REMOVAL Place Howland Plk Date June 1934

UNDERTAKER R. M. Meyer 1630 Ashbourn

18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1934

22. I HEREBY CERTIFY, That attended deceased from to 19

I last saw h. alive on Inquiry 19 Death is said to have occurred on the date stated above, at 119 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage June 16 1934

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. L. Vahlsing M. D. Coroner

(Address) 16 South Broadway

02376

Forster HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02376

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 W. Saratoga St., 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1037 W. Saratoga St., (Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

female

Cal

widowed

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Isaac Forster

DATE OF BIRTH (month, day, year)

AGE

Years

Months

Days

11. LESS than
1 day, hrs.
or min.

44

45

11

26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or county)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address) 1037 W. Saratoga St.

BURIAL, CREMATION, OR REMOVAL

Place 7th & Auburn

Date June 18, 1934

UNDERTAKER

(Address) 3241 E. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased

I last saw her alive on June 15, 1934

to have occurred on the day stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date of entry

After

1934

M. D.

81334

F 02377

02377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St., *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *1* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *925 S. Curley* St., *1-01* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *Polish* 5. Single, Married, Widowed, or Divorced (write the word) *married*6. If married, widowed, or divorced HUSBAND of (or) WIFE of *Mary Duplecki*

DATE OF BIRTH (month, day, year)

Years

Months

Days

If LESS than 1 day, hrs. or min.

1898

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Poland

13. NAME

Andrew Duplecki

14. BIRTHPLACE (city or town) (State or country)

Poland

15. MAIDEN NAME

Anne ?

16. BIRTHPLACE (city or town) (State or country)

Poland

INFORMANT

(Address)

Hospital Records

17. BURIAL, CREMATION, OR REMOVAL

Place

Sacred Heart Date *6-19-34*

UNDERTAKER

(Address)

John J. Luda
2811 Hudson St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

*6-15, 1934*22. I HEREBY CERTIFY, That I attended deceased from *9-18, 1933* to *6-15, 1934*I last saw him alive on *6-15, 1934* Death is said to have occurred on the date stated above, at *11:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Lung Abscess

Date of onset

*2 years**over*

Other contributory causes of importance:

*Cerebral Embolism**4 days*Name of operation *Thoracotomy*

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Gurnea
Mercy Hospital

M. D.

81934

F 02378

02378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (NO. 732 George

ST. 17-01 WARD)

2-FULL NAME

Victor Mack.

(a) RESIDENCE NO.

732 George

(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

1 yrs.

mos. 22 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

Male

Colored

Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

Unmarried

DATE OF BIRTH (month, day, and year)

May 24, 1933

AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

Infant

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

Baltimore

10 NAME OF FATHER

William Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country)

S. Carolina

12 MAIDEN NAME OF MOTHER

Victoria Curry

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

S. Carolina

Informant (Address)

William Mack 732 George St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

6/16/34

17

I HEREBY CERTIFY, That I attended deceased from June 7th, 1934, to June 16th, 1934, that I last saw him alive on June 16th, 1934, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cholera infantum

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

or Date

(duration)

yrs.

mos.

ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Clinical Exam

(Signed)

M. D.

19

(Address)

22 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Calvary Cem.

20 UNDERTAKER

Walter B. Spriggs

DATE OF BURIAL

6/18, 1934

ADDRESS

139 W. Harney St.

8 1934

M F 02379

02379 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. _____)

St. Josephs Hospital - al

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mon. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mon. _____ ds.

2. FULL NAME

Laura L Foster

(a) Residence: No. 2600 E Preston St, _____ Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of

Benjamin J. Foster

DATE OF BIRTH (month, day, year)

AGE Years 68 Months 0 Days 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Baltimore Md

BIRTHPLACE (city or town) (State or country)

13. NAME

Wm J. Jumper

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

15. MAIDEN NAME

Almira Spillman

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

INFORMANT

(Address) 2600 E Preston St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cn Date 6/19 1934

UNDERTAKER

(Address) 155 E 1st St

J. Fred McCully

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1934

22. I HEREBY CERTIFY, That I attended deceased from

injury 19 to 19

I last saw him alive on injury 19 Death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Broncho Pneumonia

Date of onset

6/9/34

6/12/34

Other contributory causes of importance:

Automobile Accident

Name of operation none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/9 1934

Where did injury occur? Preston St near home of deceased

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Street Accident

Nature of injury Struck by auto while walking across street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph E. Cohn

Coroner M. D.

(Address) 2600 E. Woodlawn

02380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210-001)St., 8-01 Ward)

2. FULL NAME

(a) Residence: No. John A Rohrbach

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) March 13, 1876
AGE Years 58 Months 3 Days 4 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 640

BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

DATE 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That

urgency & autopsy 19 June 17 to 1934

I last saw him alive on urgency & autopsy Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured 6-7-8 Right Ribs
Cerebral Embolus

Other contributory causes of importance:

Automobile accident

Name of operation

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: accident Date of injury 6/3 1934

Accident, suicide, or homicide: Hartford Rd & Darby Ave

Where did injury occur? Street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while walking across the street

Nature of injury walking across the street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Korman Coroner

(Address) 12200 E. Madison St

2381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02381

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 W. Lakewood Ave., St., 6-01 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 411 W. Lakewood St., 8 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Samuel Wrightson

DATE OF BIRTH (month, day, year) Mar. 8 1860

AGE Years 73 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Apple

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME 9

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Thomas Wrightson

(Address) Stemmers Run P.O.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date June 20 1934

UNDERTAKER Lilly & George

(Address) 403 Jd. N. York St.

FILED

3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 - 1934 to June 16 - 1934

I last saw her alive on June 16 - 1934 Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

Control Hemorrhage -

Date of onset

June 7/2

Other contributory causes of importance:

Cough -

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

02382

HEALTH DEPARTMENT—CITY OF BALTIMORE 02382

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs. Hospital ST., 9-01 WARD)

2. FULL NAME Mary Margaret Mc. Caffrey

RESIDENCE NO. 46. Township Road, Dundalk, 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs.

mos. 2 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

CORONER'S CERTIFICATE OF DEATH

0

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married 8-30-36 A.M.
or Divorced (write the word)

Female

white

married

a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Edward Mc. Caffrey

DATE OF BIRTH (month, day, and year) Feb. 28 1878

AGE

Years

Months

Days

If LESS than
1 day. hrs.
or min.

56

3

19 19

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)

Ireland

10 NAME OF FATHER Patrick Fitzmaurice

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER Margaret Mc. Namara

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Ireland

Informant Edward Mc. Caffrey (husband)
(Address) 46. Township Rd Dundalk

16 DATE OF DEATH (month, day, and year) Feb 16 1934

17

I HEREBY CERTIFY, That I took charge of the inquiry

remains described above, held an

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said

(Inquest, au-

inquiry

find that said deceased came to her death

(Inquest, au-

on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.
"Septic Sore throat"

(Signed)

6/18/34, 192

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

New Cathedral Unit Feb 19 1934

20 UNDERTAKER

ADDRESS

Lilly & Zeiler INC 4038 Wolk

87934

William W. Williams Registrar

F 02383

02383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *331 S. Newkirk* St., *26-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *56* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Fraunce Trenka(a) Residence: No. *331 S. Newkirk* St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*If married, widowed, or divorced HUSBAND of *Charles Trenka* (or) WIFE ofDATE OF BIRTH (month, day, year) *Feb 1858*AGE *76* Years *76* Months *4* Days If LESS than 1 day, hrs. or min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Austria* (State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *Austria* (State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Austria* (State or country)INFORMANT *Charles Trenka* (Address) *331 S. Newkirk*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross AA* Date *June 19, 1934*UNDERTAKER *Lillye Zuber Inc.* (Address) *413 So. Wolfe St.*DIED *18* 1934 *At Eight William, MD*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19 Death is said to have occurred on the date stated above, at *1200* a.m.

The principal cause of death and related causes of importance were as follows:

acute Peritonitis

Date of onset

Other contributory causes of importance:

Strangulated Hernia

Name of operation

Date of

What test confirmed diagnosis? *Chin* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *B. Patterson*

Coroner M. D.

(Address) *13054 Patterson Pl.*

02384

HEALTH DEPARTMENT—CITY OF BALTIMORE

02384

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *627 S. Port St.* St., *1-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *56* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *627 S. Port St.* St., *1* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*a. If married, widowed, or divorced
HUSBAND of *late George Zippel*
(or) WIFE of *late George Zippel*DATE OF BIRTH (month, day, year) *Oct. 25th 1848*AGE Years *85* Months *7* Days *22* If LESS than 1 day, *0* hrs. *0* min.6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) *Germany*
(State or country)13. NAME *Lorenz Zippel*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *Maria Erhardt*16. BIRTHPLACE (city or town) *Germany*
(State or country)INFORMANT *Mary Hammel*
(Address) *2515 Fleet St.*

BURIAL, CREMATION, OR REMOVAL

Place *Holy Redeemer* Date *June 30th 1934*UNDERTAKER *Lille & Zeller Inc.*
(Address) *4036 N. 1st St.*

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17th 1934*22. I HEREBY CERTIFY, That I attended deceased from *May 30* 19*34* to *June 16* 19*34*I last saw him alive on *June 16* 19*34* Death is said to have occurred on the date stated above, at *11 P.* m.

The principal cause of death and related causes of importance were as follows:

Myocarditis and Chronic Nephritis

Date of onset

June 16

Other contributory causes of importance:

*1. Hypertension, and
Arteriosclerosis**June 16*Name of operation *None* Date of *June 16*
What test confirmed diagnosis *None* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *None* Date of injury *None* 19 *34*Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *None*Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Dr. L. M. McKim* M. D.(Address) *274 E. 39th St.*

F 02385

F 02385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St., 13-01

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME

Mrs. Elizabeth Willis

(a) Residence: No.

926 Newington Ave. St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female white married

6. If married, widowed, or divorced

HUSBAND of

Milbourn L. Willis

DATE OF BIRTH (month, day, year)

May 5-1897

AGE

Years

Months

Days

If LESS than 1 day... hrs. or min.

37

1

11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

37

BIRTHPLACE (city or town) (State or country)

Pike Co. Pa.

13. NAME

Edwin Myce

14. BIRTHPLACE (city or town) (State or country)

Pa.

15. MAIDEN NAME

Grace Whitaker

16. BIRTHPLACE (city or town) (State or country)

Pa.

INFORMANT

Milbourn L. Willis

(Address)

926 Newington Ave

BURIAL, CREMATION, OR REMOVAL

Place

Chestertown Md. June 19 1934

UNDERTAKER

(Address)

Margaret B. Flynn

1107 N. Hilton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-31-1934 to 6-16-1934

I last saw her alive on 6-16-1934. Death is said to have occurred on the date stated above, at 6:10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach (Primary)

Date of onset

Mar 34

Other contributory causes of importance:

Bronchopneumonia 6-14-34
Pyrexia 6-1-34
Secondary anemia 6-10-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Lloyd C. Sawyer M. D.

(Address) 3757 York Rd.

18 1934

02386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 11 N. Wolf St. St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. 35 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) West Balt. Gen. Hosp.
(State or country) Balt. Md.13. NAME Robert Green14. BIRTHPLACE (city or town) Balt. Md.
(State or country)15. MAIDEN NAME Ernestine Grasse16. BIRTHPLACE (city or town) Balt. Md.
(State or country)

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Jan 18 1934

19. UNDERTAKER

(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 193422. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to June 16, 1934I last saw her alive on June 16, 1934 at 11:55 AM Death is said to have occurred on the date stated above, at 2:20 AM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature
6 month fetus

Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Levy Achman(Address) West Baltimore Gen. Hosp.

M. D.

8 1934

02387

HEALTH DEPARTMENT - CITY OF BALTIMORE

F 02387

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.

215 Arlington ST. 18-01 WARD

2-FULL NAME

Carroll Lee Garrity

(a) RESIDENCE NO.

215 Arlington ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

June 17 1934

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

1 1/2 hour

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

215 Arlington ST. Baltimore Md

10 NAME OF FATHER

Geo. S. Garrity

11 BIRTHPLACE OF FATHER (city or town)

Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER

Dorothy J. Sullivan

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore

(State or country)

14

Informant (Address)

Geo. S. Garrity 215 Arlington ST.

15

1934

Arlington Baltimore, Md. Registrar 0183

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

19

17

I HEREBY CERTIFY, That I attended deceased from

June 16 1934 to June 17 1934

that I last saw him alive on

June 17 1934

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Extreme debility of body and failing heart and Renal

CONTRIBUTORY (Secondary)

(duration)

yrs.

mos.

ds.

18 Where was disease contracted if not at place of death?.....

ye none

Did an operation precede death?

no

Was there an autopsy?

What test confirmed diagnosis?

Chemical test

(Signed)

Charles E. Clarke

Address

3214 Piedmont

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

F 02388 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02388

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp.* St., *4-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine Worthington.(a) Residence: No. *326 N. Green* St., *0* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *8/9/1912*7. AGE Years *21* Months *9* Days *10* If LESS than 1 day, hrs. *9* or min. *10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Johnstown, Pa*13. NAME *Richard Worthington*14. BIRTHPLACE (city or town) (State or country) *England*15. MAIDEN NAME *Rachel Nitch*16. BIRTHPLACE (city or town) (State or country) *Johnstown, Pa*17. INFORMANT *Sue Worthington sister*
(Address) *326 N. Greene St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Johnstown, Pa* Date *June 16, 1934*19. UNDERTAKER *John E. Miller*
(Address) *2435 E. Charles St*

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *3/21/1934* to *6/17/1934*I last saw her alive on *6/17/1934*. Death is said to have occurred on the date stated above, at *430* m.

The principal cause of death and related causes of importance were as follows:

*Cellulitis.
Alcoholic neuritis.
Chronic alcoholism.*Date of onset
4/1/34
4/1/34
?

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

No. If so, specify _____

(Signed) *Robert A. Reiter*(Address) *Balto. City Hosp.* M. D.

F 02389

02389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St. *16-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. *4* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *812 Woodington Road* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Single*7. DATE OF BIRTH (month, day, year) *6-17-34*
8. AGE Years Months Days If LESS than 1 day, hrs. or min. *4*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)13. NAME *Jeremiah O'Brien*14. BIRTHPLACE (city or town) *Maryland*
(State or country)15. MAIDEN NAME *May Elizabeth Garlage*16. BIRTHPLACE (city or town) *Baltimore, Maryland*
(State or country)17. INFORMANT *Hospital Records*
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place *St. Joseph's Hospital* Date *6/18 1934*19. UNDERTAKER *Wm F. Garlage*
(Address) *1536 Poplar Street*

1934

Wm F. Garlage
1536 Poplar Street
Wm F. Garlage
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-17-34*22. I HEREBY CERTIFY, That I attended deceased from *6-13*, 1934, to *6-17*, 1934.I last saw him alive on *6-17*, 1934. Death is said to have occurred on the date stated above, at *6:55 pm*.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

4 days

Other contributory causes of importance:

*None*Name of operation *None* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ☒ Date of Injury *6-17*, 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Grant Kauter Marshall* M. D.(Address) *127 Calvert St*

F 02390

02390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. 31st

St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frederick W. Melis

(a) Residence: No.

414 E. 31st

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Emma Meissner

7. DATE OF BIRTH (month, day, year)

Sept. 8, 1856

AGE

Years

Months

Days

If LESS than
1 day,hra.
ormin.

77

9

9

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

None

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Germany

13. NAME

Conrad Melis

14. BIRTHPLACE (city or town)
(State or country)

Germany

15. MAIDEN NAME

Not obtainable

16. BIRTHPLACE (city or town)
(State or country)

Germany

INFORMANT

Mrs. Adeline M. Roche

(Address)

414 E. 31st Street

17. BURIAL, CREMATION, OR REMOVAL

Place

Green Mount Cemetery 6/20, 1934

UNDERTAKER

(Address)

Wm. J. Castello
805 N. Calvert St.

FILED

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1, 1918 to June 16, 1934

I last saw him alive on JUNE 16, 1934 Death is said

to have occurred on the date stated above, at 5A in

The principal cause of death and related causes of
importance were as follows:Hypertrophied and
enlarged Heart

Date of onset

2
1

Other contributory causes of importance:

Arterial Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(Signed)

Wm. J. Castello

M. D.

(Address)

335 E. 31st St.

02391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02391

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 Arunah Ave. St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert C. Berg

(a) Residence: No. 2313 Arunah Ave. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced HUSBAND of Mary J. Conry (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30, 1851

7. AGE Years 82 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME August Berg

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Anna Luders

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Helen E. Berg (Address) 2313 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date 6/19/34

19. UNDERTAKER (Address) 805 N. Calver St.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/34

22. I HEREBY CERTIFY. That I attended deceased from June 5, 1934 to June 17, 1934

I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis gradually induced for several days.

Date of onset June 6, 1934

Other contributory causes of importance:

Old age

Name of operation

What test confirmed diagnosis?

Date of Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. H. Phillips M. D. (Address) 1939 Edmondson

8 1934

F 02392

Loar

F 02392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital 2-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. *1* mos. *3* ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Herbert (Belle) Loar

(a) Residence: No.

Frostburg Md.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
--------------------	----------------------------------	---

a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Herbert Loar*

DATE OF BIRTH (month, day, year)

Sept. 29, 1901

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*32**8**19 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)*Md.*

13. NAME

*John Goldsworthy*14. BIRTHPLACE (city or town)
(State or country)*Md.*

15. MAIDEN NAME

*Margaret Orr*16. BIRTHPLACE (city or town)
(State or country)*Md.*

INFORMANT

(Address)

Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place

Cumberland Md

Date

June 11, 1934

UNDERTAKER

(Address)

*Dr. J. Tubner & Sons
2012 & 2014 Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from
*May 6, 1934, to June 18, 1934*I last saw her alive on *June 18, 1934* Death is said
to have occurred on the date stated above, at *4:15 P.m.*The principal cause of death and related causes of
importance were as follows:*Non-specific ulcerative colitis*

Date of onset

March 20

Other contributory causes of importance:

Name of operation

*Gleason's*Date of *May 29*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Richard France

M. D.

(Address)

Union Memorial Hospital

571934

Huntington Williams, Jr.

M. D. R. 1250 F 02393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH *Johns Hopkins Hospital*

CITY OF BALTIMORE: (No. _____)

St. *7-01* Ward)

Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

(Usual place of abode)

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color of Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *Nov. 12 1913*AGE Years *20* Months *7* Days *6* If LESS than 1 day, _____ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) *West Virginia*13. NAME *Ray Whistler*14. BIRTHPLACE (city or town, State or country) *W. Va.*15. MAIDEN NAME *Stella Booth*16. BIRTHPLACE (city or town, State or country) *W. Va.*

INFORMANT

(Address) *Johns Hopkins Hospital*

17. BURIAL, CREMATION, OR REMOVAL

Place *Fairmount W. Va.*Date *June 26, 1934*

UNDERTAKER

(Address) *Towell & Bayne*

FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 11* 1934 to *June 18, 1934*I last saw him alive on *June 18, 1934* Death is said to have occurred on the date stated above, at *5:45 p.m.*

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis

Date of onset

Apr 29 1934

Other contributory causes of importance:

*Fractured Skull*Name of operation *Cerebral Drainage* Date of *June 16, 34*What test confirmed diagnosis? *Culture* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Paul A. Kunkel* M. D.(Address) *The Johns Hopkins Hospital*

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ M F 02391

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Indian Memorial St.*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

James C. Baughman(a) Residence: No. *415 Charter Oak Ave.*

(Usual place of abode)

Ward. *2*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____DATE OF BIRTH (month, day, year) *Aug 17th 1931*AGE Years Months Days If LESS than 1 day, hrs. or min.
2 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *X*BIRTHPLACE (city or town) *Balto Md*
(State or country)13. NAME *Harry E. Baughman*14. BIRTHPLACE (city or town) *York Pa*
(State or country)15. MAIDEN NAME *Ruth G. Beard*16. BIRTHPLACE (city or town) *Waynesboro Pa*
(State or country)INFORMANT *Harry E. Baughman*
(Address) *415 Charter Oak Ave*

BRIAL REMOVAL, OR REMOVAL

Place *London Park* Date *June 19th 1934*UNDERTAKER *Wm Cook*(Address) *1217 St Paul St*

FILED

1934

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16th 1934*

22. I HEREBY CERTIFY, That I attended deceased from

Wagon 19 to *Wagon* 19I last saw him alive on *Wagon* 19. Death is saidto have occurred on the date stated above, at *6:30 p* m.

The principal cause of death and related causes of importance were as follows:

Fracture of Base of Skull

Date of onset

Other contributory causes of importance:

*Automobile Accident*Name of operation *none*Date of *U*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *6/16, 1934*Where did injury occur? *York Rd in Killona Ave*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Struck by auto while*Nature of injury *falling from street*

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *Joseph P. Horman*(Address) *2205 E Madison St*

Coroner

M. D.

F 02395

M F 02395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Human Memorial Hospital* Ward)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *415 Charter Oak Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

DATE OF BIRTH (month, day, year) *Nov 16 - 1922*

AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Public School Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *X*

11. Total time (years) spent in this occupation *X*

BIRTHPLACE (city or town) (State or country) *Balto Md*

12. NAME *Harry E. Baughman*

14. BIRTHPLACE (city or town) (State or country) *York Pa*

13. MAIDEN NAME *Ruth S. Beard*

16. BIRTHPLACE (city or town) (State or country) *Waynesboro Pa*

INFORMANT *Harry E. Baughman*(Address) *415 Charter Oak Ave*

BURIAL, CREMATION, OR REMOVAL

Place *London Park*UNDERTAKER *Yvonne Cook*(Address) *1217 St Paul St*

1919

1934

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 16th, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May* 19 to *May* 19

I last saw him alive on *May* 19. Death is said to have occurred on the date stated above, at *8:50 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

*Automobile Accident*Name of operation *none*Date of *✓*What test confirmed diagnosis? *✓*Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *Accident* Date of injury *6/16* 19*34*

Where did injury occur? *York Rd in Bellona Ave* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place *Street Accident*

Manner of injury *Struck by auto while walking across street*

Nature of injury *walking across street*

24. Was disease or injury in any way related to occupation of deceased?

*no*If so, specify *✓*(Signed) *Joseph Pokorny*(Address) *2700 E Madison St*

Coroner

M. D.

M. D. F 1266 **F 02296**✓ **MF 02296****HEALTH DEPARTMENT—CITY OF BALTIMORE****CERTIFICATE OF DEATH****210-001**

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATHCITY OF BALTIMORE: (No. **Human Memorial Hospital**)

Length of residence in city town where death occurred yrs mos ds. How long U. S. If of foreign birth? yrs mos ds.

2. FULL NAME(a) Residence: No. **4808 Park Heights St.** Ward. **Life**

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. Color or Race **White** 2. Single, Married, Widowed, or Forced (write the word) **Single**
3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) **Dec 20, 1920**AGE Years **13** Months **5** Days **28** If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stone**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) **Baltimore**
(State or country) **Maryland**13. NAME **Bernard M. Thompson**14. BIRTHPLACE (city or town) **Charles Co**
(State or country) **Maryland**15. MAIDEN NAME **Genevieve Thompson**16. BIRTHPLACE (city or town) **Baltimore**
(State or country) **Maryland**INFORMANT **Bernard M. Thompson**
(Address) **4808 Park Heights Ave**

BURIAL, CREMATION, OR REMOVAL

Place **New Cathedral** Date **June 21, 1934**UNDERTAKER **Tom Cook**
(Address) **1217 E. Enoch Ave****19 1934**

Registrar

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (month, day, year) **June 18, 1934**22. I HEREBY CERTIFY, That I attended deceased from **19** to **19**I last saw **living** alive on **living** 19 Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Automobile AccidentName of operation **none**Date of **✓**What test confirmed diagnosis **none** Was there an autopsy? **no**23. If death was due to external causes (violence) fill in also the following: **Accident** Date of injury **6/18, 1934**Accident, suicide, or homicide **Accident**Where did injury occur? **Lochlin Rd in Fairbanks Md**
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place **Street Accident**Manner of injury **while trying to get on a truck**Nature of injury **struck & fell under rear wheel**24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed)

Joseph Pherry
(Address) **2260 E. Madison St**

M. D.

M. D. P 02397

F 02397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Thomas Ave 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary R. Wistenberger

(a) Residence: No.

1721 Thomas Ave

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced (or) WIFE of Zacharia P. Wistenberger6. DATE OF BIRTH (month, day, year) Dec 24 18517. AGE Years 82 Months 5 Days 23 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) Balto (State or country) md13. NAME Freeman A. McCallum14. BIRTHPLACE (city or town) New York (State or country) N. Y.15. MAIDEN NAME Elizabeth B. Matthews16. BIRTHPLACE (city or town) Elmhurst City (State or country) Nd17. INFORMANT Mary E. Garrison(Address) 1721 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Oliv Date June 20 193419. UNDERTAKER Wm Goff(Address) 1217 St Paul St19 1934 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 193422. I HEREBY CERTIFY That I attended deceased from May 28 1934 to June 17 1934I last saw her alive on June 17 1934 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Vascular Disease 3 daysBroncho pneumonia

Other contributory causes of importance:

Generalized Arterio Sclerosis ?Chronic Nephritis 5 yrs.Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of Injury None 19 None

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl Le Roy Chambers M. D.(Address) 7804 Liberty St

02298 HEALTH DEPARTMENT—CITY OF BALTIMORE 02398

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23-01 South Baltimore General Hospital WardLength of residence in city or town where death occurred 35 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Olive Shipley (C) Stewart. (C)

(a) Residence: No. 1027 S. Sharp St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

6. If married, name of HUSBAND (or ~~WIFE~~) John Shipley (C)

DATE OF BIRTH (month, day, year) April 1, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)13. NAME George Simms. (C)14. BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)15. MAIDEN NAME Susan Bern. (C)16. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)INFORMANT Willian Howard. (C) brother in law
(Address) Solomons, Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/19/34

UNDERTAKER

(Address)

Isaiah L Brown & Son
108 W. Montgomery St.

FILED

19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 193422. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19 . Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemiplegic.

(Other contributory causes of importance)

Name of operation None.Date of What test confirmed diagnosis Inquiry Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19 Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature)

W. H. Reinhardt

M. D.

b/13/34 (Address) 1017 E. Charles St.

F 02399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02399

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Callow Ave ST. 13-01 WARD)

2—FULL NAME

May Tolle Smartley

(a) RESIDENCE NO.

(Usual place of abode)

2113 Callow Ave.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 24 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced, (write the word)

FemaleWhiteMarried

a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHerbert W. Smartley

DATE OF BIRTH (month, day, and year)

May 21-1874

AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.60—24

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)
(State or country)Baltimore Md

10 NAME OF FATHER

Henry Tolle11 BIRTHPLACE OF FATHER (city or town)
(State or country)Germany

12 MAIDEN NAME OF MOTHER

Emma Eberlein13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Baltimore Md

Informant

(Address)

Herbert W. Smartley2113 Callow Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 17, 1934

17

I HEREBY CERTIFY, That I attended deceased from

January 1934 to June 17, 1934that I last saw her alive on June 16, 1934and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lethargic Encephalitis
with several relapses(duration) yrs. 5 mos. ds.CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed)

Herbert W. Smartley, M. D.6/18, 1934 (Address)2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-
MOVAL

DATE OF BURIAL

Loudon ParkJune 191934

20 UNDERTAKER

Chas. E. Franck802 Madison Ave

JUN 19 1934

19

Registration

M. D. 62400

HEALTH DEPARTMENT—CITY OF BALTIMORE

02400

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Sydenham Hospital* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *20* mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosalie Waters(a) Residence: No. *1614 W. Lafayette Ave*

(Usual place of abode)

Ward. *X*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *May 28 - 27*7. AGE Years *7* Months *2* Days *29* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *80*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) *Baltimore* (State or country)13. NAME *John Waters*14. BIRTHPLACE (city or town) *Md.* (State or country)15. MAIDEN NAME *Esther Derricks*16. BIRTHPLACE (city or town) *Md.* (State or country)17. INFORMANT *John Derricks* (Address) *1614 W. Lafayette Ave*18. BURIAL, CREMATION, OR REMOVAL Place *Union Cemetery* Date *June 20, 1934*19. UNDERTAKER *John W. Chase & Son* (Address) *635 N. Baltimore*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 16th 1934* to *June 17th 1934*
I last saw her alive on *June 17, 1934* Death is said to have occurred on the date stated above, at *2:00* p.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *Paul E. Brad* (Address) *Sydenham Hospital*

UN 19 1834

M. F. 02401

F 02401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Carrollton 16-01 Ward)Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Resident: No.

Franklin Edward Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Married Married, Widowed, Divorced (write the word)5a. I married, widowed, or divorced
HUSBAND of Laura Edward
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 38 Years 4 Months 25 Days If LESS than 1 day, 40 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boatman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (city or town) (State or country) MD13. NAME Franklin Edward14. BIRTHPLACE (city or town) (State or country) MD15. MAIDEN NAME Edith Harrison16. BIRTHPLACE (city or town) (State or country) MD17. INFORMANT William Edward
(Address) 730 Carrollton18. BURIAL, CREMATION, OR REMOVAL
Place Transton Farm Date April 9, 193419. UNDERTAKER Sam H. O'Brien
(Address) 638 N. Calver20. FILED 1934 APR 11 1934 RECEIVED

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/3422. I HEREBY CERTIFY That I attended deceased from 6/17/34 to 6/17/34I last saw 6/17/34 alive on 6/17/34 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of the heart

Other contributory causes of importance:

Sub-acute myocarditis
Automobile driving overName of operation None Date of NoneWhat test conducted? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19 34

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Boatman(Signed) A. E. O'Brien M. D.(Address) 730 Carrollton

Spec. 1-30 02402 Bks.

F 02402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3400 Bateman Ave.)

2. FULL NAME

(a) RESIDENCE NO. 3400 Bateman Ave.
(Usual place of abode)

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, Divorced, (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 23-1863
AGE 71 Years 25 Months 24 Days If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Auto Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore Md
(State or country)

10 NAME OF FATHER Wm J. Sattler

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

Informant Clarence M. Sattler
(Address) 3400 Bateman Ave

WARD 15-01

WARD (If non-resident give city or town and State)

How long in U. S. if of foreign birth? yrs. mos. ds.

16 DATE OF DEATH (month, day, and year) June 17/34

17 I HEREBY CERTIFY, That I attended deceased from June 7/34 to June 17, 1934, that I last saw him alive on June 17, 1934, 7:45 P. m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

CONTRIBUTORY (Secondary) Broncho-pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted? If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical
(Signed) Walter H. Hatt M. D.
(Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-INTERMENT

Greenmount Cemetery June 20/34

UNDERTAKER

Funeral Supply House North Ave

19 1934

M. D. F 02403

F 02403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Conklin St. Ward 76-01)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 224 S. Conklin St., 76-01 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of John Scheller (or) WIFE of6. DATE OF BIRTH (month, day, year) Feb. 11/18777. AGE Years 57 Months 4 Days 5 If LESS than 1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Ritter
14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mr. John Scheller (Address) 224 S. Conklin St.18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 6/19/3419. UNDERTAKER Philip H. H. Sons (Address) 2016 Orleans St.20. FILED 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 193422. I HEREBY CERTIFY, That attended deceased from June 14, 1934 to June 16, 1934I last saw her alive on June 16, 1934 Death is said to have occurred on the date stated above, at 10:00 AM

The principal cause of death and related causes of importance were as follows:

Infected Phlebitis
Right leg

Date of onset

6/10/34

Other contributory causes of importance:

Metastatic Embol.6/10/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. H. H. H. M. D.(Address) 310 S. Highland Ave

F 02404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. 9-01 St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 10 da. How long in U. S. If of foreign birth yrs. mos. da.2. FULL NAME Walter Hubbel(a) Residence: No. 1617 Harford ave. St., 1617 Ward, 1617
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) Oct. 17, 18847. AGE Years 49 Months 8 Days 1 If LESS than 1 year, state in months and days 10 mos. 10 da.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown10. Date deceased last worked at this occupation, month and year: Unknown11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland13. NAME Joseph Hubbel14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Sarah Burns16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland7. INFORMANT Hospital Records
(Address) Baltimore City Hospital

8. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/21/3419. UNDERTAKER
(Address) Walter Hubbel

20. FILED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193422. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to June 17, 1934I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 11.10 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset

June 8, 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Meyer W. Jaeger
Baltimore City Hospitals

M. D.

F. 02405

F 02405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mo. da. How long in S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence:

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) month in occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

, 19 to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Data of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide

Date of injury

, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 02406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02406

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hospital* Ward)Length of residence in city or town where death occurred *57* yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1007 E. Preston St.* St., *6* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6. If married, widowed, or divorced HUSBAND of *Blanche E. Lacy* (or) WIFE ofDATE OF BIRTH (month, day, year) *Mar 14-1877*AGE Years *57* Months *3* Days *4* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Watchman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Penna R R*10. Date deceased last worked at this occupation (month and year) *June 18-1934* 11. Total time (years) spent in this occupation *7*12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *John E. Schley*14. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*15. MAIDEN NAME *Catherine Morgan*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*INFORMANT *Mrs Blanche E. Schley* (Address) *1007 E. Preston St.*BURIAL, CREMATION, OR REMOVAL Place *Calvary Cemetery* Date *June 24, 1934*UNDERTAKER *Edmund V. Loomis* (Address) *224 E. Enoch St.*DATE *June 19 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *1934* to *1934*I last saw him alive on *Inquiry* Death is said to have occurred on the date stated above, at *12:45* a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

June 18, 1934

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis *Inquiry* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *Joseph L. Vaher* M. D.(Address) *16 South Broadway*

F 02402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 02407

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1024 N. Calhoun*)

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon.

How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race *Ceal* 5. Single, Married, Widowed, or Divorced *Widowed*

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE

53 Years 5 Months 2 Days

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place

UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, that I attended deceased from

19

I last saw h. alive on 19

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Name of operation

Date of

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

M. D.

113 1934-1-1-1
 Thomas E. Nelson
 1303 Presb. St
 Baltimore, Md.

M. D. B. 1208-2

2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 62408

77-001

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____)

St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Harry Nutt

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) _____

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

7. DATE OF BIRTH (month, day, year) 2-4-1932

7. AGE 2 Years 4 Months 13 Days If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Maryland (State or country) _____

13. NAME Henry Nutt Va.

14. BIRTHPLACE (city or town) _____ (State or country) _____

15. MAIDEN NAME Annie Ward Va.

16. BIRTHPLACE (city or town) _____ (State or country) _____

17. INFORMANT

(Address) _____

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 6/20/34

19. UNDERTAKER

(Address) _____

Thomas E. Nelson 1303 Presa St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13-1934 to 6-17-1934

I last saw him alive on 6-17-1934 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

Lead Encephalitis

Date of onset

6-10-34

over

Other contributory causes of importance:

Name of operation _____

What test confirmed diagnosis? Skull for lead. Date of _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____

Arthur H. Hurd M. D. Johns Hopkins Hospital

M 13 1934

F 02100

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02409

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *MT Winans* *Ward*)Length of residence in city or town where death occurred *17* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *17* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *305 No Mount St*

(Usual place of abode)

St., *Ward.*

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Single*6a. If married, widowed, or divorced
HUSBAND of *Single*
(or) WIFE of7. DATE OF BIRTH (month, day, year) *May 30-1917*

AGE

17

Years

Months

*15*If LESS than
1 day, *hrs.*
or *min.*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. *Student*9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Baltimore*13. NAME *Edmond Franklin*14. BIRTHPLACE (city or town)
(State or country) *Maryland*15. MAIDEN NAME *Solhe Forrester*16. BIRTHPLACE (city or town)
(State or country) *Maryland*INFORMANT *Edmond Franklin*(Address) *305 No Mount St*

17. BURIAL, CREMATION, OR REMOVAL

Place *Int. Auburn Cemetery* Date *6/19/34*18. UNDERTAKER *Thomas E. Kelson*(Address) *1303 Presb. St*Registrar *Thos. E. Kelson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15-1934*22. I HEREBY CERTIFY, That I attended deceased from
19....., 19....., to..... 19.....I last saw him alive on..... 19..... Death is said
to have occurred on the date stated above, at *114* m.The principal cause of death and related causes of
importance were as follows:

Date of onset

*Browning**June 15-34*

Other contributory causes of importance:

*none*Name of operation *Inquiry*Date of *June 15-34*

What test confirmed diagnosis?

Was there an autopsy? *no*23. If death was due to external cause (violence) fill in also the fol-
lowing: *Accident* *June 15-1934*Accident, suicide, or homicide? *Accident* Date of injury *June 15-1934*Where did injury occur *MT Winans Hotel*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place *MT Winans Hotel*Manner of injury *Browning*Nature of injury *Struck by falling object*

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) *John S. Valentin*(Address) *16 S. Broadway*

Coroner

M. D.

JUN 19 1934

F 02410

F 02410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 N. Vincient st ST 19-01 WARD)

2. FULL NAME

Mary Hamilton
504 N. Vincient st

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO.

(Usual place of abode)

ST.

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

Life

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 (COLOR OR RACE)

5 Single, Married, Widowed, or Divorced, (write the word)

Female Negro

Single

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

July 23rd/33

7 AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

10

2 14

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work

Unemployed

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

Baltimore Md.

10 NAME OF FATHER

Jerome S. Hamilton

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Louise Burley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Md.

14

Informant
(Address)

Louise Hamilton

84 N. Vincient st

15

Date

15 1934

Therese E. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17-'34

17

I HEREBY CERTIFY, That I attended deceased from
June 16th, 1934, to June 17th 1934

that I last saw her, alive on June 17th 1934

and that death occurred, on the date stated above, at 8.00p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration)

yrs.

mos.

3 ds.

Measles

CONTRIBUTORY
(Secondary)

(duration)

yrs.

mos.

8 ds.

18 Where was disease contracted

If not at place of death?

At place of death

Did an operation precede death?

Date of

Was there an autopsy?

No.

What test confirmed diagnosis?

(Signed)

Walter J. Jackson

M. D.

, 19

(Address)

1631 W. Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Measles and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

St Mark cemetery Mt Harmon A.A.C.M.D

6/19 1934

20 UNDERTAKER

Thomas E. Nelson

ADDRESS
1303

Prestman St

02411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Leary St., 15-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1605 N. Leary St.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Female* 4. Color *Leak* 5. Single, Married, Widowed, or Divorced *Widow*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Alexander C.*6. DATE OF BIRTH (month, day, year) *Dec 25-1893*7. AGE Years *40* Months *5* Days *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *170*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Dora Waters*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Mildred West*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*INFORMANT (Address) *1605 N. Leary*BURIAL, CREMATION, OR REMOVAL Place *Int Zion* Date *4/19/34*UNDERTAKER (Address) *Chas E Cooper 314 N Calhoun St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Jan 10 1934*

22. I HEREBY CERTIFY That I attended deceased from

to 19

I last saw h. alive in 19

Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were

*Acute Intestinal Obstruction*Other contributory causes of importance *Edal*Name of operation *Regular* Date of operation *Nov*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Chas E Cooper* M. D.(Address) *314 N Calhoun St*

02412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4204 Gwynn St. Ward 27-01)Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? 1 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Scenic Ave - St. Halbors Ward 27-01
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed or divorced
HUSBAND of Louise C. Wade
(or) WIFE of6. DATE OF BIRTH (month, day, year) Mar 3 18597. AGE Years 75 Months 3 Days 14 If LESS than 1 day, 0 hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employer
10. Date deceased last worked at this occupation (month and year) Belts Co
11. Total time (years) spent in this occupation 2712. BIRTHPLACE (city or town) (State or country) Belts Co Md13. NAME John Wade
14. BIRTHPLACE (city or town) (State or country) Belts Co Md15. MAIDEN NAME Hurricane Morrow
16. BIRTHPLACE (city or town) (State or country) Bellows Md17. INFORMANT Mr. Louise C. Wade
(Address) Scenic Ave - Halbors18. BURIAL, CREMATION, OR REMOVAL
Place Louise C. Wade June 19 193419. UNDERTAKER W. C. Gaddess
(Address) 321 E 25 St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 193422. I HEREBY CERTIFY, That I attended deceased from 6/1/34 19 to 6/17/34 19I last saw him alive on 6/17/34 19 Death is said to have occurred on the date stated above, at 11:30 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes Mellitus 10 yrs.

Other contributory causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gaddess(Address) 321 E 25 St

M. D.

JUN 19 1934

Huntington Williams, M.D.

02413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02413

CERTIFICATE OF DEATH.

✓ 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1636 E. Monument ST 7-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

Eva Scott

(a) RESIDENCE NO. 1636 E. Monument ST. WARD

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Wife of Joseph Scott.

6 DATE OF BIRTH (month, day, and year)

7 AGE 19 years 8 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Vergino (State or country)

10 NAME OF FATHER William Hardy

(1) BIRTHPLACE OF FATHER (city or town) N.C. (State or country)

(2) MAIDEN NAME OF MOTHER Addie Hall

(3) BIRTHPLACE OF MOTHER (city or town) N.C. (State or country)

11 Informant Addie Hall, Mother (Address) 1636 E. Monument St.

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH (month, day, and year) 6-17-34

17 I HEREBY CERTIFY, That I attended deceased from 3-31-1934 to 6-17-1934 that I last saw her alive on 6-17-1934

and that death occurred, on the date stated above, at 7:40 P. M.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis of Lungs

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Carlier M. D.

6-19-1934 (Address) 611 - N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

12 PLACE OF BURIAL, CREMATION OR RE-MOVAL

DATE OF BURIAL

13 UNDERTAKER Mrs. Robert N. Elliott

ADDRESS

1129 Hardwick Laundries

N 19 1934

St.ington Williams

F 02414

F 02414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-01 St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth 14 yrs. 0 mos. 0 da.

2. FULL NAME

(a) Residence: No. 1728 N Pulaski St., 15-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Barnet
(or) WIFE of6. DATE OF BIRTH (month, day, year) 19007. AGE Years 34 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Russia13. NAME Sam Schwartz14. BIRTHPLACE (city or town) (State or country) Russia15. MAIDEN NAME Anna16. BIRTHPLACE (city or town) (State or country) Russia17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Bellevue Hospital Date 6/19/34 1919. UNDERTAKER Frank Lewis
(Address) 1435 E. Baltimore St.20. PREPARED BY 119 1934 19 119 1934 Re

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 19 3422. I HEREBY CERTIFY, That I attended deceased from May 23, 19 34 to June 17, 19 34I last saw her alive on June 17, 19 34 Death is said to have occurred on the date stated above, at 7:20 Pm

The principal cause of death and related causes of importance were as follows:

Elephantiasis cordis - valvular disease
Arterial embolism - coronary
Hemorrhage into HB ventricle

Date of onset

1905-19106-14-346-17-34

Other contributory causes of importance:

Chronic appendicitis19 33Name of operation Appendectomy Date of 6-7-34What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Mark H. Hall M. D.

(Address)

M. D. B. 02415

F 02415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., _____ Ward)

St., 16-08 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da. How long in U. S. if of foreign birth? _____ yrs. _____ mo. _____ da.

2. FULL NAME

Willie Watson

(a) Residence: No. _____ St., _____ Ward.

425 N. Bethel St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Black 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, year)

Sept 7, 1921

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

12.

9

10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

South Carolina

FATHER

13. NAME

Ernest Watson

14. BIRTHPLACE (city or town) (State or country)

South Carolina

MOTHER

15. MAIDEN NAME

Lucene M. Watson

16. BIRTHPLACE (city or town) (State or country)

South Carolina

17. INFORMANT

(Address)

City Hospitals

18. BURIAL, CREMATION, or REMOVAL

Burial

19. UNDERTAKER

(Address)

Ernest Pres

20. WILL

(Address)

122 N. Hempstead St

21. DATE

(Address)

1001 Washington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1934 to June 17, 1934

I last saw him alive on June 17, 1934 Death is said

to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Broncho-Pneumonia

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation

Crimo-tuberc

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Baltimore City Hospitals

M. D.

M. H. U. 11-24-16 30 AM

F 02416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

St. 12-21 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Susan Hall
Hopkins Apartments

805-A Ward

(a) Residence: No.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female White Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

64 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Junior High School

10. Date deceased last worked at this occupation (month and year)

23 Y 31, 1934

11. Total time (years) spent in this occupation 27 yrs

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

13. NAME

August Hall (Augustus A. Hall)

14. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

15. MAIDEN NAME

Mary Hooper

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Maryland

17. INFORMANT

JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery June 12, 1934

19. UNDERTAKER

1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1934 to 6-17-1934

I last saw hall alive on 6-17-1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Arteriosclerosis general
Chronic pyelitis
Chronic nephritis
Hypertension

Date of onset

June 1st '31

year

1931

1931

Other contributory causes of importance:

Obesity
Bronchopneumonia

year

6/3/34

Name of operation Date of

A.K.S.

What test confirmed diagnosis? B.N.M.N. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert Eichel

(Address) Johns Hopkins Hosp.

FILED 19 1934

M. D. 1934 2417

F 02417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Hayward St. 27-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mon. ds.

2. FULL NAME

(a) Residence: No. 3605 Hayward St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Marjorie A. Van Buskirk (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 29, 1863

7. AGE Years 71 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint 10. Date deceased last worked at this occupation (month and year) June 1930 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Providence (State or country) N.S.

13. NAME Jermiah Van Buskirk

14. BIRTHPLACE (city or town) N.S. (State or country)

15. MAIDEN NAME Elizabeth Merry

16. BIRTHPLACE (city or town) N.S. (State or country)

17. INFORMANT Mrs. Marjorie A. Van Buskirk (Address) 3605 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery June 20, 1934

19. UNDERTAKER 1003 W. Baltimore St. (Address)

20. FILED JUN 19 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1934

22. I HEREBY CERTIFY. That attended deceased from June 10, 1934, to June 18, 1934

I last saw him alive on June 17, 1934 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Indecent exposure Chronic Intestinal Malignancy

Other contributory causes of importance:

Acute Peritonitis

Name of operation

What test confirmed diagnosis? Physical Signs

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. A. Darter M. D. (Address) 817 Madison Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02418

F 02418

CERTIFICATE OF DEATH.

REGISTERED NO. 82-001

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore General Hosp 27-01 Ward)

2-FULL NAME

Albert L. Plowman

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(A) RESIDENCE NO.

2914 Woodland Ave.

St. _____ Ward _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 Color or Race

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Elizabeth F. Plowman

6 DATE OF BIRTH (month, day, and year)

November 17, 1881

7 AGE

Years

Months

Days

IF LESS than
1 day—hrs.
or—min.

52

7

1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Central Overall Co.

(c) Name of employer

9 BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

10 NAME OF FATHER John Plowman

11 BIRTHPLACE OF FATHER (city or town) Parkton

(State or country)

Maryland

12 MAIDEN NAME OF MOTHER Clara Strube

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

Maryland

14

Informant
(Address)

Mrs Elizabeth F. Plowman

2914 Woodland Ave.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 18, 1934

192

17

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest or autopsy or inquiry, thereon and from the evidence obtained by said inquest, autopsy or inquiry, and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was

Cerebral Hemorrhage

(duration)

(duration)

CONTRIBUTORY (secondary)

(Signed)

(Coroner)

North Ave & Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Lorraine Cemetery

20 UNDERTAKER

Joseph S. Cook

Date of Burial

June 21 1934

ADDRESS

1003 West Baltimore St.

JUN 19 1934

F 02419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St. 19-01 Ward)

2-FULL NAME

Frances Marian Randle

(A) RESIDENCE NO.

405 S. Vincent St.

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 Color or Race

White

5 Single, Married, Widowed, or Divorced, (write the word)

Married

6a If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLester C. Randle

6 DATE OF BIRTH (month, day, and year)

October 22, 1901

7 AGE

Years

Months

Days

32719IF LESS than
1 day.....hrs.
or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

At Home

(c) Name of employer

9 BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

10 NAME OF FATHER

Hughey Barnes

11 BIRTHPLACE OF FATHER (city or town)

Baltimore

(State or country)

Maryland12 MAIDEN NAME OF MOTHER Mary A. Donaldson

13 BIRTHPLACE OF MOTHER (city or town)

Baltimore

(State or country)

Maryland

14

Informant
(Address)Mr. Lester C. Randle405 S. Vincent St.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 18, 193417 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)(thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.)

and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Base of Skull

(duration).....yrs.mos.ds.

CONTRIBUTORY (secondary)

Automobile Accident.
Auto in which she was riding collided with a street car
(Signed) Joseph Bokor M. D.
(Coroner)6/18, 1934 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.mos.ds. In the State.....yrs.mos.ds.

Where was disease contracted, if not at place of death.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Louisa Park Cemetery

Date of Burial

June 20, 1934

20 UNDERTAKER

Joseph Bokor

ADDRESS

1003 West Baltimore St.

J. H. 9 1934

19
Register

F 02420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Womans Hospital 9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2108 Kentuckey Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>—</i>
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *June 15, 1934*

7. AGE	Years	Months	Days	If LESS than 1 day, <i>4</i> hrs. or min.
--------	-------	--------	------	---

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md.*13. NAME *Thomas Ridgely*14. BIRTHPLACE (city or town) (State or country) *Howard Co. Md.*15. MAIDEN NAME *Mary Lockwood*16. BIRTHPLACE (city or town) (State or country) *Caldwell Md.*17. INFORMANT *Father*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Carnegie Lab.* Date *19*19. UNDERTAKER
(Address)

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 15, 1934*22. I HEREBY CERTIFY That I attended deceased from *June 15, 1934* to *June 15, 1934*I last saw him alive on *June 15, 1934*. Death is said to have occurred on the date stated above, at *3:23 P.m.*

The principal cause of death and related causes of importance were as follows:

Congenital Atelelectasis

Date of onset

June 15, 1934

Other contributory causes of importance:

Prematurity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *W. Allen Decker*(Address) *Womans Hospital*

M. D.

02421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 W. Fayette St. 18-01 Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 945 W. Fayette St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced: HUSBAND of Martha Dugan (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 - 1900

7. AGE Years 34 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Dugan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Kate Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Martha Dugan (Address) 1500 Franklin St

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Date June 20, 1934

19. UNDERTAKER Jos A. Lively (Address) 1500 Franklin St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Charles J. Ellis M. D. (Address) 2739 Eastern Ave

91834

02422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD.

St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Catherine E. Groome

(a) Residence: No.

1601 W. Fayette

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female

white

single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Feb 25, 1934

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

0

3

1372

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

William Groome

14. BIRTHPLACE (city or town) (State or country)

unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town) (State or country)

..

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's College Date June 18, 1934

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 21, 1934, to June 17, 1934

I last saw her alive on June 17, 1934 Death is said

to have occurred on the date stated above, at 11³⁰ p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Meningocele
2. Hydrocephalus

Other contributory causes of importance:

1. Malnutrition

Name of operation drainage meningocele Date of 3-21-34

What test confirmed diagnosis autopsy there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wassenella

M. D.

(Address)

ST. JOSEPH'S HOSPITAL

BALTIMORE, MD.

RECEIVED

JUN 18 1934

0186

02423

HEALTH DEPARTMENT—CITY OF BALTIMORE

02423

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *838 Hampson* Ward *14-01*)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *838 Hampson* St., _____ Ward. _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *unknown*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) *about 1873*7. AGE *about 60* Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Janitor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *up from*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) *N. W. Police Record*

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md* Date *Jan 19* 1934

19. UNDERTAKER (Address)

191934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Jan 17* 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____ death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation *Regular*Date of *no*What test confirmed diagnosis? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *H. L. Lick*

(Address) _____

M. D.

E 02424

02424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 Jackson Square St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. mos. ds. How long in U. S. If of foreign birth?..... yrs. mos. ds.

2. FULL NAME Annie L. Ringrose

(a) Residence: No. 144 Jackson Square

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of John W. Ringrose
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	6		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	At home
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandria Va.
(State or country)

FATHER	13. NAME J. S. Cogswell
	14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER	15. MAIDEN NAME Dedlah Beach
	16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Benjamin F. Vogswell
(Address) 144 Jackson Square

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 20, 1934

19. UNDERTAKER John Hellrich
(Address) 2008 Orleans

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1934

22. I HEREBY CERTIFY That I attended deceased from Sept. 9, 1933 to June 17, 1934
I last saw him alive on June 15, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Phlebotomy
arteritis

Date of onset

270

Other contributory causes of importance:

Acute Myocarditis

2 days

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

02425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hospital* St., *7-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *535* N. *Howard* St., *4* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

*Married*5a. If married, widowed, or divorced (or) WIFE of *John Y. Ryzek*

6. DATE OF BIRTH (month, day, year)

Mar 4, 1884

7. AGE

50

Years

Months *2*Days *17*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

FATHER

13. NAME

Ante Hilcher

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md.

15. MAIDEN NAME

May Dukerlas

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Mary Hospital Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place

Oak Hill Cem June 20, 1934

19. UNDERTAKER

(Address)

John A. Ullrich 2008 Belgrave Ave. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 17, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 15, 1934* to *June 17, 1934*I last saw him alive on *June 17, 1934*. Death is said to have occurred on the date stated above, at *5:20 p.m.*

The principal cause of death and related causes of importance were as follows:

*Strangulated umbilical hernia**Pneumonia*

Other contributory causes of importance:

*Very marked obesity*Name of operation *Release of strangulated bowel* Date of *6-15-34*What test confirmed diagnosis? *Physician* Was there an autopsy? *X*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *no*(Signed) *R. D. Bullen* M. D.(Address) *Mary Hospital Baltimore, Md.*

1934

F 02426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. *1522 Riggs Ave*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Negro* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days *14* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md*Date *June 19* 19*34*

19. UNDERTAKER

(Address)

191934

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 6 - 1934*

22. I HEREBY CERTIFY. That I attended deceased from 19... to 19...

I last saw him alive on 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Syphilis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

August J. Feltz

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02427

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Archer. (O)(a) Residence: No. 2445 Druid Hill Ave. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 50 Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groom. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race track. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Charlestown, W. Va. (State or country)13. NAME Do not know.14. BIRTHPLACE (city or town) Do not know. (State or country)15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) Do not know. (State or country)17. INFORMANT Hospital Record. (Address)18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date June 19 1934

19. UNDERTAKER (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 19. to 19.

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinoma.

Other contributory causes of importance:

Name of operation ? Date of noWhat test confirmed diagnosis Inquiry Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. H. Ashland M. D. Coroner
6/12/34 (Address) 1014 E. Charles St.

19 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Alto Road Ward 15-01)Length of residence in city or town where death occurred 71 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 3404 Alto Road St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30, 1863

7. AGE Years 71 Months 1 Days 18 If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drapery Dept. Hutzler's Store

10. Date deceased last worked at this occupation (month and year) 7 years ago 11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Sutton

14. BIRTHPLACE (city or town) (State or country) Baltimore County

15. MAIDEN NAME Anna Elizabeth de Chancé

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Miss Ida Sutton (Address) 3404 Alto Road18. BURIAL, CREMATION, OR REMOVAL Place David Ridge Date June 28, 193419. UNDERTAKER Geo H Little (Address) 2700 Edmondson Ave20. 191934 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to June 18, 1934. I last saw her alive on June 17, 1934. Death is said to have occurred on the date stated above, at 6:32 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Breast Metastatic Carcinoma in Lumbar Region of Spinal Cord

Other contributory causes of importance:

Terminal Bronchitis June 15, 1934

Excision of right breast Oct 1929

Radical mastectomy of right breast Oct 1928

Name of operation radical mastectomy What test confirmed diagnosis? pathological sections Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____

(Signed) William J. Sullivan M. D.(Address) 2109 Garrison Blvd

02429

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No. *F/02429*
 (If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)
 yrs. mos. ds.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Wilkins + Caton*)

Length of residence in city or town where death occurred *30* yrs. mo. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
 2. FULL NAME *Florence M. Tubman*
 (a) Residence: No. *416 Edgewood*
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*4. Color or Race *White*5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *None*6. DATE OF BIRTH (month, day, year) *April 20, 1878*7. AGE *56*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) *None*

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) *ST MARY'S MD*13. NAME *SAMUEL TUBMAN*14. BIRTHPLACE (city or town) (State or country) *ST. MARY'S MD*15. MAIDEN NAME *MARY BEALENS*16. BIRTHPLACE (city or town) (State or country) *ST MARY'S MD*17. INFORMANT *MRS. DIEBSTEIN*18. BURIAL, CREMATION, OR REMOVAL *Catholic*19. UNDERTAKER *JOHN KENNY SCHAC*

191934

CERTIFICATE OF DEATH

St. *Agnes Hospital*
 Wilkins + Caton St. *70-01* Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1934*
 22. I HEREBY CERTIFY, That I attended deceased from *June 9, 1934 to June 18, 1934*
 I last saw her alive on *June 18, 1934* Death is said to have occurred on the date stated above, at *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:
Generalized peritonitis
Adeno-carcinoma of ascending colon
about 1 year

Other contributory causes of importance:
Prosection of cecum + partial resection of colon with 100% malignancy.

Name of operation *Prosection of cecum + partial resection of colon with 100% malignancy.*What test confirmed diagnosis *Prosection of cecum + partial resection of colon with 100% malignancy.*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *John C. Schach*(Address) *St. Agnes Hospital*Date of onset *6-16-34*Date of *6-16-34*Was there an autopsy? *yes*Date of injury *19*

(Specify city or town, county, and State)

02430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02430

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1512 N. Guilmer St.* Ward *7-01*)Length of residence in city or town where death occurred yrs. mo. *19* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *818* St. *N. Guilmer* Ward. *Tellamouth*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

Colored

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of *James Hill*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

56

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from

June 15, 19*34*, to *June 16*, 19*34*I that saw her alive on *June 16*, 19*34* Death is said to have occurred on the date stated above, at *7:45* m.

The principal cause of death and related causes of importance were as follows:

*Paranotia taken
Chr Myocarditis*

(Date of onset)

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis *Cholera* as there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

9 1934

02431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Md Gen. Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

St. 15-01 Ward

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

James Mac Donald

(a) Residence: No.

3422 Mondawmin Ave

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Annie D. MacDonald (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1875

7. AGE 57 Years 3 Months 8 Days 1. LESS than 1 day. hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Scotland (State or country)

13. NAME William MacDonald 14. BIRTHPLACE (city or town) Scotland (State or country)

15. MAIDEN NAME Annie Calder 16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT William MacDonald (Address) 3422 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 6/20, 1934

19. UNDERTAKER Frederick A. Coker (Address) 200 W. Lombard St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/11/34 to 6/17/34.

I last saw him alive on 6/17/34. 19 Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

Perforated peptic ulcer (Gastric fundus)

Other contributory causes of importance:

Peritonitis

Name of operation Gastrectomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Proctor M. D. (Address) Md Gen. Hospital

1934

F 02432

HEALTH DEPARTMENT—CITY OF BALTIMORE

2132

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Baltimore Harbor* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

Albert James Miller Jr
Parkton Maryland Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color or race *White* 5. Single, Married, Widowed, or Divorced *Married*6a. If married, widowed, or divorced HUSBAND of *Evelyn Miller*
(or) WIFE of *June 16-1903*

6. DATE OF BIRTH (month, day, year)

7. AGE Years *31* Months *3* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in occupation *2 1/2*12. BIRTHPLACE (city or town) (State or country) *Maryland*

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Anna Katharine Miller*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT (Address) *Grace McCutcheon*
*638 No. 11th St*18. BURIAL, CREMATION, OR REMOVAL *West Liberty Baltimore* Date *June 22, 1934*19. UNDERTAKER (Address) *Paul Hartenstein*
New Freedom, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on *4.30.00* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
June 19-34

Other contributory causes of importance:

Surv. Stroke
*June 14-34*Name of operation *L. young* Date of *m*What test confirmed diagnosis? *m* Was there an autopsy? *m*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Also, specify

(Signed) *John T. Valentin* M.D.
(Address) *1630 Broadway* Coroner

JUN 20 1934

F 02433

F 02433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *28-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *40* yrs. *40* mos. *40* ds. How long in U. S. If of foreign birth *40* yrs. *40* mos. *40* ds.

2. FULL NAME

(a) Residence: No. *Mount Hope Retreat St.* Ward. *28-01*
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. Color or Race *W.* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced HUSBAND of *Mr. Curtis* (or) WIFE of *Ms. Curtis*6. DATE OF BIRTH (month, day, year) *1865*7. AGE Years *69* Months *—* Days *—* If LESS than 1 day, *—* hra. *—* or min. *—*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Ireland* (State or country) *1865*13. NAME *unknown*14. BIRTHPLACE (city or town) *unknown* (State or country)15. MAIDEN NAME *unknown*16. BIRTHPLACE (city or town) *unknown* (State or country)17. INFORMANT *Mr. Hope Reese* (Address) *Mr. Hope Reese*18. BURIAL, CREMATION, OR REMOVAL *burial* Date *6/2/34* 1919. UNDERTAKER *Stewart M. M. Co.* (Address) *100 W. 1st Ave.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 16, 1918* to *June 18, 1934*I last saw her alive on *June 18, 1934*. Death is said to have occurred on the date stated above, at *9:45 P.M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
*Focal Paralysis*Date of onset
June 10

Other contributory causes of importance:

*Paranoid dementia**26*
*years*Name of operation *physical* Date of *—*What test confirmed diagnosis *—* Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *—* Date of injury *—*, 19 *—*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased *no*If so, specify *—*(Signed) *William P. Hill*(Address) *Mr. Hope Reese*

UN 201934

Registrar.

F 02434

F 02434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 E Preston St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1002 E Preston St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K Ryan6. DATE OF BIRTH (month, day, year) Oct 19 18557. AGE Years 78 Months 7 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 192412. BIRTHPLACE (city or town) (State or country) Balto Maryland13. NAME Tabrick or James Ryan14. BIRTHPLACE (city or town) (State or country) Ireland15. MAIDEN NAME Mollie16. BIRTHPLACE (city or town) (State or country) Ireland17. INFORMANT Sarah R. Ryan Schinault(Address) 1002 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place New CatholicDate June 20 193419. UNDERTAKER Stewart Mortuary Co.(Address) 108 W North Ave.

20. FILED

19.34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 193422. I HEREBY CERTIFY, That I attended deceased from June 4 1934 to June 18 1934I last saw him alive on June 18 1934 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Abdominal tumor involving
Small Bladder, probably
Carcinoma

Date of onset

2.

Other contributory causes of importance:

Terminal PneumoniaDate of onset June 18Name of operation None

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Hubert Robinson M. D.(Address) 1216 E. Preston St

20 1934

F 02135

F 02135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 E. Fairmount Ave 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Joseph L. Porcella

2. FULL NAME

(a) Residence: No. 1705 E. Fairmount Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Mary A. Porcella (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26/1880

7. AGE Years 53 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME John Porcella

14. BIRTHPLACE (city or town) Italy (State or country)

15. MAIDEN NAME ????

16. BIRTHPLACE (city or town) Italy (State or country)

17. INFORMANT Wife (Address) 1705 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date June 22, 1934

19. UNDERTAKER (Address) 1217 St. Paul St

JUN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 9.45 AM

The principal cause of death and related causes of importance were as follows:

Probably Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Genl Arteriosclerosis

???

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Franklin Square*
CITY OF BALTIMORE: (No. *29-01* St., *29-01* Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *5* yrs. *0* mos. *0* ds.

2. FULL NAME *Marie Peters*

(a) Residence: No. *3502* *Hayward* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *married*

5a. If married, widowed, or divorced *Widowed of*
(or) WIFE of *Hettler H. Peters*

6. DATE OF BIRTH (month, day, year) *Aug 21-1882*

7. AGE Years *51* Months *9* Days *28* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *At Home*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Germany*
(State or country)

13. NAME *Martin Damm*

14. BIRTHPLACE (city or town) *Germany*
(State or country)

15. MAIDEN NAME *Johanna Everson*

16. BIRTHPLACE (city or town) *Germany*
(State or country)

17. INFORMANT *Hettler H. Peters*
(Address) *3502 Hayward Ave*

18. BURIAL, CREMATION, OR REMOVAL *6/22*
Place *Wood Ridge* Date *6/22* 19*34*

19. UNDERTAKER *Liane Cork*
(Address) *1217 S. Ave. St.*

20. FILED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-19*, 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *6-11*, 19*34* to *6-19*, 19*34*

I last saw him alive on *6-19*, 19*34* Death is said to have occurred on the date stated above, at *4:30* am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovaries

Date of onset

Other contributory causes of importance:

Name of operation *Laparotomy* Date of *6-18-34*

What test confirmed diagnosis? *positive* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Samuel R. Rupp* M. D.

(Address) *Franklin Sq. Hosp.*

OCCUPATION is very important. See instructions on back of certificate.

M. H. B. (394157)

2437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1545 Myrtle* St. *14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. da. ... long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1545 Myrtle* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Male* 4. Color or Race *Col* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Sept 14 1902*7. AGE Years *1* Months *9* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Wm Thomas*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Ethel Thomas*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *Ethel Thomas*(Address) *1545 Myrtle*

18. BURIAL, CREMATION, OR REMOVAL

Place *St Peter's Cemetery* Date *6/20* 19 *34*19. UNDERTAKER *Thos E. Nelson*(Address) *1303 Pressman St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 14* 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance are as follows:

Lobar Pneumonia Date of onset *3 days*

Other contributory causes of importance:

*None*Name of operation *Regular* Date of *no*What test confirmed diagnosis? *an autopsy*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Thos E. Nelson* M. D.(Address) *1303 Pressman St*

JUN 20 1934

F 02438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02438

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Franklin Square Hosp.

Registered No.

CITY OF BALTIMORE: (No.

St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Susie Grose

(a) Residence: No. 1511 Mosher St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Female Colored Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

James Grose

6. DATE OF BIRTH (month, day, year)

1867

7. AGE

67

Years

Months

Days

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Housewife

12. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md

13. NAME

Nathaniel Merkel

FATHER

14. BIRTHPLACE (city or town) (State or country)

Calvert Md

MOTHER

15. MAIDEN NAME

Caroline Arthur

16. BIRTHPLACE (city or town) (State or country)

Calvert Co. Md

17. INFORMANT

(Address)

James Grose 1511 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Sept 21, 1934

19. UNDERTAKER

(Address)

J. A. Brooks 1413 N. Carroll St

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1934 to 6-18-1934

I last saw her alive on 6-18, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Liver abscess

Not Trauma or Tuberculosis

Other contributory causes of importance:

Generalized peritonitis
Cerealytic ileus

Name of operation Drainage of liver abscess Date of

What test confirmed diagnosis? Was there an autopsy? eye

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Rybin M. D.

(Address) Franklin Square Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 02439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 W. Lexington ST. 1801 WARD)

2—FULL NAME

Helenetta Hall

(a) RESIDENCE NO.

1134 W. Lexington ST.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Caucasian

5 Single, Married, Widowed, or Divorced, (write the word)

Married5a If married, widowed, or divorced
HUSBAND of
(or) WIFE ofHarrison Hall

6 DATE OF BIRTH (month, day, and year)

11

7 AGE

34

Years

Months

Days

If LESS than
1 day, hrs.
or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Book

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)Baltimore

10 NAME OF FATHER

William11 BIRTHPLACE OF FATHER (city or town)
(State or country)Eng

12 MAIDEN NAME OF MOTHER

Eng13 BIRTHPLACE OF MOTHER (city or town)
(State or country)Eng

14

Informant

Rebecca Webb

(Address)

1035 Lexington St

15

20 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16/34

17

I HEREBY CERTIFY, That I attended deceased from

June 4, 1934, to June 16, 1934,that I last saw him alive on June 16, 1934and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Abdomin(duration) yrs. mos. 4 ds.CONTRIBUTORY
(Secondary)Cardiac Collopo(duration) yrs. mos. 2 ds.18 Where was disease contracted
if not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) 19/34

, 19 (Address)

W. J. Morrow
439 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Mt. Zion Cemetery

DATE OF BURIAL

June 20, 1934
ADDRESS 322 N

20 UNDERTAKER

Ms. Kate R. WilliamsSchroeder St

F 02440

F 02440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (N) Baltimore City Hospital (Ward) 1-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 918 Curley's (Usual place of abode) Ans. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race colored 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie6. DATE OF BIRTH (month, day, year) May 29, 18927. AGE Years 42 Months 17 Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.13. NAME John Cheever14. BIRTHPLACE (city or town) (State or country) Va.15. MAIDEN NAME Mary Bonday16. BIRTHPLACE (city or town) (State or country) Va.17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 20, 1934

19. UNDERTAKER

(Address) Mrs Katie R. Williams 322 N. Schroe der St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 193422. I HEREBY CERTIFY, that I attended deceased from Dec. 29, 1933 to June 16, 1934I last saw him alive on June 16, 1934 Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, right
hemiplegia, left
Hypertension
Atherosclerosis

Date of onset

3 1/2??

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

Phragill
Balt City Hosp

M. D.

OCCUPATION is very important. See instructions on back of certificate.

N 201934

Registrar.

F 02441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02441

CERTIFICATE OF DEATH

X 93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Myrtle Ave. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. 144 p. 53rd St., Phila., Pa.; Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —more—		

6. DATE OF BIRTH (month, day, year) 5-11-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49		1	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Scranton (State or country) Pa.

13. NAME Myron B. Howard

14. BIRTHPLACE (city or town) ? (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country) ?

17. INFORMANT Mrs. Ruth Dennis (Address) 1232 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL Place, Scranton, Pa. Date 6/20/34 19

19. UNDERTAKER Mrs. George B. Holland (Address) 1031 1/2 W. 1st Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1934

22. I HEREBY CERTIFY. That I attended deceased from 6-16-1934 to 6-18-1934 I last saw her alive on 6-18-1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Date of onset

6-16-34

Other contributory causes of importance:

none

Name of operation

home Physical signs & symptoms

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John B. J. Campher 1119 p. Carrollton Ave

M. D.

JUN 20 1934

M. D. 1934 F 02142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp.* St. *1-01* Ward)

Length of residence in city or town where death occurred: ? yrs. ? mos. ? ds. How long in U. S. if of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME

(a) Residence No. *1104 S. Linwood Ave.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
<i>67</i>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/16*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *6/15/34* to *6/16/34*I last saw him alive on *6/16/34* at *5:00 p.m.* Death is said to have occurred on the date stated above, at

The principal cause of death and related cause of importance were as follows:

Cerebral accident left.
hypertension
atherosclerosis
acute pulmonary edema

Date of onset

*6/13/34**?**6/16/34*

Other contributory causes of importance:

Name of operation:

Date of

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury: 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify:

(Signed)

(Address)

Robert A. Reite M. D.
Balto. City Hosp.

N 20 1934

M. D. R. 1268-9

F 02143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02143

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2103 Allendale Road St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 mos. How long in U. S. If of foreign birth 58 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2103 Allendale Road St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow

6a. If married, widowed, or divorced, name of (or) WIFE of Ellen Ross

6. DATE OF BIRTH (month, day, year) Not Known 7. AGE Years 68 Months Days 11. If less than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Mr. Henry

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Helen O'Connell

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs. Gertrude Parker

(Address) 2103 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral City Date June 21, 1934

19. UNDERTAKER Henry H. Hays, Inc.

(Address) 1301 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 19 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 19, 1934

I last saw her alive on June 19, 1934 Death is said to have occurred on the date stated above, at 2 A. M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Other contributory causes of importance: Acute Coronary Dilatation 3 days

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry Glusman

(Address) 2687 Mayland Ave.

M. D.

JUN 20 1934

02444

F 02444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Gough St. 3-01 Ward)Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 1408 Gough St., 3-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced, last name of deceased

William Webster6. DATE OF BIRTH (month, day, year) June 2 - 18397. AGE Years 95 Months 17 Days 17 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co Md
(State or country)13. NAME Murry Ennolds14. BIRTHPLACE (city or town) Dorchester Co Md
(State or country)15. MAIDEN NAME Marry Jerry Ennolds16. BIRTHPLACE (city or town) Dorchester Co Md
(State or country)17. INFORMANT Evelyn Cook
(Address) 927 Rutland Ave18. BURIAL, CREMATION, OR REMOVAL 22
Place U S National Date June 23 193419. UNDERTAKER Robert V. Williams
(Address) 1515 M. Carey St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 193422. I HEREBY CERTIFY, That I attended deceased from March, 1934 to June 19, 1934I last saw him alive on June 18, 1934. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum
of (strictly & partial intestinal obstruction)

Date of onset

March 1934

Other contributory causes of importance:

Nephritis Intestined1 yr agoName of operation none Date of noWhat test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Manner, suicide, or homicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred to industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) R. J. Young M. D.(Address) 1729 E. Monument St

STATE CASE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 20-734

02445

HEALTH DEPARTMENT—CITY OF BALTIMORE 02445

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square 15-01 Ward)Length of residence in city or town where death occurred. 4 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Elizabeth Kleebauer(a) Residence: No. 1506 No. Fulton Ad St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 29-19347. AGE Years 4 Months 0 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

13. NAME Eugene Kleebauer14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Brookley Preighner16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Eugene Kleebauer
(Address) 1506 No. Fulton Ad

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 20, 193419. UNDERTAKER Martin J. Baker & Sons
(Address) 1827 N. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 193422. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 .I last saw him alive on Inquiry, 19 . Death is said to have occurred on the date stated above, at 69 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

June 16, 1934

Other contributory causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis Inquiry as there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed)

Joseph L. Valentin M. D.
(Address) 16 South Broadway
Coroner

JUN 20 1934

Huntington Williams, M.D.
Registrar

02446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Tyson St 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 826 Tyson St Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race col 5. Single, Married, Widowed, or Divorced (write the word) mar5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Stewart

6. DATE OF BIRTH (month, day, year)

7. AGE Years 26 Months - Days - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md13. NAME Samuel Stewart14. BIRTHPLACE (city or town) (State or country) Md15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) (State or country) Md17. INFORMANT Sarah Stewart(Address) 826 Tyson St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Andrew's Date 6-20 193419. UNDERTAKER Demet Easton(Address) 916 Pa Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 193422. I HEREBY CERTIFY. That I attended deceased from June 17, 1934 to June 17, 1934I last saw him alive on June 15, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset June 15

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) H. F. Patterson M. D.(Address) 217 W. Madison St

OCCUPATION is very important. See instructions on back of certificate.

JUN 20 1934

Huntington Williams

Registrar

F 02447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02447

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Conway St. St. 22-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Niquet

(a) Residence: No. 110 W. Conway St. (Usual place of abode)

St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
 HUSBAND of Raymond Niquet
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Chicago, Ill.
(State or country)

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Mrs. Gertrude Norris
(Address) 300 Wyman Park Drive.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 1934

19. UNDERTAKER Wm J. Trickett
(Address) 1224-1226 Hanover St.

JUN 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to June 18, 1934

I last saw her alive on June 18, 1934. Death is said to have occurred on the date stated above, at 12 am.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardio-vascular disease, cerebral hemorrhage July 15, 1933

Date of onset

Other contributory causes of importance:

Name of operation none

Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If no, specify

(Signed)

Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

M. D. 1934
F 02448

F 02448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4008 Linney St.* Ward)Length of residence in city or town where death occurred *40* yrs. *4* mos. *0* ds. How long in U. S. If of foreign birth *40* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *4008 Linney St.* Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. *F* 4. Color or Race *M.* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of *Copel*6. DATE OF BIRTH (month, day, year) *1904*7. AGE Years *47* Months Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Louise Weyer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *David B. Goldberg*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Sara*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Copel Sageroff*
(Address) *4008 Linney St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Goldale Cem.* Date *6/20/34*19. UNDERTAKER *Jack Lewis*
(Address) *1439 E. Pratt St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-18* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Dec.* 19*34* to *6-18* 19*34*I last saw him alive on *6-18* 19*34* Death is said to have occurred on the date stated above, at *5 P.* m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis

Other contributory causes of importance:

*Hydrothorax*Name of operation *None* Date ofWhat test confirmed diagnosis? *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Bernard Cohen* M. D.(Address) *March 1000th St.*

OCCUPATION is very important. See instructions on back of certificate.

JUN 20 1934

Huntington Williams, M.D.

F 02449 HEALTH DEPARTMENT—CITY OF BALTIMORE

*
CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, 24-01 Ward) Registered No. 108 ✓ grave #10Length of residence in city or town where death occurred. Do not know. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Harry Bronson.(a) Residence: No. 1703 Jackson St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower5a. If ~~XXXXXX~~ widowed, of ~~XXXXXX~~ Do not know.6. DATE OF BIRTH (month, day, year) Do not know.7. AGE Years 65 Months --- Days --- If LESS than 1 day, hrs. --- min. ---8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada.13. NAME Do not know.14. BIRTHPLACE (city or town) (State or country) Do not know.15. MAIDEN NAME Do not know.16. BIRTHPLACE (city or town) (State or country) Do not know.17. INFORMANT Hospital Report.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date June 19, 193419. UNDERTAKER Do not know.
(Address)20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1934, 1922. I HEREBY CERTIFY, That I attended deceased from 19, to 19I last saw h. alive on 19, 19 . Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia.

Date of onset

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) Otto K. Richard M. D.
6/13/34 1017 E. Charles St. Coroner
(Address)

M. D. P. 02450

F 02450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *538-Baker* St., Ward *4-01*)

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby girl Fitzgerald(a) Residence: No. *538 Baker St.*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *13* 5. Single, Married, Widowed, or Divorced (write the word) *Infant*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6-18-34-4:15

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, 7 hrs. or min. *7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *538-Baker St.* (State or country)13. NAME *Baby girl Fitzgerald*14. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)15. MAIDEN NAME *Nettie Thomas*16. BIRTHPLACE (city or town) *Balto. Md.* (State or country)17. INFORMANT *Emmons Fitzgerald*(Address) *538 Baker St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *University of Md* Date *June 19* 19*34*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-19-1934*22. I HEREBY CERTIFY, That I attended deceased from *6-19-1934* to *6-19-1934*I last saw h. *de* alive on *6-19-1934* Death is said to have occurred on the date stated above, at *11:15 P. m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Congenital Atelectasis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) *M. Alexander Horley* M. D.(Address) *1516 Madison Ave.*

FILED

Registrar.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Peach Alley. St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Rosie L. Whittinger. (C)

(a) Residence: No.

1009 Peach Alley.

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
<u>Female</u>	<u>Colored</u>	<u>Single</u>

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) February 28, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>3</u>	<u>22</u>	<u>21</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME Percy Whittinger. (C)

14. BIRTHPLACE (city or town) (State or country)

Virginia.

MOTHER

15. NAME

Estella Hill. (C)

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.17. INFORMANT Estella Hill. (C) mother
(Address) 1009 Peach Alley

18. BURIAL, CREMATION, OR REMOVAL

Place

Int 3101Date 6/1934

19. UNDERTAKER

(Address)

Sarah R. Brown, son
108 W. Montgomery St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at E. A. H.

The principal cause of death and related causes of importance were as follows:

Pneumo-pneumonia.
unknown.

Date of onset

Other contributory causes of importance:

Name of operation None

Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

Chas. H. Reinhardt

M. D.

Coroner

6/20/34

(Address) 1017 E. Charles St.

FILED

JUN 20 1934

BALTIMORE

REGISTRY

BALTIMORE

M. D. B. 12689 2452

F 02452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 120 W. Randolph St. 23)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

length of residence in city or town where death occurred 10 yrs. 9 mos. 26 ds. How long in U. S. if of foreign birth? 10 yrs. 9 mos. 26 ds.

2. FULL NAME

(a) Residence: No. 120 W. K. Hall St., _____ Ward. _____
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
------------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Joyce

6. DATE OF BIRTH (month, day, year)				Aug 09, 1885	
7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or.....min.	
	50	9	96		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	at home
	9. Industry or business in which work was done, as silk mill, new mill, bank, etc.	037
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).....
(State or country)..... *Balto Md*

SER	13. NAME	John. Charles.

14. BIRTHPLACE (city or town)
(State or country) Baltimore

15. MAIDEN NAME	Dont know
-----------------	-----------

16. BIRTHPLACE (city or town) Don't know
(State or country)

17. INFORMANT William Joyce
(Address) 35 E. Hart Ave.

16. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 22, 1934

19. UNDERTAKER
(Address)

20. FILED - 11-16-19 *Wm. Williams, Agent*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 . 1934

21. DATE OF DEATH (month, day, year) June 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to June 18, 1934
I last saw her alive on June 18, 1934 Death is said
to have occurred on the date stated above, at 9 P. m.

The prinripal cause of death and related causes of importance were as follows:

Central Pennsylvania

Other contributory causes of importance:

Other contributors (names of contributors):

Exhausting 2 Day

Name of operation..... none Date of 1-2

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____ Date of injury: _____ 19____

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in pub

place

Manner of injury.....

Nature of Injury

Was there any injury in any way related to occupation of decedent

24. Was disease or injury in any way ...
If so specify: C B

6/24/24. (Capeville, M.

11/9/34 (Signed) A. L. ...

74 (Address) 1044210000

OCCUPATION is very important. See instructions on back of certificate.

304

HEALTH DEPARTMENT—CITY OF BALTIMORE

02453

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 N. Chester St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1735 N. Chester St., 8-01 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed6a. If married, widowed, or divorced Widowed Thomas P. Thompson (or) WIFE of6. DATE OF BIRTH (month, day, year) Oct 21st 18547. AGE Years 79 Months 7 Days 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X12. BIRTHPLACE (city or town) New Orleans (State or country) La.13. NAME August Ambrecht14. BIRTHPLACE (city or town) Spain (State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Phila (State or country) Pa17. INFORMANT Lela Thompson (Address) 213 S. Hilton St18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 21st 193419. UNDERTAKER Wm Cook (Address) 1217 St Paul St20. 1934 Stuntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 193422. I HEREBY CERTIFY, That I attended deceased from February 2nd 1934 to June 18th 1934I last saw her alive on June 17th 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of death were as follows:

Chronic interstitial nephritis
Arterio-sclerosis
General arteriosclerosisOther contributory causes of importance
Cardiac dilatation and
uremiaName of operation Physical exam Date of June 18th 1934What test confirmed diagnosis? Physical exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Alfred Ambrecht M. D.(Address) 2025 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

02454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02454

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Avenue St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sister Mary Louis Frederick

(a) Residence: No.

5712 Roland Avenue

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John M. Frederick

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Margaret Hild

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Mother Paulina Fitzgerald
(Address) 5712 Roland Avenue18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 6/21 193419. UNDERTAKER Henry W. Meares & Son
(Address) 805 7th Avenue

20. FILED

Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1933, to June 1934.

I last saw him alive on June 15, 1934. Death is said to have occurred on the date stated above, about 3⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral thrombosis or hemorrhage
(Complete Right Hemiplegia)May 1st ±

Other contributory causes of importance:

Cerebral Arteriosclerosis
Senility

1932 ±

Name of operation none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Charles Donovan M. D.

(Address) 5 East Real St

OCCUPATION is very important. See instructions on back of certificate.

20 1934

02455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02455

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *1139* St. *16-01d*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *1120 Calhoun* St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *6-20-34*

7. AGE Years Months Days If LESS than 1 day, 5 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Seaside J. Rensett*14. BIRTHPLACE (city or town) (State or country) *Balto Md*15. MAIDEN NAME *Selma Wertheimer*16. BIRTHPLACE (city or town) (State or country) *Balto Md*17. INFORMANT *S. J. Rensett* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Cross* Date *6-21* 19*34*19. UNDERTAKER *W. C. Cunningham & Son* (Address) *1136 E. Pratt Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 20, 1934* to *June 20, 1934*I last saw her alive on *June 20, 1934*. Death is said to have occurred on the date stated above, at *11 A. M.*

The principal cause of death and related causes of importance were as follows:

1. Prematurity

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis? *lab* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Samuel Rensett* M. D.
(Address) *West Baltimore*

401934

02456

02456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *So. Balto. Genl. St. 3201* Ward)Length of residence in city or town where death occurred *10* yrs. *00* mos. *00* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *24 S. Broadway St.* Ward. *121*
(Usual place of abode) *25* (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed, or divorced
HUSBAND of *Lula T. Keane*
(or) *Wife of*6. DATE OF BIRTH (month, day, year) *Feb 19-1881*7. AGE Years *53* Months *4* Days *1* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Laborer* 0409. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Brooklyn N.Y.*13. NAME *Unknown*14. BIRTHPLACE (city or town) (State or country) *Unknown*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) (State or country) *Unknown*17. INFORMANT *Mrs Lula Keane*
(Address) *24 South Broadway*18. BURIAL, CREMATION, OR REMOVAL
Place *Greenon Park* Date *6/23* 193419. UNDERTAKER *William Cook*
(Address) *1217 S. Paul Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 20, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 3* 1934, to *June 20* 1934I last saw him alive on *June 20* 1934. Death is said to have occurred on the date stated above, at *9:30 A. M.*

The principal cause of death and related causes of importance were as follows:

*acute appendicitis
peritonitis
chronic nephritis
coronary embolus*

Other contributory causes of importance:

Name of operation *Appendectomy* Date of *6/3/34*
operation, laboratory, Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *D. H. Currie* M. D.(Address) *So. Balto. Genl. St.*

JUN 21 1934

Registrar

F 02457

F 02457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 N. Caroline St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *2 1/2* yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Frederick L. Appel

(a) Residence: No.

1835 N. Caroline

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 7/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		13	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick L. Appel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary C. Nonemaker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frederick L. Appel
(Address) 1835 N. Caroline St18. BURIAL, CREMATION, OR REMOVAL
Greenmont Cemetery June 23, 193419. UNDERTAKER William Cook
(Address) 217 St Paul Street

20. PHILIP 1934-1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20/34 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Probably Bronchopneumonia 3-4 days

Other contributory causes of importance: Possible congenital heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Coroner

M. D.

F 02458

F 02458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. High St. 3-01 Ward)

Length of residence in city or town where death occurred _____ mos. _____ yrs. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 17 S. High St. 3-01 Ward

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male White Single

If married, widowed, or divorced
HUSBAND of Margaret Urbach
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 18-1874

7. AGE Years 59 Months 9 Days 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. anyone
10. Date deceased last worked at this occupation (month and year) 1905
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city, State or country) Baltimore Md.

13. NAME Frederick Urbach

14. BIRTHPLACE (city, State or country) Germany

15. MAIDEN NAME Elizabeth Nordmann

16. BIRTHPLACE (city, State or country) Germany

17. ADDRESS Spt. Harry Urbach 3106 Beverly Road

18. BURIAL INFORMATION OR REMOVAL St. Matthews June 22 24

19. UNDERTAKER William Good (Address) 1217 S. Paul Street

20. FILED 1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1924

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) J. P. Herzog M.D. (Address) 1305 N. Patterson Park

M. D.

F 02459

F 02459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 1200 Valley St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced, name of (or) wife or husband of Bergus Johnston

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day, hrs. or min. about 80

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic job 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Anderson Johnson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Inf. (Address) 1200 Valley St. City

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 20, 1934

19. UNDERTAKER Rita W. Whitefield (Address) 914 Brunswick Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19 June 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1931 to June 19 1934

I last saw her alive on June 18 1934 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

Chorea

Date of onset

Other contributory causes of importance

Chorea, Induced, Chorea, Induced, Chorea, Induced

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N 2-1934

Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate.

02460

F 02460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No.

St. 10-01 Ward

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John W. Schneider

(a) Residence: No.

628 E. Eager
(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed,
or Divorced (write the word)

male white Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from
June 12, 1934 to June 20, 1934I last saw him alive on June 20, 1934 Death is said
to have occurred on the date stated above, at 4:20 p. m.The principal cause of death and related causes of
importance were as follows:1. Anterior infarction
2. Chronic nephritis
3. Chronic myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Macmillan M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. P. B. 02461

HEALTH DEPARTMENT—CITY OF BALTIMORE

02461

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.)

Johns Hopkins Hospital 10-01 St., Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 2 mos 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Anna Slaysman

(a) Residence: No.

822 E. Eager St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Mar 25, 1914

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

10

2

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Maryland

FATHER

13. NAME

James Slaysman

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Maryland

15. MAIDEN NAME

Elizabeth Saily

16. BIRTHPLACE (city or town) (State or country)

Maryland

17. INFORMANT

(Address)

Records

18. BURIAL, CREMATION, OR REMOVAL

Place

Cathedral June 23, 1934

19. UNDERTAKER

(Address)

Eugene W. Cricklin 822 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

JUN 19, 1934

22. I HEREBY CERTIFY That I attended deceased from

June 10, 1934, to June 19, 1934

I last saw her alive on June 19, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease

Cardiac Failure

Thrombosis of subclavian vein

Date of onset

1932

1933

1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Arthur H. Kurl

M. D.

(Address)

Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

JUN 21 1934

Registra

F.D. 02462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02462

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (To.)
 CITY OF BALTIMORE: (No.) St. 2-01 Ward)

Registered No.

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Wood

(a) Residence: No. 1703 Aliceanna st.
 (Usual place of abode)

St. Ward.
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1884

7. AGE Years 50 Months 4 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Thomas Wood

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Elizabeth Carey

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT Hospital Records
 (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary June 21 1934

19. UNDERTAKER
 (Address)

or M. S. Fialkowski
 2007 Eastern Ave.
 Huntington W. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1934

22. I HEREBY CERTIFY That I attended deceased from December 18, 1933, June 18, 1934

I last saw him alive on June 18, 1934. Death is said to have occurred on the date stated above, 10.05 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

April
 1933

(Other contributory causes of importance)

Name of operation.

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer W. Janssen M. D.
 (Address) Baltimore City Hospitals

JUN 21 1934

M. D. R. 12652

F 02463

F 02463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 S. Franklin St., 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 15 S. Franklin St., 30 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1934

7. AGE Years Months Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME Frank A. Buckner

14. BIRTHPLACE (city or town) Baltimore (State or country)

15. MAIDEN NAME Octavia M. Small

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Fred Buckner (Address) 2558 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Ave Date 6/21, 1934

19. UNDERTAKER Frank A. Farley (Address) Fulton & Fayette

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 20 1934

22. I HEREBY CERTIFY That I attended deceased from June 9, 1934 to JUN 20 1934

I last saw h. alive on JUN 20, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Premature Birth about 8 mos

Other contributory causes of importance:

Pyloric Stenosis

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward S. Cook M. D. (Address) 413 N. Moore St.

JUN 21 1934

F 02464

F 02464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744.N.Linwood Ave St., 7001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R Sullens

(a) Residence: No. 744.N.Linwood Ave St., 6 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of Mary E Sullens (or) WIFE of

6. DATE OF BIRTH (month, day, year) July.5.1864

7. AGE Years 69 Months 11 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 045

12. BIRTHPLACE (city or town) Balto Md (State or country)

13. NAME John R Sullens

14. BIRTHPLACE (city or town) Fredrick Co Md (State or country)

15. MAIDEN NAME Harriot Holt

16. BIRTHPLACE (city or town) Fredrick Co Md (State or country)

17. INFORMANT Mary E Sullens(Wife) 744.N.Linwood Ave (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cent Date June 22 1934

19. UNDERTAKER Lilly & Zeller INC 403 So. Wolfe St. (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1934

22. I HEREBY CERTIFY That I attended deceased from April 15 to June 19 1934

I last saw him alive on June 19 1934 at 10 AM Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cardio renal vascular disease with Hypertension

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Louis Kraus M. D. (Address) 1005 Art. Bldg.

JUN 21 1934

M. D. 02465

02465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 18-01* Ward)Length of residence in city or town where death occurred *Life* - mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *121 N. Schroeder* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored.* 5. Single, Married, Widowed, or Divorced, (write the word) *Widowed.*5a. If married, widowed, or divorced HUSBAND of *Ethel Harris.* (or) WIFE of6. DATE OF BIRTH (month, day, year) *4/16/1894*7. AGE Years *40* Months *2* Days *3* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *Leonard Harris.*14. BIRTHPLACE (city or town) (State or country) *Balto.*15. MAIDEN NAME *Louisa Fisher*16. BIRTHPLACE (city or town) (State or country) *Balto.*17. INFORMANT *Lena Harris. (Sister)* (Address) *215 N. Schroeder St.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *June 23, 1934*19. UNDERTAKER *Mrs. Kate R. Williams* (Address) *322 N. Schroeder St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/19* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *6/15/1934* to *6/19/1934*I last saw him alive on *6/19/1934* Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:

Ulceration of pharynx + soft palate Starvation

Date of onset

3 mo ago March 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes.*

23. If death was due to external causes (violence) fill in also the following: Date of injury

Accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert A. Reiter* M. D.(Address) *Balto City Hosp.*

UN 21 1934

02468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Roland Park Apt. 27-01* St. *27-01* Ward)Length of residence in city or town where death occurred *1* yrs. *8* mos. *14* ds. How long in U. S. If of foreign birth *61* yrs. *8* mos. *14* ds.

2. FULL NAME

Eva Sanderson Edmondson(a) Residence: No. *Roland Park Apt. 27-01* St. *27-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	1. Color or Race <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>
5a. If married, widowed, or divorced, HUSBAND or (or) WIFE of <i>Rev. H. Edmondson Jr.</i>		
6. DATE OF BIRTH (month, day, year) <i>Oct 18 1872</i>		
7. AGE <i>61</i>	Years <i>8</i>	Months <i>14</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>	11. Total time (years) spent in this occupation <i>none</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>none</i>	
	10. Date deceased last worked at this occupation (month and year) <i>none</i>	

12. BIRTHPLACE (city or town) (State or country)
*Baltimore Md*13. NAME
*H. Cook Sanderson*14. BIRTHPLACE (city or town) (State or country)
*Baltimore Md*15. MOTHER'S NAME
*Mary Alice Sanderson*16. BIRTHPLACE (city or town) (State or country)
*Baltimore Md*17. INFORMANT
Rev. H. Edmondson Jr.
(Address)
*Roland Park Apt. 27-01*18. BURIAL, CREMATION, OR REMOVAL
Place *Greenland* Date *June 19 1934*19. UNDERTAKER
Edmondson & Co.
(Address)
*100 N. Broadway*20. FILED
June 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) <i>6. 20. 1934</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>Jan 1 1934</i> to <i>6. 20. 1934</i> I last saw her alive on <i>June 19 1934</i> Death is said to have occurred on the date stated above, at <i>7.40 a.m.</i>

The principal cause of death and related causes of importance were as follows:

*Carcinoma of
Esophagus due to
removal of Ribs & esophagus*

Other contributory causes of importance:

Name of operation *Removal of ribs* Date of *Feb. 22*What test confirmed diagnosis? *Govt* Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *James C. Clarke* M. D.
(Address) *Med. Arts Bldg*

F 02469

02469 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Union Memorial Hosp. St. 11-91* Ward)Length of residence in city or town where death occurred *31* yrs. *2* mos. *6* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Alice Middendorf Miller(a) Residence: No. *1012 St Paul*

(Usual place of abode)

St.

Ward. *Bell, 4th.*

(If non-resident give city or town and State)

Registered No. *5936*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married Divorced*5a. If married, widowed, or divorced
HUSBAND of *Harrell E. Miller*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *April 13, 1903*7. AGE Years Months Days If LESS than 1 day, hrs. or min.
*31 2 6*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *John William Middendorf*14. BIRTHPLACE (city or town) (State or country) *Maryland*15. MAIDEN NAME *Alice Stump*16. BIRTHPLACE (city or town) (State or country) *Maryland*17. INFORMANT *Husband*
(Address) *1012 St Paul St*18. BURIAL, CREMATION, OR REMOVAL
Place *Union Memorial Hosp. St. 11-91* Date *June 14, 1934*19. UNDERTAKER *Severin & Co.*
(Address) *108 W North Ave.*20. FILED *15-1-1534*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 19th, 1934*22. I HEREBY CERTIFY. That I attended deceased from *Apr 4th, 1933*, to *June 14, 1934*.I last saw her alive on *June 19, 1934*. Death is said to have occurred on the date stated above, at *10³⁰ pm*.

The principal cause of death and related causes of importance were as follows:

*Chronic Lymphoid Leukemia*Date of report
11/9/34

Other contributory causes of importance:

Name of operation *1) Splenectomy 11/6/33*
*2) Splenectomy*Date of *11/14/33*What test confirmed diagnosis? *Po. K. 11/14/33* Was there an autopsy? *Yes*

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Henry M. Hansen

M. D.

(Address) *Union Memorial Hospital*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital, 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 hours yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Francis H. Berg

(a) Residence: No. Fullerton Md. Joppa Road St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) -----

5a. If married, widowed, or divorced
HUSBAND of -----
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Aug 21 1923

7. AGE Years 10 Months 9 Days 11. Total time (years) spent in this occupation
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

13. NAME Joseph Berg

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

15. MAIDEN NAME Katherine Winkler

16. BIRTHPLACE (city or town) Phila. (State or country) Pennsylvania

17. INFORMANT Katherine Berg (Mother) (Address) Fullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. JOSEPHS, Com. Date Aug. 22, 1934

19. UNDERTAKER Frederick L. Lonsdale (Address) 7401 Bolair Road

20. FILM 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19/34

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 4.35 P.M.

The principal cause of death and related causes of importance were as follows:

Shock-hemorrhage
Ruptured jejunum (intestine) 6/18

Date of onset

Other contributory causes of importance:

Peritonitis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident 6/18/34

Where did injury occur? Balto. Co., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in industry (dairy) While lifting

milk can, footing slipped

and he pulled barrel over on him.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

508 E North Ave

Coroner

M. D.

M. D. B. 12471

F 02471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Hospital for Women of Maryland*
 CITY OF BALTIMORE: (No. *Lafayette & John St. 12-01*)

Registered No. _____

(If death occurred in
 a hospital or institution,
 give its NAME instead
 of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME *Baby Boy Rose (premature)*

(a) Residence: No. _____

3019 Crescent Crest.

Ward. _____

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed,
 or Divorced (write the word) _____

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) *June 18, 1934*

7. AGE Years _____ Months _____ Days _____
 If LESS than
 1 day, 8 hrs.
 or 45 min. _____

8. Trade, profession, or particular
 kind of work done, as spinner,
 Sawyer, bookkeeper, etc. _____

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc. _____

10. Date deceased last worked at
 this occupation (month and
 year) _____

11. Total time (years)
 spent in this
 occupation _____

12. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Maryland*

13. NAME *Ferdinand Austin Rose*

14. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Md.*

15. MAIDEN NAME *Florence Anita Brown*

16. BIRTHPLACE (city or town) *Baltimore*
 (State or country) *Md.*

17. INFORMANT *Ferdinand A. Rose*
 (Address) *Baltimore, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Carnegie Institute* Date *6/19/34*

19. UNDERTAKER
 (Address) _____

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 18*, 19*34*

22. I HEREBY CERTIFY. That I attended deceased from

June 18, 1934, to *June 18, 1934*

I last saw him alive on *June 18, 1934*. Death is said
 to have occurred on the date stated above, at *7⁴⁵* p. m.

The principal cause of death and related causes of
 importance were as follows:

Atalutasis

Date of onset
6/18/34

Other contributory causes of importance:

Pneumatury (7 mos.)

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the fol-
 lowing:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
 place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify _____(Signed) *Glen Wilson Zedler*, M. D.

(Address) *Hospital for Women of Md.*
Baltimore, Md.

Exact statement of
 state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
 OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02472

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Guilford Ave. 2-11 Ward)

Length of residence in city or town where death occurred 53 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2820 Guilford Ave. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Juliette Fitzgerald Jul 5, 1880

6. DATE OF BIRTH (month, day, year) 7. AGE Years 53 Months 11 Days 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Louisa Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Juliette Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL (Address) 2820 Guilford Ave

Place Baltimore Date June 21, 1934

19. UNDERTAKER John H. H. (Address) 1200 S. Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1933, to June 18, 1934

I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Emphysema of Lungs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Paul St.

JUN 21 1934

02473

HEALTH DEPARTMENT—CITY OF BALTIMORE 02473

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

St. *51* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 31st 1915

7. AGE

18

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

FATHER

13. NAME

Frank A Miller

14. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Nellie E. Murphy

16. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md.

17. INFORMANT

Mr. Frank A Miller

(Address)

1929 Wilkes Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Church Date 6/23/1934

19. UNDERTAKER

(Address)

John J. Howard & Co

901 Baltimore St.

20.

JUN 21 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6-20-34

22.

I HEREBY CERTIFY. That I attended deceased from

6-4-34

to

6-20-34

1934

I last saw *live* alive on 6-20-34 Death in said

to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs

Date of onset

12/1/33

Other contributory causes of importance:

Metastasis to all
major organs
and lungsName of operation *Orchiectomy* Date of *12/1/33*What test confirmed diagnosis? *None* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Dr. J. H. Hays* M. D.(Address) *101 N. E. St.*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

02474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2926 St. Paul St. Ward 2-1)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2926 St. Paul St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) April 7-18477. AGE Years 87 Months 2 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) md13. NAME George L. McComb14. BIRTHPLACE (city or town) Scotland
(State or country)15. MAIDEN NAME Mary Ann Phillips16. BIRTHPLACE (city or town) England
(State or country)17. INFORMANT Miss Grace Sumner
(Address) 2926 St. Paul St.18. BURIAL, CREMATION, OR REMOVAL
Place Western Bur. Date June 22 193419. UNDERTAKER George L. Beyer Jr.
(Address) 1812 Helms St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193422. I HEREBY CERTIFY, That I attended deceased from
May 26, 1934 to June 20, 1934I last saw him alive on June 20, 1934 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Fracture Right Hip June
Fell on bed room floor
3 weeks 4 days

Other contributory causes of importance:

Hypo-static Pneumonia
of Coroner's property

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 20 1934Where did injury occur? Bed room

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in homeManner of injury Fell on floorNature of injury Fracture Right Hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry M. Bayley, M. D.(Address) 2805 N. Calver St.

21 1934

02475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

02475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 N. Haven Street St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

John Adam Sparr

(a) Residence: No. 150 N. Haven Street

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Sarah Elizabeth Stuart (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1868.

7. AGE 66 Years 2 Months 15 Days LESS than 18 yrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

13. NAME John Adam Sparr 14. BIRTHPLACE (city or town) (State or country) Sweeden

15. MAIDEN NAME Lena Weeman 16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Frederick Sparr. 150 N. Haven Street (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date June 23, 1934

19. UNDERTAKER Geo. J. Pugh & Son (Address) 1735 E. Harbor Ave

St. John Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Febr. 23 33 to June 20 34

I last saw him alive on June 20 34 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) Philbert Artisan M. D.

(Address) 2942 Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 21 1934

02476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02476

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Balto. City Hosp. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ⁴⁰ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Wyatt Hunter

(a) Residence: No.

9017 Madison Ave.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)

Male Colored Married.

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mary E. Hunter

6. DATE OF BIRTH (month, day, year)

6/30/69.

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

64

11

20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Lynchburg, Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Va.

17. INFORMANT (Address)

Ethel Dent. (daughter)
1025 Grand Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Int. Burial

Date 6-71

19

19. UNDERTAKER (Address)

J. W. Redden
436 W. Redden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

6/19

1934

22. I HEREBY CERTIFY, That I attended deceased from

5/6/34

1934

6/19

1934

I last saw him live on

6/19

1934

Death is said

to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
ArteriosclerosisDate of onset
3 mo.
ago.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed)

Robert A. Rente

M. D.

(Address) Balto. City Hosp.

N 21 1934

02177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Belair Road) St. 26th Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bernard Schirmer

(a) Residence: No. 5613 Belair Road

(Usual place of abode)

St. 26 Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie T. Schirmer

6. DATE OF BIRTH (month, day, year) April 23, 1870

7. AGE Years 64 Months 1 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME August Schirmer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Denz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie T. Schirmer (Address) 5613 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Date 6/25, 1934

19. UNDERTAKER

(Address)

N 21 1934

Huntington Baltimore MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1932, 1932, to June 21, 1934

I last saw him alive on June 21, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Carcinoma of Stomach

Date of onset

Feb.

8, 1932

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of 1-3-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

A. L. Wilkinson

5713 Belair Road

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 Rosedale St. St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Magdelene (Lena) Propf

(a) Residence: No. 1001 Rosedale St. St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.M. 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of Henry Propf (or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan. 9 1850

7. AGE Years 84 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

13. NAME George Krieger

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Schultz (Address) 1001 Rosedale St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park

19. UNDERTAKER Leonard J. Ruck. (Address) 5305 Harford Rd.

20. DATE OF DEATH June 20th 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1934

22. I HEREBY CERTIFY That I attended deceased from 1924 to June 10 1934.

I last saw him alive on May 10 1934. Death is said to have occurred on the date stated above, at 7 4 m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis
Chronic endocardial &
myocardial disease

Date of onset

Several
years.

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Nichol M. D.

(Address) Edmondson & Poplar
Grove

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

N 21-1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02479

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs..... moa..... ds. How long in U. S. If of foreign birth? yrs..... moa..... ds.

2. FULL NAME

Ernestine Behr(a) Residence: No. 3028 Fleetwood St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Dec 5/19097. AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
24 6 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)13. NAME Geo. W. Behr14. BIRTHPLACE (city or town) Balto., Md.
(State or country)15. MAIDEN NAME Ernestine Ludolph16. BIRTHPLACE (city or town) Germany.
(State or country)17. INFORMANT Geo. W. Behr
(Address) 3028 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Ave Date 6/23/2919. UNDERTAKER Leonard J. Ruck.
(Address) 5305 Hanford Rd.20. FILE NO. 27-1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20/34

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7.35 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
4 days

Other contributory causes of importance:

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. O'Brien(Address) 508 E. ...

Coroner

M. D.

F 02480

02480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. *Church Home & Infirmary* ST. *8-19* WARD)

2 FULL NAME

Charles E. Newmiller

(a) RESIDENCE NO.

2316 E. Eager

ST.

WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred

Life

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OF RACE *White* 3 Single, Married, Widowed, (or Divorced, (write the word)) *Widowed*5a If married, widowed, or divorced
HUSBAND of *Ella Newmiller*
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

March 27-1894

7 AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

60 2 25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Truss Operator

(b) General nature of industry, business, or establishment in which employed for employer

Maryland

(c) Name of employer

Meter Works Co

9 BIRTHPLACE (city or town) (State or country)

Balto Md

10 NAME OF FATHER

Unknown

11 BIRTHPLACE OF FATHER (city or town)

Unknown

(State or country)

12 MAIDEN NAME OF MOTHER

Unknown

13 BIRTHPLACE OF MOTHER (city or town)

Unknown

(State or country)

14

Informant

(Address)

*Charles E. Newmiller
2316 E Eager St*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 20, 1934

17

I HEREBY CERTIFY, That I attended deceased from

*June 13, 1934, to June 20, 1934*that I last saw him alive on *June 20, 1934*and that death occurred, on the date stated above, at *11:30 P. M.*

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach with metastasis to liver and peritoneum.

(duration)

yrs.

mos.

ds.

CONTRIBUTORY

(Secondary)

Tuberculosis in lung.

(duration)

yrs.

mos.

ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death?

Date of

Was there an autopsy?

Yes.

What test confirmed diagnosis?

Autopsy

(Signed)

David H. Andrew, M. D.

, 19

(Address)

Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-

MUSICAL

DATE OF BURIAL

Baltimore Cemetery June 23 1934

20 UNDERTAKER

ADDRESS

*Meridian Book**1275 Paul*

TION is very important. See instructions on back of certificates

N 21 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02481

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 02481
MORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 814 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	---

5a. If married, widowed, or divorced

HUSBAND of *Clara Lavery*
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	if LESS than 1 day, ____ hrs. or ____ min.
47	47	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chaulmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ind S. P. C. A.*

10. Date deceased last worked at this occupation (month and year) June 1 1934	11. Total time (years) spent in this occupation 20 yrs
---	--

12. BIRTHPLACE (city or town) Paris
(State or country) France

13. NAME Wesley Lawrence

14. BIRTHPLACE (city or town) Sacco
(State or country) Mo

15. MAIDEN NAME *Margaret Schneider*

16. BIRTHPLACE (city or town) *Kalamazoo*
(State or country) *MI*

17. INFORMANT Clara Kinsky
(Address) 707 S Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Wakarusa June 22

19. UNDERTAKER *Lickam 10076*
(Address) *1217 58 Paul Street*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from
19..... to 19.....

I last saw h..... alive on 19..... Death is said
to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung
Spleen & Intestines.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? X D Date of injury , 19

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in public place.

place

Manner of injury _____

Nature of Injury	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

24. Was disease or injury in any way related to occupation of deceased?

(Signature) *P. H. Hertzman* M. D.
(Address) *1305 N. Patterson Park*

FILED
N 21 1934

02482 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bolton City Hospital* Ward)Registered No. *48*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8 1/2* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3103 Chesley Ave.* St. *Chesley Ave.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *Widow. Palmer.*6. DATE OF BIRTH (month, day, year) *11/29/1850*7. AGE Years *83* Months *5* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *600*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Bolton Co. Md.*13. NAME *Peter B. Wilhelm*14. BIRTHPLACE (city or town) (State or country) *Bolton Co. Md.*15. MAIDEN NAME *Billey* 9.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Worp read* (Address)18. BURIAL, CREMATION, OR REMOVAL *New Freedom, Pa.* Date *June 22, 1934*19. UNDERTAKER *Paul Hartenstein* (Address) *New Freedom, Pa.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/12* 19*34*22. I HEREBY CERTIFY. That I attended deceased from *3/10* 19*34* to *6/12* 19*34*I last saw him alive on *6/12* 19*34* Death is said to have occurred on the date stated above, at *9:15 am*.

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

Date of onset

4 mo.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. P. Brown
Bolton City Hosp.

M. D.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 21 1934

02483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02483

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No.

St. 14-41

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Thomas Brent

(a) Residence: No. 2019 Etting st.

(Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of Rosetta Brent (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 19, 1899

7. AGE Years 34 Months 9 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town; State or country) Crisfield Maryland

13. NAME Lucius Brent

14. BIRTHPLACE (city or town; State or country) Virginia

15. MAIDEN NAME Olivia Whittington

16. BIRTHPLACE (city or town; State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery June 21, 1934

19. UNDERTAKER (Address) DeWitt's P. Hapkins 2101 Mc Eulder St. Huntington, W. Va.

20. FILED

JUN 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1934

22. I HEREBY CERTIFY That I attended deceased from May 24, 1934, to June 19, 1934

I last saw him alive on June 19, 1934 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

March 1934

Other contributory causes of importance:

Tuberculous peritonitis

Unknown

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Meyer W. Jacobson M. D. Baltimore City Hospitals

(Address)

02184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

/ F 02184
✓ 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 14-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *16* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1722 Brent St.* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *married*6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of *John Robinson*6. DATE OF BIRTH (month, day, year) *1897*7. AGE Years Months Days If LESS than 1 day, hrs. min. *37*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Domestic*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *N. C.* (State or country)13. NAME *Kenny Hadden*
14. BIRTHPLACE (city or town) *N. C.* (State or country)15. MAIDEN NAME *Kessie Mitchell*
16. BIRTHPLACE (city or town) *N. C.* (State or country)17. INFORMANT *John Robinson*
(Address) *1722 Brent St.*18. BURIAL, CREMATION, OR REMOVAL
Place *St. Paul's Cemetery June 21, 1934*19. UNDERTAKER *Isaiah L. Hadden*
(Address) *2108 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *6/16, 1934* to *6/19, 1934*
I last saw her alive on *6/19, 1934*. Death is said to have occurred on the date stated above, at *10:00 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Uterine Fibroids

Other contributory causes of importance:

*Thrombophlebitis, possible 6/17/34
pulmonary embolism & possible cerebral embolism from thrombus in common iliac*
Name of operation *Supra Vaginal Hysterectomy* Date of *6/11/34*What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *W. B. Bowman* M. D.(Address) *University Hospital*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N-21 1934

Huntington Williams, Jr.

02485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 7-01* St., *7-01* Ward)Length of residence in city or town where death occurred *1 yr.* mos. *0* ds. How long in U. S. If of foreign birth? yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2204 McElberry* St., *7-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *John Kessler*

6. DATE OF BIRTH (month, day, year) *1/17/1881*

7. AGE Years *53* Months *5* Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*

13. NAME *August Bredenkamp*

14. BIRTHPLACE (city or town) (State or country) *Germany*

15. MAIDEN NAME *Minnie Foster*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Grace Campbell (daughter)*
(Address) *2202 McElberry St.*18. BURIAL, CREMATION, OR REMOVAL
Place *Wt. Cemetery June 23, 1934*19. UNDERTAKER *Wm. B. Miller*
(Address) *3354 E. Pratt St.*20. REGISTRAR *Arthur E. Williams*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/21, 1934*22. I HEREBY CERTIFY, That I attended deceased from *6/13, 1934* to *6/21, 1934*I last saw him alive on *6/21, 1934* Death is said to have occurred on the date stated above, *5:50 a.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 7th June 12, 1934
Hypertension
Atherosclerosis

Other contributory causes of importance:

Name of operation Date of *No.*What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19 *1934*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Ralegh A. Porter* M. D.(Address) *Balto. City Hosp.*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 21 1934

M. D. 1934 F 02486

F 02486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N. Gilman St., 16-01 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)Length of residence in city or town where death occurred: 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 823 N. Gilman St., 16-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed,
or Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow6. DATE OF BIRTH (month, day, year) Mar 12/18767. AGE Years 57 Months 3 Days 12 If LESS than
1 day, X hrs. or min.8. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc. None9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. None work10. Date deceased last worked at
this occupation (month and year) 2 mos11. Total time (years)
spent in this
occupation life12. BIRTHPLACE (city or town)
(State or country) Calvert Co
Md

13. NAME

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT

(Address) 823 N. Gilman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co. Md Date 6-22-1934

19. UNDERTAKER

(Address) Francis A. Hemmery
578 W. Middle St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 193422. I HEREBY CERTIFY, That I attended deceased from
April 19, 1934 to June 14, 1934I last saw him alive on June 19, 1934 Death is said
to have occurred on the date stated above, at 10:40 P.M.The principal cause of death and related causes of
importance were as follows:Gravimic Lobar

Date of onset

April 11
1934

Other contributory causes of importance:

No otherName of operation No operation Date of —What test confirmed diagnosis? Physician's signature Was there an autopsy? No23. If death was due to external causes (violence) fill in also the fol-
lowing: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles H. Fowler M. D.(Address) 712 S. MarylandPHYSICIANS should
information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

JUN 22 1934

F 02487

F 02487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Avalon St., 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 70 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 2303 Avalon St., 13-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Widow5a. If married, widowed, or divorced HUSBAND of Edward Schaefer (or) WIFE of6. DATE OF BIRTH (month, day, year) Dec. 5 18507. AGE Years 83 Months 6 Days 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None12. BIRTHPLACE (city or town) Germany (State or country)13. NAME Freda Deftin14. BIRTHPLACE (city or town) Germany (State or country)15. MAIDEN NAME Marie16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mrs. Louise Becker (Address) 2303 Avalon Ave.18. BURIAL, CREMATION, OR REMOVAL Grav. Ridge June 22, 193419. UNDERTAKER Wm. McKee Doss (Address) North & Pikes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193422. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 30, 1934I last saw her alive on June 19, 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset

Other contributory causes of importance:

General atheromaName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19Where did injury occur? X (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place XManner of injury XNature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Bayne, M.D. M. D.(Address) 1340 Pikesville

JUN 22 1934

H. C. Williams, Jr.

F 02488

F 02488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Normount Ave. St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Crough

(a) Residence: No. 3108 Normount Ave.

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James A. Crough

6. DATE OF BIRTH (month, day, year) April 28, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Balto.

Md.

13. NAME

?

Southard

14. BIRTHPLACE (city or town) (State or country)

Baltimore

Md.

15. MAIDEN NAME

Mary E. Suter

16. BIRTHPLACE (city or town) (State or country)

Balto.

Md.

17. INFORMANT Mrs. Laura E. Benner
(Address) 3108 Normount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 23, 34

19. UNDERTAKER
(Address)J. E. Fickner & Sons
1010 & 1012 Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

April 10, 1934 to June 20, 1934

I last saw her alive on June 17, 1934 Death is said

to have occurred on the date stated above, at 8:15 PM.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis

Date of onset

1933

2
1

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. E. Fickner & Sons

M. D.

(Address)

82700 Harbor Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

M. D. B F 02489

F 02489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Lansale St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Simmons

(a) Residence: No. 1601 Lansale St. Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9 1914

7. AGE Years 20 Months 5 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Willie Simmons

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Mamie Garner

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mamie Costen (Address) 1601 Lansale A

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn cemetery Date 6/24/34

19. UNDERTAKER Thos. E. Kelson (Address) 303 Presbiterian St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-5-34 to 6-20-34

I last saw her alive on 6-19-34 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis

Date of onset

Unknown

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. A. H. H. H. M. D.

(Address) 1027 N. St. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

F 02490

✓ F 02490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 552 N. Preston St. 17-01 Ward)Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Lucinda Leonard(a) Residence: No. 552 N. Preston

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>Cole</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mr. P. Leonard</u>		
6. DATE OF BIRTH (month, day, year) <u>1880</u>		
7. AGE <u>54</u>	Years	Months
	Days	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)
Baltimore13. NAME
Mrs. Stevenson14. BIRTHPLACE (city or town) (State or country)
Ind15. MAIDEN NAME
Jennie Hamday16. BIRTHPLACE (city or town) (State or country)
Ind17. INFORMANT
Mr. P. Leonard(Address)
552 N. Preston

18. BURIAL OR REMOVAL

Place
St. Ambrose19. UNDERTAKER
Bernard P. Hensley(Address)
818 Grand St. N. E.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 24, 1934 to June 20, 1934I last saw him alive on June 20, 1934 Death is saidto have occurred on the date stated above, at 6:15 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo-nephritisDate of onset
4 yrs.

Other contributory causes of importance:

Hypertension, cerebral hemorrhage with hemiplegia

17 months

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Chas. J. Keller M. D.(Address) 222 W. Monument St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

M. D. 1934 02491

F 02491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 2-01* Ward)Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary B Lackowski.(a) Residence: No. *1738 Lancaster* St., Ward. (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Colored* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed or divorced HUSBAND of (or) WIFE of *Steve Blackowski*6. DATE OF BIRTH (month, day, year) *9/6/1882*7. AGE Years *51* Months *9* Days *13* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Poland.*13. NAME *Walter Ojiniak*14. BIRTHPLACE (city or town) (State or country) *Poland.*15. MAIDEN NAME *Mary ?*16. BIRTHPLACE (city or town) (State or country) *Poland.*17. INFORMANT *Husband see above* (Address) *1738 Lancaster St.*18. BURIAL, CREMATION, OR REMOVAL Place *Holy Rosary* Date *June 23, 1934*19. UNDERTAKER (Address) *1931 East Ave.*20. FILED *June 22, 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/19, 1934*22. I HEREBY CERTIFY, That I attended deceased from *6/18, 1934* to *6/19, 1934*I last saw her alive on *6/19, 1934* Death is said to have occurred on the date stated above, at *3:40 p.m.*

The principal cause of death and related causes of importance were as follows:

*Hypertensive ht. disease
On of heart (myocardial) meta-
stases to glands of apella*

Date of onset

*1 yr**3 yrs*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *Robert A. Reiter* M. D.(Address) *Balto. City Hosp.*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02492

F 02492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Durham St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1637 N. Durham St., Ward 5-01 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced HUSBAND of Mrs. Mary Riebold (or WIFE of)

6. DATE OF BIRTH (month, day, year) Jan. 14 1865

7. AGE Years 69 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 014

12. BIRTHPLACE (city or town) (State or country) Germ any

13. NAME Mr. Riebold

14. BIRTHPLACE (city or town) (State or country) Germ any

15. MAIDEN NAME Anna M. Mackmann

16. BIRTHPLACE (city or town) (State or country) Germ any

17. INFORMANT Mrs. Mary Riebold (Address) 1637 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Church Date June 23 1934

19. UNDERTAKER Henry Beck & Sons Inc. (Address) 1301 E. Gay St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to June 20 1934

I last saw him alive on June 20 5:15 P Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation: Amputation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jacob Fisher M. D. 1623 N. Haskell St.

JUN 22 1934

F 02494 HEALTH DEPARTMENT—CITY OF BALTIMORE 02494

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Ensor St St. 10-01 Ward)

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME

(a) Residence: No. 931 Ensor St St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Edward E. Smith

Oct 16/1891

6. DATE OF BIRTH (month, day, year)

7. AGE Years 42 Months 8 Days 1 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME Richard Dillard

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward E. Smith (Address) 931 Ensor St

18. BURIAL, CREMATION, OR REMOVAL

Place Ashbury cemetery Date June 22 1934

19. UNDERTAKER (Address)

Edw Bryan 1681 Orleans St

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on about 8 A.M. 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Probably Chr Myocarditis

Date of onset

Other contributory causes of importance:

History of Aortic Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Bryan M. D. 508 E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02495

F 02495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. Color of Hair

White

5. Single, Married, Widowed, or Divorced (write by word)

Married

5a. If married, widowed or divorced, name of HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above at

The principal cause of death and related causes of importance were as follows:

Fractured Neck at fever

(Fall down steps)

Other contributory causes of importance

Chronic Myocarditis

Name of operation

What test confirmed diagnosis

23. If death was due to external cause, specify the following: accident, suicide, or homicide

Where did injury occur (specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

F 02496

M. 02496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Towson 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1738 Towson St., 24-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married5a. If married, widowed, or divorced
HUSBAND of Elizabeth Keen
(or) WIFE of6. DATE OF BIRTH (month, day, year) Nov 7 18937. AGE Years 50 Months 7 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind13. NAME Wm J Keen14. BIRTHPLACE (city or town) (State or country) Ind15. MAIDEN NAME Susan Jeffers16. BIRTHPLACE (city or town) (State or country) Ind17. INFORMANT Mrs Elizabeth Keen
(Address) 1738 Towson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Bur June 23 3419. UNDERTAKER John J. Keen
(Address) 1008 Orleans

JUN 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193422. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to June 21, 1934I last saw him alive on June 20, 1934 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis ?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: noAccident, suicide, or homicide? no Date of injury no

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Augustus Dill M. D.
1733 W. Lombard St.Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exact statement of information should be carefully supplied. AGE should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V S 3

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

02498

02498

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Cold Spring Lane Ward 131)Length of residence in city or town where death occurred Life mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 4944 Remond Ave Ward 131
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) 18667. AGE Years 68 Months 0 Days 0 If LESS than 1 day, hrs. 0 or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) MD13. NAME Geo M. Formey14. BIRTHPLACE (city or town) Pa (State or country)15. MAIDEN NAME Ellen Bayley16. BIRTHPLACE (city or town) MD (State or country)17. INFORMANT Mr Henry Shrock (Address) 204 Tiffney Road18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date June 22 193419. UNDERTAKER John O. Mitchell (Address) 1900 Eastern Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 193422. I HEREBY CERTIFY, That I attended deceased from December 30, 1933 to June 20, 1934.I last saw him alive on June 20, 1934. Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Cardio vas
culay renal disease
a) Cardiac Failure

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? General Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

David Jensen
Chas. A. Bledsoe

M. D.

(Address)

JUN 22 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 123 02499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02499

CERTIFICATE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 121)

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

6a. If married, widowed, or divorced, HUSBAND (or) WIFE of

John M. Delaney

6. DATE OF BIRTH (month, day, year)

1874

7. AGE

60

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Ireland

13. NAME

Patrick Hogan

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Ann Black

16. BIRTHPLACE (city or town) (State or country)

Ireland

17. INFORMANT (Address)

Bessie Delaney

18. BURIAL, CREMATION, OR REMOVAL (Address)

Catholic Cemetery

19. UNDERTAKER (Address)

Mary M. Medfield

20. DATE OF DEATH (month, day, year)

June 23, 1934

21. DATE OF DEATH (month, day, year)

6/20/34

22. I last saw him or her alive on

6/20/34

23. I hereby certify, That I attended deceased from

6/20/34

24. The principal cause of death and related causes of importance were as follows:

Ruptured appendix

peritonitis

25. Other contributory causes of importance:

Myocardial decomposition

26. Name of operation:

Mycocardial decomposition

27. What test confirmed diagnosis?

Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?

Date of injury

29. Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

30. Manner of injury

31. Nature of injury

32. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Doctor

(Address) General Hospital

M. D.

JUN 22 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N Collington Ave Ward) 92-001

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 412 N Collington Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced Married

6a. If married, widowed, or divorced
HUSBAND of Henry Birkenstock
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29, 1864

7. AGE Years 69 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MD

13. NAME James Warner

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME Marah E. Keaver

16. BIRTHPLACE (city or town) (State or country) MD

17. INFORMANT Henry Birkenstock
(Address) 412 N. Collington

18. BURIAL, CREMATION, OR REMOVAL
Place Not Ministered Date Wed June 23/34

19. UNDERTAKER John L. L. L.
(Address) 200 S. Orleans

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1934 to June 20th, 1934

I last saw her alive on June 18th, 1934 death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis

Other contributory causes of importance:
Intoxication

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1934

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bernard J. Hayden M. D.

(Address) 1216 N. Caroline St.

JUN 22 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02501

HEALTH DEPARTMENT—CITY OF BALTIMORE

02501

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 Grand Ave. St., Ward)

Length of residence in city or town where death occurred: yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 2401 Quind Hill Ave Ward. 1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. Color or Race <i>Colored</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William P. Butler

6. DATE OF BIRTH (month, day, year) Dec 20 1988

7. AGE	Years 47	Months 43	Days 23	If LESS than 1 day. hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Marshall
(State or country)

11. NAME *James Smith*

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME *Lace Brown*

16. BIRTHPLACE (city or town)
(State or country) *ind*

17. INFORMANT John Sullivan
(Address) 2401 Birch Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place in care of Date June 25, 19

19. UNDERTAKING *John J. Conolly*
(Address) *200 E. Conolly Ave.*

20 JUN 23 1934 19 五 五

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21, 1959

22. I HEREBY CERTIFY That I attended deceased from April 14 1934 to May 21 1934

I last saw her alive on May 21, 1934. Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis March 5, 1904
(Uremia)

Other contributory causes of importance:

Name of operation: None Date of Physical Exam
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury.....

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify _____
(Signed) W. H. Wright M.D.
(Address) 1209 Presbiterian St

Information should be carefully supplied to the nearest available health officer. It may be properly classified, EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

334

F 02502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02502

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No. _____)

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Forrest Webb

(a) Residence: No. 1824 E. Chase st.

St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race Colored	5. Single, Married, Widowed, or Divorced (write the word) Widowed
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5a. If married, widowed, or divorced
HUSBAND of Minnie Webb
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 1, 1885 ?

7. AGE 49	Years 5	Months 18	Days 18	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Macon
(State or country) Georgia

13. NAME Isaac Webb

14. BIRTHPLACE (city or town) Macon
(State or country) Georgia

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) Georgia
(State or country)17. INFORMANT Hospital Records
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date June 22, 193419. UNDERTAKER
(Address) W. M. L. WOODALL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1934

22. I HEREBY CERTIFY. That I attended deceased from November 27, 1933 to June 19, 1934

I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 12.20 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Aug. 1933

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. L. Woodall M. D.
Baltimore City Hospitals
(Address)

JUN 22 1934

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp. 16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *2714 St Helens Ave* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced *never born*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days If LESS than 1 day 6 hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CRIMATION, OR REMOVAL

Place *University of Md* Date *June 22* 19*34*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-15-34*22. I HEREBY CERTIFY, That I attended deceased *4:30 PM* to *6-15-34 10:40 PM*I last saw him alive on *6-15-34* to have occurred on the date stated above, at *10:40 PM*

The principal cause of death and related causes of importance were as follows:

*Pneumature
Birth
(6 mos. pregnancy)*

Other contributory causes of importance:

Name of operation *none* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury *15*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

Huntington Williams, M.D.
Registrar.

F 02504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 76-01* Ward)Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Balto. City Hosp. St.* Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *3/12/1851*7. AGE Years *83* Months *3* Days *8* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto. Md.*13. NAME *John G. Jacobs.*14. BIRTHPLACE (city or town) (State or country) *Germany.*15. MAIDEN NAME *Margaret West.*16. BIRTHPLACE (city or town) (State or country) *Germany.*

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Municipality of Md.* Date *June 22, 1934*

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/20, 1934*22. *6/17* HEREBY CERTIFY, That I attended deceased from *6/20, 1934*I last saw him alive on *6/20, 1934* Death is said to have occurred on the date stated above, at *10 a. m.*

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis? Hypertension

Date of onset

?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert A. Rute

M. D.

(Address)

Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

0499

02505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02505

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. 5-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Wood.(a) Residence: No. *500 Aqueduct*

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *Colored.* 5. Single, Married, Widowed, or Divorced (write the word) *Single.*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *—*6. DATE OF BIRTH (month, day, year) *7/14/1868.*7. AGE Years *65* Months *10* Days *24* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shoe shiner*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *—*
10. Date deceased last worked at this occupation (month and year) *—* 11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town) *Alabama.* (State or country)13. NAME *Robert Wood*14. BIRTHPLACE (city or town) *Alabama.* (State or country)15. MAIDEN NAME *Mary Nagle*16. BIRTHPLACE (city or town) *Alabama.* (State or country)17. INFORMANT *Charlotte Bowyer* (Address) *500 Aqueduct St.*18. BURIAL, CREMATION, OR REMOVAL Place *Interment of Md.* Date *June 22, 1934*19. UNDERTAKER (Address) *Huntington Williams, N.Y.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/16*, 19*34*22. *6/11* HEREBY CERTIFY, That I attended deceased from *1934 to 6/16, 1934*I last saw him alive on *6/16*, 19*34* Death is said to have occurred on the date stated above, at *9 a m.*

The principal cause of death and related causes of importance were as follows:

Cyclonephritis? June 19, 1934
Uremia.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes.*

23. If death was due to external causes (violence) fill in also following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify(Signed) *Robert A. Petty* M. D.(Address) *Balto. City Hosp*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 850 Pierce St. 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 850 Pierce St., 18-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Brook6. DATE OF BIRTH (month, day, year) May 18597. AGE Years 75 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville13. NAME Richard Dauter

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Brook
(Address) 850 Pierce St. (Avalon)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date June 23, 193419. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 13, 1934 to June 21, 1934I last saw him alive on June 21, 1934 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Diffuse myocardial degeneration
arteriosclerotic heart disease

Other contributory causes of importance:

arteriosclerosis

Name of operation Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George McDonald M. D.(Address) 844 N. Carey St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

F 02507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Vine St. 70-01)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Effie Carter

(a) Residence: No. 1827 Vine St.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rich Carter.

6. DATE OF BIRTH (month, day, year) July 11 1882

7. AGE Years 52 Months 11 Days 720 If LESS than 1 day, 1 hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) 4/10/34 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Effie Carter

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Effie Layton

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Rich Carter (Address) 1827 Vine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 23, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21/34

22. I HEREBY CERTIFY That I attended deceased from June 11th 34 to June 21st 34

I last saw her alive on June 21st 34 Death is said to have occurred on the date stated above, at 1000 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 6/11/34

Other contributory causes of importance:

Quadrantal pleur

D.H.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. T. Gurney M. D.

Address 572 N. Actington Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

Huntington Williams, M.D.

F 02508

HEALTH DEPARTMENT—CITY OF BALTIMORE

02508

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3604 Roxmere Rd.* St., *9-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *3604 Roxmere Rd.* St., *9-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Chas. Lauskey*6. DATE OF BIRTH (month, day, year) *Oct 22/1869*7. AGE Years *64* Months *7* Days *29* If LESS than 1 day, hrs. *28* or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Germany*13. NAME *Geo. Horstmann*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Clara*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. Wm L Simpson*(Address) *3604 Roxmere Rd*

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Lawn* Date *June 23, 1934*19. UNDERTAKER *Philip Herwig Sons*(Address) *2016 Orleans St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 20, 1934*

22. I HEREBY CERTIFY, That attended deceased from

, 19, to , 19

I last saw him alive on , 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

Other contributory causes of importance:

*Renal Calculi*Name of operation *Feb. 12, 34* Date ofWhat test confirmed diagnosis? *X ray* Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signature) *Geo. W. Hemminger* M. D.(Address) *Health Department*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN-22 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

Med.

CERTIFICATE OF DEATH

X ✓ 46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. 5 mos. 5 ds.2. FULL NAME Charles Holding(a) Residence: No. —

(Usual place of abode)

St. Fallston MdWard —

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown6. DATE OF BIRTH (month, day, year) Jan 5-18687. AGE Years 66 Months — Days — 11. Total time (years) spent in this occupation —8. Trade, profession, or particular kind of work done, as applier, sawyer, bookkeeper, etc. carpenter 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown 10. Date deceased last worked at this occupation (month and year) —12. BIRTHPLACE (city or town) (State or country) British Guiana13. NAME Charles Holding14. BIRTHPLACE (city or town) (State or country) England15. MAIDEN NAME Mary Jane Beck16. BIRTHPLACE (city or town) (State or country) British Guiana17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date June 23, 193419. UNDERTAKER (Address) Benjamin D. ...20. DATE OF DEATH June 22, 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21-193422. I HEREBY CERTIFY, That I attended deceased from 6-13-1934 to 6-21-1934I last saw him alive on 6-21-1934 Death is said to have occurred on the date stated above, at 10400 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of PancreasDate of onset May 1934

Other contributory causes of importance:

Name of operation NoneDate of —

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury —

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Harry D. Stebbins

M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 22 1934

02510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs 3 mo 16 da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME John Albert Lambdin.

(a) Residence: No. 129 E. Cross St.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Baltimore, Md.

13. NAME Albert Lambdin.

14. BIRTHPLACE (city or town), (State or country) Baltimore, Md.

15. MAIDEN NAME Hazel A. Fleury.

16. BIRTHPLACE (city or town), (State or country) Baltimore, Md.

17. INFORMANT Albert Lambdin. (father)
(Address) 129 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 23, 1934

19. UNDERTAKER John M. Cully
(Address) 130 E. Front St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

Acchitis,
Secondary Onemia.

Date of onset

Other contributory causes of importance:

Name of operation. None.

Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed)

W. H. Reinhardt
(Address) 1017 E. Charles St.

M. D.

6/22/34

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 22-1934

F 02511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02511 2. Shamer

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Maine Ave St. 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4311 Maine Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Pora Frentz Mubly
--	-------------------

6. DATE OF BIRTH (month, day, year) April 12-1869

7. AGE	Years	Months	Days	1/ LESS than 1 day, hrs. or min.
	65	2	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Proprietor
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Sheet Metal Business
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Herman Mubly

14. BIRTHPLACE (city or town) Balto., Md.
(State or country)

15. MAIDEN NAME Elizabeth Bauer

16. BIRTHPLACE (city or town) Balto., Md.
(State or country)17. INFORMANT Mrs. Geo. Mubly
(Address) 4311 Maine Ave Point Pl.18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 4/23/3419. UNDERTAKER Geo. Mubly & Son
(Address) 2503 Edmondson Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1934

22. I HEREBY CERTIFY, That attended deceased from May 11, 1933, to June 21, 1934.

I last saw him alive on June 18, 1934. Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of common duct of liver with metastases and obstructive jaundice

Date of onset

1931

Other contributory causes of importance:

Name of operation Le cysto duodenostomy Date of 3/17/32

What test confirmed diagnosis clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 22 1934

02512 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Union Memorial Hospital*Registered No. *46*CITY OF BALTIMORE: (No. *15-01* St. *15-01* Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *56* yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.2. FULL NAME *Robert S Green*(a) Residence: No. *3401 Calloway Ave* St., *Baltimore* Ward, *Baltimore*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Mrs R S Green* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Sept 2 1859*7. AGE Years *15* Months *10* Days *21* If LESS than 1 day, — hrs. or — min. *19*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Owner*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Builders Supplier*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Ohio* (State or country)13. NAME *Sam'l F. Green*14. BIRTHPLACE (city or town) *New Jersey* (State or country)15. MAIDEN NAME *Charlotte Hampson*16. BIRTHPLACE (city or town) *New Jersey* (State or country)17. INFORMANT *Hosp. Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Druid Ridge* Date *6/23* 19*34*19. UNDERTAKER *Henry W. Meade & Son* (Address) *1002 N. Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 20* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *May 1* 19*34* to *June 21* 19*34*I last saw him alive on *June 21* 19*34* Death is said to have occurred on the date stated above, at *5:50 Pm.*

The principal cause of death and related causes of importance were as follows:

Malignant Ulcer of Stomach
*with Intestinal hemorrhage on 6-21-34*Date of onset *Feb '34?*

Other contributory causes of importance:

Intestinal Hemorrhage from ulcer *6-21-34*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *J. Emil Kadan*

M. D.

(Address) *Union Memorial Hospital*

22 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02513

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Baltimore City Hospital

Registered No.

CITY OF BALTIMORE: (No.

St.,

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

William Anderson

(a) Residence: No.

1015

Myrtle

40

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. Color or Race colored	5. Single, Married, Widowed, or Divorced (write the word) single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

July 21, 1916

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

17

8

29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Baltimore, Md

FATHER

13. NAME

James Anderson

14. BIRTHPLACE (city or town)
(State or country)

Annapolis, Md

MOTHER

15. MAIDEN NAME

Rose Boone

16. BIRTHPLACE (city or town)
(State or country)

Howard County, Md

17. INFORMANT
(Address)Rose Boone
1015 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Zion

Date June 23, 1934

19. UNDERTAKER
(Address)Joseph J. Smith
1074 Myrtle Street
Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20/34, 19

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1932 19 to June 20, 1934

I last saw him alive on 6/20, 1934 Death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of
importance were as follows:Pneumonia,
tuberculosis.

Date of onset

5/26/34

Other contributory causes of importance:

Mental depression

Quick

Name of operation

None

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 22 1934

02514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02514

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *5512 Park Heights Ave* Ward *7-01*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *5512 Park Heights Ave* St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced *Married*3a. If ~~married~~ widowed, or divorced, HUSBAND of *late Sarah Kaylor*
(~~with~~)6. DATE OF BIRTH (month, day, year) *July 1st 1851*7. AGE Years *83* Months *11* Days *20* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Maryland*
(State or country)13. NAME *John Kaylor*14. BIRTHPLACE (city or town) *Germany*
(State or country)15. MAIDEN NAME *P. O'Neil*16. BIRTHPLACE (city or town) *Ireland*
(State or country)17. INFORMANT *John M. Kaylor*
(Address) *5512 Park Heights Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Gruid Ridge* Date *June 22, 1934*19. UNDERTAKER *H. Jenkins, Jr.*
(Address) *1212 N. E. St.*20. FUNERAL *St. Stephen Williams, Jr.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 21st 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 6, 1934* to *June 21, 1934*I last saw him alive on *June 21, 1934*. Death is said to have occurred on the date stated above, at *3.30 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Arterio-sclerotic Hypertensive Disease 1932

Other contributory causes of importance:

6/7/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Joseph Dudley* M. D.(Address) *2318 Ectaw Street*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 2-1834

02515

HEALTH DEPARTMENT—CITY OF BALTIMORE

02515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Howard G. Kelly's Hospital
1418 Euter Place 27-01

Registered No.

CITY OF BALTIMORE: (No.

1418 Euter Place 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mr. SKIP Wilmer Pleasants

(a) Residence: No.

201 Longwood Rd St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 14, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

LAWYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME J. Hall Pleasants

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Della Tudor Wilmer

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

17. INFORMANT J. Hall Pleasants (Address) 201 Longwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date June 23, 1934

19. UNDERTAKER Henry St. Lukes Bros (Address) 1111 E. Lombard St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934 to June 21, 1934

I last saw him alive on June 21, 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Sarcoma of prostate

contributory causes of importance:

Gumma Sarcomatous

Name of operation None Date of J

What test confirmed diagnosis? Tarsation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Theodore J. J. M. D.

(Address) 1418 Euter Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 22 1934

02516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No.

St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeff James

(a) Residence: No. 805 Ensor st.

St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1911 ?

7. AGE Years 22 Months 7 Days 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Florence (State or country) South Carolina

13. NAME Wally James

14. BIRTHPLACE (city or town) Florence (State or country) South Carolina

15. MAIDEN NAME Annie Green

16. BIRTHPLACE (city or town) Florence (State or country) South Carolina

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date 6/23 1934

19. UNDERTAKER Ernest Price

(Address) 135 W. Henrietta St.

Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2 1934 to June 19 1934

I last saw him alive on April 19 1934 Death is said to have occurred on the date stated above, at 4.15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Jan 1934

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Meyer W. Jacobson

(Address)

Baltimore City Hospitals

M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

F 02517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *916 Colony* St., *18-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *916 Colony* St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cauc* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Dec 14th 1887*7. AGE *50* Years *7* Months *7* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Domestic*10. Date deceased last worked at this occupation (month, day, year) *4/15/34* 11. Total time (years) spent in this occupation *57 yrs.*12. BIRTHPLACE (city or town) (State or country) *Baltimore*13. NAME *Bessie Hall Gray*14. BIRTHPLACE (city or town) (State or country) *Baltimore*15. MAIDEN NAME *Bessie Hall*16. BIRTHPLACE (city or town) (State or country) *Baltimore*17. INFORMANT *William J. Clesch* (Address) *1348 Carroll St.*18. BURIAL, CREMATION, OR REMOVAL Place *Mt. Calvary* Date *6/23* 1919. UNDERTAKER *Walter B. Jones* (Address) *139 W. H. Smith St.*20. FILED *St. Louis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/21* 19*34*22. I HEREBY CERTIFY, That I attended deceased from *April 16th 1934* to *June 21st 1934*Last saw *her* alive on *June 21st 1934* Death is said to have occurred on the date stated above, at *1:15 A.M.*The principal cause of death and related causes of importance were as follows: *Intermittent Nephritis with Endocarditis* Date of onset *4/15/34*

Other contributory causes of importance:

Name of operation *None* Date ofWhat test confirmed diagnosis *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *J. T. Dupuy* M. D.Address *522 N. Arlington Ave.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11 25 1934

02518

HEALTH DEPARTMENT—CITY OF BALTIMORE

02518

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Pine St. 4-01 Ward)

Length of residence in city or town where death occurred ^{may 1919} yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 226 N. Pine St. 4-01 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex *Female* 4. Color *Col* 5. Single, Married, Widowed, or Divorced *Widowed*5a. If married, widowed, or divorced
HUSBAND of *John Tyson*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *Jan 18-74*7. AGE Years *60* Months *5* Days *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore*
(State or country)13. NAME *Unknown*14. BIRTHPLACE (city or town) *Unknown*
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town) *Unknown*
(State or country)17. INFORMANT *Dr. J. H. Jones*Address *284 N. Pine St*

18. BURIAL, CREMATION, OR REMOVAL

Place *Mt. Auburn* Date *6/24/1934*19. UNDERTAKER *John P. Chase & Son*(Address) *608 N. Pine St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-21-1934*

22. I HEREBY CERTIFY, That I attended deceased from

*May 19, 1934 to June 21, 1934*I last saw *her* alive on *21st June, 1934* Death is saidto have occurred on the date stated above, at *4 P.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Heart Disease

Other contributory causes of importance:

Name of operation *Heart operation* Date ofWhat test confirmed diagnosis *Chloroform* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Jones* M. D.(Address) *117 N. Pine St*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

19. *John P. Chase & Son*
Registrar

F 02519

HEALTH DEPARTMENT—CITY OF BALTIMORE

02519

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. St. 15-01* Ward)Length of residence in city or town where death occurred *Life* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME *Louis Newton* (Lewis Newton)(a) Residence: No. *2308 Dorrest Park Rd.* Near of *2311 Wetheredsville Road* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced, HUSBAND of *Mary E. Newton* (or) WIFE of *Louis Newton*6. DATE OF BIRTH (month, day, year) *March 26, 1865* *3/26/1865*7. AGE Years *69* Months *2* Days *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Night Watchman* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Ashland Mills* 10. Date deceased last worked at this occupation (month and year) *May 1931* 11. Total time (years) spent in this occupation *12 yrs*12. BIRTHPLACE (city or town) *Balto. Md.* (State or country) *Alfred*13. NAME *Louis Newton* 14. BIRTHPLACE (city or town) *Balto. Md.* (State or country)15. MAIDEN NAME *Sarah Moore*16. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*17. INFORMANT *Mrs. Beulah E. Craspe* Near-*2311 Wetheredsville Rd.* (Address)18. BURIAL, CREMATION OR REMOVAL Place *Woodlawn Cemetery* Date *June 25, 1934*19. UNDERTAKER *Joseph H. Cook* (Address) *1003 West Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/22*, 19*34*22. I HEREBY CERTIFY. That I attended deceased from *6/20*, 19*34* to *6/22*, 19*34*I last saw him alive on *6/22*, 19*34* Death is said to have occurred on the date stated above, at *9:15 a.m.*The principal cause of death and related causes of importance were as follows: *Cerebral hemorrhage* Date of onset *6/19/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert A. Reite* M. D.(Address) *Balto. City Hosp.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 231834

Registrar

F 02520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02520

CERTIFICATE OF DEATH

X 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hospital 4-01* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *Point of Rocks, Frederick City Md* St. *Frederick City* Ward *Frederick City*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
----------------	---------------------------	--

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Bessie Brady Harris
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6. DATE OF BIRTH (month, day, year) June 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer
---	--------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Retired
--	---------

10. Date deceased last worked at this occupation (month and year)	8 years ago	11. Total time (years) spent in this occupation	
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12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John R. Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Barnhouse

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. M. R. Etchison & Son
(Address) 214 N. Market St., Frederick, Md18. BURIAL, CREMATION OR REMOVAL
Jefferson Reformed Cemetery
Place Jefferson, Md. Date June 25, 193419. UNDERTAKER
(Address) 1003 W. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934, to June 22, 1934

I last saw him alive on June 22, 1934 Death is said to have occurred on the date stated above, at 11:45 P. M.

The principal cause of death and related causes of importance were as follows:

Suppurative cellulitis
Renal insufficiency
Cardiovascular failure
Ventricular ectopic

Date of onset

June 20

June 22

June 22

June 22

June 22

Other contributory causes of importance:

Uremic coma

Name of operation Suprapubic cystostomy Date of 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

H C Hall

University Hospital

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 23 1934

Frederick City, Md
MD

02521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02521

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Myrick

(a) Residence: No.

1431 Orleans

St.,

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race black 5. Single, Married, Widowed, or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 18997. AGE Years Months Days If LESS than 1 day, hrs. or min. 358. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Emporia (State or country) Va13. NAME Joseph Myrick14. BIRTHPLACE (city or town) Va (State or country)15. MAIDEN NAME Josephine ??16. BIRTHPLACE (city or town) Va (State or country)17. INFORMANT Jennie Holland (Address) 709 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place astbury cem. Date 6-23 193419. UNDERTAKER B. H. Knight (Address) 128 McCalder St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16/34 19

22. I HEREBY CERTIFY. That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

Shock- burns over head-chest arms-trunk and thighs 6.16/34

Date of onset

Other contributory causes of importance: Insane

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide suicide Date of injury 19Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place kitchen of homeManner of injury Set fire to clothing probably with a match

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

02522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 Arch ST., 4-01 WARD)

2-FULL NAME

Mary Peterson

(a) RESIDENCE NO.

239 ArchST., 4-01 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, Divorced, (write the word) Married
6a If married, widowed, or divorced HUSBAND of Edward Peterson (or) Widowed6 DATE OF BIRTH (month, day, and year) — 18927 AGE Years 42 Months 9 Days 9 If LESS than 1 day, — hrs. or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia10 NAME OF FATHER Charles Ellis11 BIRTHPLACE OF FATHER (city or town) (State or country) Va12 MAIDEN NAME OF MOTHER Harriett Carter13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va14 Informant (Address) Edward Peterson
829 Bay St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 193417 I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to June 16, 1934that I last saw her alive on June 12, 1934and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH* was as follows:

Utteral Aneurysm(Regurgitation)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. J. Hackett19 (Address) 829 Bay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

St. John Cemetery
6/23/1934
Elmer Wilson 1000 Brattle Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See Instructions on back of certificate.

JUN 23 1934

02523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Doris Masek

(a) Residence: No. 4238 NicholasSt., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31/19217. AGE Years 12 Months 10 Days 22 If LESS than 1 day. hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)13. NAME George Masek14. BIRTHPLACE (city or town) Chicago, Ill (State or country)15. MAIDEN NAME Tillie Kound16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)17. INFORMANT Mother 4238 Nicholas Ave (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Battony Cr Date June 25, 193419. UNDERTAKER John Ullrich

20. TIME

JUN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22/34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia & PyemiaDate of onset 2 das

Other contributory causes of importance:

Carbuncle (Upper Lumbar Region)5 day

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

508 E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02524

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 St Paul St., 12 Ward)Length of residence in city or town where death occurred 93 yrs. 5 mos. 8 da. How long in U. S. If of foreign birth 93 yrs. 5 mos. 8 da.

2. FULL NAME

(a) Residence: No. 2122 St Paul St., 12 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>John F. Hancock</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <u>January-13-1841</u>		
7. AGE <u>93</u> Years <u>5</u> Months <u>8</u> Days	If LESS than 1 day, ____ hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
	10. Date deceased last worked at this occupation (month and year) <u>none</u>
	11. Total time (years) spent in this occupation <u>some</u>

12. BIRTHPLACE (city or town) (State or country)
Baltimore
Maryland13. NAME
Capit James Elickberger14. BIRTHPLACE (city or town) (State or country)
Baltimore
Md.15. MAIDEN NAME
Frances A. Despreaux16. BIRTHPLACE (city or town) (State or country)
Baltimore
Md.17. INFORMANT
James E. Hancock - (son)
(Address) 2122 St Paul St18. BURIAL, CREMATION, OR REMOVAL
Place Buried Date June 30 193419. UNDERTAKER
Heurich & Son Co.
(Address) 108 W. North Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193422. I HEREBY CERTIFY. That I attended deceased from June 29 to June 21, 1934I last saw her alive on June 21, 1934 Death is said to have occurred on the date stated above, at 9:05 PM.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema

Date of onset

June 21

Other contributory causes of importance:

Chr. Myocarditis
general arteriosclerosislong durationName of operation none Date of —What test confirmed diagnosis? physical diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place —Manner of injury noneNature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) Nathaniel M Beck M. D.(Address) 100 E. 23rd St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

Registrar

02525 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02525

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *4126 Falls Road* St. *13-01* Ward)Length of residence in city or town where death occurred *35* yrs. *6* mos. *0* ds. How long in U. S. If of foreign birth? *77* yrs. *6* mos. *10* ds.

2. FULL NAME

(a) Residence: No. *4126 Falls Road* St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*
6a. If married, widowed, or divorced HUSBAND of *George Lewis Sherwood* (or) WIFE of _____6. DATE OF BIRTH (month, day, year) *Dec 11/1856*
7. AGE Years *77* Months *6* Days *10* If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*12. BIRTHPLACE (city or town) *Prince Williams* (State or country) *Virginia*FATHER 13. NAME *Peter Love*14. BIRTHPLACE (city or town) *Prince Williams* (State or country) *Virginia*MOTHER 15. MAIDEN NAME *Olivia Carney*16. BIRTHPLACE (city or town) *Prince Williams* (State or country) *Virginia*17. INFORMANT *Mrs. W. W. Walden (sister)* (Address) *4126 Falls Rd.*18. BURIAL, CREMATION, OR REMOVAL Place *Forest Ridge* Date *Jan 23/34*19. UNDERTAKER *Shelton Mort Co.* (Address) *2812 N. Ave*20. *Frederick Williams* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 21*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *June 22*, 19*34* to *June 21*, 19*34*
last saw him alive on *June 21*, 19*34*. Death is said to have occurred on the date stated above, at *7* m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Myocarditis

Date of onset

3 years

Other contributory causes of importance:

*Broncho-pneumonia**11 days*Name of operation *Cremel* Date of *✓*What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *J. Frederick Leitch* M. D.(Address) *Temple Garden Bldg*

Every statement of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 23 1934

F 02526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02526

CERTIFICATE OF DEATH.

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 3407 Virginia Ave ST., 27-01 WARD)

2. FULL NAME

(a) RESIDENCE NO. 3407 Virginia Ave ST., 27-01 WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. — mos. — ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 Single, Married, Widowed, or Divorced, (write the word)

Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

June 12, 1934

7 AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

NoNo10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

10 NAME OF FATHER

George J. B. Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Baltimore Maryland

12 MAIDEN NAME OF MOTHER

Catherine A. Feeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Baltimore Maryland

14

Informant (Address)

George J. B. Pugh 3407 Virginia Ave

Filed

23 1934Huntington Williams

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

June 22, 1934

17

I HEREBY CERTIFY, That I attended deceased from

June 12, 1934, to June 22, 1934,that I last saw him alive on June 22, 1934,and that death occurred, on the date stated above, at 11:00 p. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

CONTRIBUTORY (Secondary)

(duration) No yrs. No mos. 10 ds.(duration) No yrs. No mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? NoWhat test confirmed diagnosis? Physical Examination(Signed) Skendig Wallow, M. D.19 (Address) 2839 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Cathedral Cem.

DATE OF BURIAL

6/22 1934

20 UNDERTAKER

Dr. Vernon L. Linn

ADDRESS

704 Ph. 1275

ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificates.

F 02527 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Church Home or Infirmary) 27-01 WARD)

2-FULL NAME James Mathison

(a) RESIDENCE No. 2807 White Ave. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in City or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)

male white Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1883

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

50

10

28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

10 NAME OF FATHER

George Mathison

11 BIRTHPLACE OF FATHER (city or town)

(State or country)

Norway

12 MAIDEN NAME OF MOTHER

Margaret Reinhardt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Norway

14 Informant (Address)

Self

15 2-1934

Huntington Williams Registrar

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

27-01

WARD)

WARD

How long in U. S., if of foreign birth?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1934

17

I HEREBY CERTIFY, That I attended deceased from February 1, 1934, to June 21, 1934 that I last saw him alive on June 21, 1934 and that death occurred, on the date stated above, at 6:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder with metastasis

(duration) yrs. 6 mos. 00 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. 00 mos. 2 ds.

18 Where was disease contracted If not at place of death?

at home

Did an operation precede death? yes Date of

March 1934

Was there an autopsy? no

What test confirmed diagnosis?

(Signed)

David H. Adair M. D.

19

(Address)

Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL

Balto. Cemetery

DATE OF BURIAL

June 26, 1934

20 UNDERTAKER

John A. Mann

ADDRESS

3000 E. Balto. St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 02528

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Hampnett St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4512 Hampnett St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. Color or Race White	5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of Clara V. Branch (or) WIFE of		
6. DATE OF BIRTH (month, day, year) July 16 1861		
7. AGE Years 72	Months 11	Days 6

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
FATHER	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Richmond Va.
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FATHER	13. NAME Victor M. R. Branch
	14. BIRTHPLACE (city or town) (State or country)

MOTHER	15. MAIDEN NAME Julia Buckley
	16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)	Mrs. Clara V. Branch 4512 Hampnett Ave. Balt.
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18. BURIAL, CREMATION, OR REMOVAL Place	Ashbury M. E.	Date	June 24, 1934
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19. UNDERTAKER (Address)	J. F. E. Limb & Sons Baltimore, Md.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)	June 22, 1934
22. I HEREBY CERTIFY, that I attended deceased from	May 20, 1934, to June 22, 1934
I last saw him alive on	June 21, 1934
to have occurred on the date stated above, at	1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Uremia
Chronic Schistosomiasis

Date of onset

about
May
1934

Name of operation

What test confirmed diagnosis

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. O'Leary M. D.

(Address) 705 West 10th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

F 02529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4223 Greenmount St. 7-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 4223 Greenmount St. 7-21 Ward. Morland H. 2A
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 7

6. DATE OF BIRTH (month, day, year)

7. AGE Years 29 Months 0 Days 0 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 193422. I HEREBY CERTIFY, That I attended deceased from April 26, 1934 to June 22, 1934I last saw her alive on June 22, 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Asthma
Chr. Myocarditis

Date of onset

14 mo
8 mo.

Other contributory causes of importance:

Chr. Sinusitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) Sheldon Rossland M. D.
(Address) Med. Art Bldg. BaltimoreMD.

JUN 23 1934

A. E. F. Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *University Hosp.* St. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3418 Park Heights Ave.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color of face *White* 5. Single, Married, Widowed, or Divorced (write the word) *Widowed*5a. If married, widowed, or divorced *HUSBAND of Frances Mayer* (or) WIFE of6. DATE OF BIRTH (month, day, year) *Dec 3/1857*7. AGE Years *76* Months *6* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Abraham Mayer*14. BIRTHPLACE (city or town) (State or country) *Germany*15. MAIDEN NAME *Helene Kasserer*16. BIRTHPLACE (city or town) (State or country) *Germany*17. INFORMANT *Mrs. Joseph Colby*18. ADDRESS (city or town) (State or country) *3418 Park Heights Ave*19. UNDERTAKER (Address) *J. A. H. Co. 3432 Kensington Rd*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/22/34*, 1922. I HEREBY CERTIFY, That I attended deceased from *5/21/34* 19 to *6/22/34* 19I first saw him alive on *6/22/34* 19 Death is said to have occurred on the date stated above, at *8:15* P.m.

The principal cause of death and related causes of importance were as follows:

*Benign prostatic hypertrophy
acute urinary retention
uremia*

Date of onset

Other contributory causes of importance:

*acute cholecystitis*Name of operation: *Supra pubic cystostomy* Date of *6/11/34*What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Howard Stackhouse Jr.* M. D.(Address) *University Hospital*

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 23 1934

Registrar.

02531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 James St. Ward 25-01)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2523 James St. Ward 25-01
(Usual place of abode) (If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (Write the word) Married5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of6. DATE OF BIRTH (month, day, year) Unknown7. AGE Years 45 Months 2 Days 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) (State or country) Unknown17. INFORMANT Anna Mulligan(Address) 3rd & E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Oliver Date 6/25 193419. UNDERTAKER Edw. L. Landon(Address) West Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 193422. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Resection Date of June 21-34What test confirmed diagnosis? SpecimenWas there an autopsy? Yes23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury June 21, 1934Where did injury occur? 2523 James St. Baltimore, Md. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place HomeManner of injury IntoxicationNature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph A. Valentin

Coroner

Address

Exact statement state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

R 25 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02532

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Harlem 616-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1625 Harlem 616-01 Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race C 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Samuel Tyler

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Willie Jenkins (Address) 1625 Harlem 616-01

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn

Date June 23, 1934

19. UNDERTAKER Joseph A. Lively (Address) 409 N. Mount Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/34

22. I HEREBY CERTIFY. That I attended deceased from April 17, 1934, to June 23, 1934

I last saw him alive on June 20, 1934. Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

July 19, 1932

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

02533

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE

Length of residence in city or town where death occurred

2. FULL NAME

(a) Residence: No

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. Color or Race

W

5. Single, Married, Widowed,
or Divorced (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE

9

Years

Months

Days

If LESS than
1 day.....hrs.
or.....min.11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER

20. DATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY. That I attended deceased from

23. If death was due to external causes (violence) fill in also the fol-

24. Was disease or injury

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02534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02534

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Ban Securus Hospital*)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *5* yrs. *1* mo. *12* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *2513 - Maryland Ave*

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar 4/1891*

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

*43**3**18*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) *2513 Maryland Ave.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hanquatictown* Date *June 26* 19 *34*

19. UNDERTAKER

(Address) *4204 Ridgewood Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/22* 19 *34*22. HEREBY CERTIFY, That I attended deceased from *6/14* 19 *34* to *6/22* 19 *34*I last saw him alive on *6/22* 19 *34* Death is said to have occurred on the date stated above, at *8 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Appendicitis
Generalized Peritonitis

Other contributory causes of importance:

*Paralytic Ileus*Name of operation *Appendectomy* Date of *6/17/34*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Alfred A. C. ...* M. D.(Address) *Ban Securus Hospital*

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

N 23 1934

Registrar.

F 02535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Garrison Boul. St. 15-01 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Covey Bryan

(a) Residence: No. 4405 Garrison Boul.,
(Usual place of abode)St. Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6. ~~XXXXXXXX~~ widowed, or divorced

(or) WIFE of Joseph P. Bryan

6. DATE OF BIRTH (month, day, year) Dec 19th 1869

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
69 64 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Talbot Co., Md.
(State or country)

13. NAME John H. Covey

14. BIRTHPLACE (city or town) Talbot Co., Md.
(State or country)

15. MAIDEN NAME Mary Seth

16. BIRTHPLACE (city or town) Talbot Co., Md.
(State or country)17. INFORMANT Mrs LeRoy Gritzan
(Address) 4405 Garrison Boul.

18. BURIAL, CREMATION, OR REMOVAL

Place St Michels, Md. Date June 25 1934

19. UNDERTAKER
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That attended deceased from

May 30, 1934 to June 22, 1934

I last saw him alive on June 22, 1934 at 7:30 p.m. Death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast.

Date of onset

1932

Other contributory causes of importance:

Mitral Insufficiency

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed)

(Address)

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

02536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02536

CERTIFICATE OF DEATH

✓ 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *16-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *7* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *7* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *639* St. *Schroder*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. Color or Race <i>Negro</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		

6. DATE OF BIRTH (month, day, year) *1901*

7. AGE	Years	Months	Days	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
	<i>33</i>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Housework</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>070</i>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation.	

12. BIRTHPLACE (city or town) (State or country) *North Carolina*

FATHER	13. NAME	<i>No Record</i>
	14. BIRTHPLACE (city or town) (State or country)	<i>No Record</i>

MOTHER	15. MAIDEN NAME	<i>No Record</i>
	16. BIRTHPLACE (city or town) (State or country)	<i>No Record</i>

17. INFORMANT *Laurie Fitts*
(Address) *110 N. Fremont Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Littleton, N.C.* Date *June 23, 1934*19. UNDERTAKER *Mrs. Katie R. Williams*
(Address) *322 N. Schroder St.*

JUN 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-22-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *6-16-34*, 19, to *6-22-34*, 19.I last saw her alive on *6-22-34*, 19. Death is said to have occurred on the date stated above, at *8:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Acute Hemorrhagic Nephritis, Confirmed

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

William H. R. Williams
President Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

02537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto city*)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *309 N. York St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Single</i>
6. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, year) <i>8/21/75</i>		
7. AGE <i>58</i>	Years <i>10</i>	Months <i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) (State or country) *Balto md.*13. NAME *George Bush*14. BIRTHPLACE (city or town) (State or country) *Balto*15. MAIDEN NAME *Hattie Ferguson*16. BIRTHPLACE (city or town) (State or country) *Balto md.*17. INFORMANT *Brother*18. BURIAL, CREMATION, OR REMOVAL
Place *Parkwood* Date *6/28/34*19. UNDERTAKER *Phil's Herwig*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/22* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *11/24* 19*33*, to *6/22* 19*34*

I last saw him alive on *6/22* 19*34* Death is said to have occurred on the date stated above, at *8:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic pneumonia

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed)

(Address)

M. D.

Ed. Brown

Balto city

Information should be carefully supplied so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

JUN 23 1934

02538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Bon Secours Hosp 7-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *Life* mos. da. How long in U. S. if of foreign birth? yrs. mos. da.2. FULL NAME *Baby Eugene Francis Huber* (Eugene Francis Huber)(a) Residence: No. *4607 - Keswick Rd**Keswick*

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *6/19/34*7. AGE Years Months Days *4* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore* (State or country) *Maryland*13. NAME *Joseph Francis Huber*14. BIRTHPLACE (city or town) *Frostburg* (State or country) *Maryland*15. MAIDEN NAME *Margaret Evangeline Weeres*16. BIRTHPLACE (city or town) *Cumberland* (State or country) *Maryland*17. INFORMANT *Mr. Joseph F. Huber* (Address) *4607 Keswick Road*

18. BURIAL, CREMATION, OR REMOVAL

*St. Michael's Cemetery*Place *Frostburg, Md.*Date *June 23**1934*19. UNDERTAKER *John B. Cook*(Address) *1003 N. Baltimore**Henrietta Williams, M.D.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/23* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from

6/19 19*34* to *6/23* 19*34*I last saw him alive on *6/23* 19*34*. Death is said to have occurred on the date stated above, at *2* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intracranial Hemorrhage

Other contributory causes of importance:

*Contracted P. Pelvis (maternal) and Forceps Extraction*Name of operation *Mid Forceps Delivery* Date of *6/19/34*What test confirmed diagnosis? Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Aloha K. L. mother* M. D.(Address) *Bon Secours Hosp.*

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 23 1934

M. D. B. F 02539

F 02539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Great Falls, Md.

St.

25-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas Mattingly

(a) Residence: No.

Great Falls, Md.

St.

Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. Color or Race

white

5. Single, Married, Widowed, or Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

1892

7. AGE

42

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md.

FATHER

13. NAME

Jos. W. Mattingly

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Mary Jarboe

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

(Address)

W. C. Mattingly
Lebanon, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Mary's

Date

6/25

1934

19. UNDERTAKER

(Address)

Wm. C. Mattingly
Lebanon, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 7, 1934 to June 23, 1934

I last saw him alive on June 23, 1934 Death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Mesenteric Thrombosis
Hemiplegia

Date of onset

Other contributory causes of importance:

over

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Carmel L. Shonafue M. D.

(Address)

JUN 24 1934

Information should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 02540

F 02540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Keswick Road

St. 13-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nannie J. Wingo

(a) Residence: No. 4005 Keswick Road

(Usual place of abode)

St.

Ward. Petersburg 8

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Charles S. Wingo
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 28, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	26	25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Petersburg, Virginia
(State or country)

13. NAME Andrew R. Johnson

14. BIRTHPLACE (city or town) Boston, Mass.
(State or country)

15. MAIDEN NAME Lucy Ann Ford

16. BIRTHPLACE (city or town) Petersburg, Virginia
(State or country)17. INFORMANT Mrs. Eva B. Harrison
(Address) 2949 Upton St. N. W. Wash, D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg, Va. Date June 23, 1934

19. UNDERTAKER Wm. J. Tichenor & Son
(Address) North & Calver

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY That I attended deceased from June 4th 1934 to June 23rd 1934
I last saw h. ev alive on June 23rd 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Chro. Arthritis

Date of onset

1930

Chro. Cardiac Hypertrophy ?
Acute Cardiac Dilatation 6-22-34

Other contributory causes of importance:

Name of operation

None

Date of

20

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George E. Cross

M. D.

(Address)

25 W 2nd St

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

JUN 24 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Franklin Square Apt 46-01* Ward)Length of residence in city or town where death occurred *20* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME

Emma L Carberry

(a) Residence: No.

2033 Mrs Lannale

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

(or) WIFE of

Martin J Carberry

6. DATE OF BIRTH (month, day, year)

Aug. 5-1896

7. AGE

37

Years

10

Months

18

Days

If LESS than 1 day, *0* hrs. *0* min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Self

10. Date deceased last worked at this occupation (month and year)

June 27-1934

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (city or town) (State or country)

Fremont N.J.

FATHER

13. NAME

Harry Litter

14. BIRTHPLACE (city or town) (State or country)

New Jersey

15. MAIDEN NAME

Christina Cummings

16. BIRTHPLACE (city or town) (State or country)

New Jersey

17. INFORMANT

Martin J Carberry

(Address)

2033 Mrs Lannale

18. BURIAL, CREMATION, OR REMOVAL

Place

*Cathedral*Date *June 26-1934*

19. UNDERTAKER

(Address)

*William Cook**1217 St Paul Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 *19* to 19 *19*

I last saw him alive on

to have occurred on the date stated above, at *6 A.M.*

The principal cause of death and related causes of importance were as follows:

Uterine Hemorrhage June 23-34

Other contributory causes of importance:

Abortion (Self) inflicted June 21-34 June 23-34

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19 *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) *John L. Volkmann* M. D.(Address) *1650 North*

JUN 24 1934

At *Fremont, N.J.*

M. D. 1264-4

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02542

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5263 Nelson St., 131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mo. da. How long in U. S. If of foreign birth? yrs. mo. da.

2. FULL NAME

(a) Residence: No. 5263 Nelson Ave. St. Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of Edward L. Griffin

6. DATE OF BIRTH (month, day, year) July 16-1892.

7. AGE: Years 41 Months 10 Days 27th If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

13. NAME Robert S. Le Compte

14. BIRTHPLACE (city or town) (State or country) Dorchester Co.

15. MAIDEN NAME Elizabeth Wall

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Julian R. Le Compte

(Address) 3312 Parkington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 25th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUN 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to June 22, 1934

I last saw him live on June 22, 1934 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. Myocarditis 1933

Other contributory causes of importance:

Chr. Interstitial nephritis 1933

Name of operation None Date of -

What test confirmed diagnosis Physical Examination no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, specify

(Signed) Sam Brown M. D.

(Address) 1663 W. York Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 02543

F 02543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in years when death occurred: 26 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

2843 Greenmount St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

David A. Coggins

6. DATE OF BIRTH (month, day, year)

DEC 21. 1857

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

76

6

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore Md

FATHER

13. NAME

George A. Dofft

14. BIRTHPLACE (city or town) (State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Mary E. Booth

16. BIRTHPLACE (city or town) (State or country)

Baltimore Md

17. INFORMANT

Sarah J. Bouckert

(Address)

206 East Broad St

18. BURIAL, CREMATION, OR REMOVAL

Place

Parkwood June 25. 1934

19. UNDERTAKER

William Leach

(Address)

1217 S. Paul Street

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1934

I HEREBY CERTIFY, That I attended deceased from

May 11th 1934 to June 22nd 1934

I last saw him alive on June 22nd 1934 Death is said

to have occurred on the date stated above, at 5:52 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

June 1934

Other contributory causes of importance

Atherosclerosis

Name of operation

Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

George F. G. M. D.

(Address)

4016 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

JUN 24 1934

M. D. F 02544

F 02544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6226 Belair Rd 27-01 Ward)

Length of residence in town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. 6226 Belair Rd St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced Widowed

6a. If married, widowed, or divorced HUSBAND of Amelia A Heen (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15 1858

7. AGE Years 75 Months 6 Days 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheppard Store Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) moment in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Joseph A Heen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helen Kirshner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Helen Franz

(Address) 6226 Belair Road

18. BURIAL, CREMATION, OR REMOVAL London Park June 25, 1934

19. UNDERTAKER William Cook

(Address) 1217 5th Ave Street

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to June 22, 1934

I last saw him alive on June 23, 1934. Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchitis Pneumonia

Other contributory causes of importance:

C. Alcoholism C. Nephritis

Date of

Name of operation

Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

(Address)

S. L. G. 9 7th St 6801 Belair Rd

M. D.

1934

Registrar.

M. D. B. 120-9

F 02545

F 02545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *11-61* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *53* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(2) Residence: No. *249 E. Preston* St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *widowed*5a. If married, widowed, or divorced, name of ~~husband~~ *Walter Auld*6. DATE OF BIRTH (month, day, year) *June 4th 1873*7. AGE Years *61* Months *0* Days *19* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *yardman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Stork Lumber Co*10. Date deceased last worked at this occupation (month and year) *1920* 11. Total time (years) spent in this occupation *14*12. BIRTHPLACE (city or town) (State or country) *Virginia*13. NAME *Harry Auld*14. BIRTHPLACE (city or town) (State or country) *Virginia*15. MAIDEN NAME *Sarah Coleman*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Hosp. Records* (Address)18. BURIAL, CREMATION, OR REMOVAL Place *Balto* Date *June 25th 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 23, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 18, 1934* to *June 23, 1934*I last saw him alive on *June 23, 1934*. Death is said to have occurred on the date stated above, at *10* A.m.

The principal cause of death and related causes of importance were as follows:

Polar Pneumonia

Date of onset

12 days

Other contributory causes of importance:

Name of operation *clinical* Date of *10*What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

UN 24 1934

F 02546

F 02546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *118* *Smithwood Ave*, *Catonsville* St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *single*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Oct 19, 1876*7. AGE Years *57* Months *8* Days *45* If LESS than 1 day, hrs. or 30 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Handy Man* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *040* 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Maryland*13. NAME *Cadell*14. BIRTHPLACE (city or town) (State or country) *Md*15. MAIDEN NAME *Annie Ford*16. BIRTHPLACE (city or town) (State or country) *Md.*17. INFORMANT *Hospital Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Salem Cemetery* Date *June 27, 1934*19. UNDERTAKER *Wesley Schwaib* (Address) *2101 Redwood Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 23, 1934* to *June 24, 1934*I last saw him alive on *June 24, 1934* Death is said to have occurred on the date stated above, at *12³⁰ A. M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis *4/8 hrs*

Other contributory causes of importance:

Generalized Atherosclerosis *?*Name of operation *clinical signs* Date ofWhat test confirmed diagnosis? *Was there an autopsy?* *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. H. Burns M. D.
Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 24 1934

M. D. 1934 F 02547

1 copy of death O'Banion

F 02547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Ashland Ave. 92-001) Ward

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sara O'Banion

(a) Residence: No. 1310 Ashland Ave.,

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. Color or Race *col* 5. Single, Married, Widowed, or Divorced (write the word) *Widow*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *1871*7. AGE Years *63* Months *✓* Days *✓* If LESS than 1 day, *✓* hr. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House keeper*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *010*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *GA*13. NAME *Robert Miller*14. BIRTHPLACE (city or town) (State or country) *GA*15. MAIDEN NAME *Harriett Duggs*16. BIRTHPLACE (city or town) (State or country) *GA*17. INFORMANT *Dina Jones* (Address) *1310 Ashland Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Calvary Ch.* Date *Jan 26 1934*19. UNDERTAKER *Peter J. Williams* (Address) *1515 McEldry St*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 20 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 20 1934* to *June 22 1934*I last saw her alive on *June 22 1934* Death is saidto have occurred on the date stated above, at *3:25 AM*

The principal cause of death and related causes of importance were as follows:

valvular heart disease

Date of onset

July

Other contributory causes of importance:

*acute dilation and of heart**1 day*Name of operation *✓*

Date of

What test confirmed diagnosis? *✓* Was there an autopsy? *✓*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury *✓*Nature of injury *✓*

24. Was disease or injury in any way related to occupation of deceased?

If not specify *✓*(Signed) *Edward J. Fisher*(Address) *1612 E. Monument*

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 24 1934

F 02548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02548

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Durham St. Ward 2-01)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? 1 yrs. 5 mos. 15 ds.

2. FULL NAME

Mary Somerville(a) Residence: No. 217 S. Durham St., 2-01 Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) March 15 19077. AGE Years 25 Months 3 Days 7 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) St. Mary's (State or country) Ind.13. NAME George Somerville14. BIRTHPLACE (city or town) St. Mary's (State or country) Ind.15. MAIDEN NAME Alice Jones16. BIRTHPLACE (city or town) St. Mary's (State or country) Ind.17. INFORMANT Alice Summerville (Address) 217 S. Durham St.18. BURIAL OR REMOVAL Robert E. O'Neil (Address) 1515 McElroy St.19. UNDERTAKER Robert E. O'Neil (Address) 1515 McElroy St.

20. IT IS CERTIFIED THAT _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:44 m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis

Date of onset _____

Other contributory causes of importance:

Inflammation of Ovaries & Tubes

Name of operation _____ Date of _____

What test confirmed diagnosis? Clia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) P. H. Hammond M. D.(Address) 1305 N. Patterson St. Coroner

M. D. R. 02549

F 02549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH *Sinai Hospital*CITY OF BALTIMORE: (No. *15-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* da. How long in U. S. If of foreign birth? *4* yrs. *0* mos. *0* da.2. FULL NAME *Selma Roseman*(a) Residence: No. *2809 Sante Fe Ave St.*

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Single*5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, year) *July 23, 1931*7. AGE *2 1/2* Years *7* Months *1* Days If LESS than 1 day, *0* hrs. or *0* min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *000*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Balt Md.*
(State or country)13. NAME *Edward Roseman*14. BIRTHPLACE (city or town) *Balt Md.*
(State or country)15. MAIDEN NAME *Leitade Kramer*16. BIRTHPLACE (city or town) *Balt Md.*
(State or country)17. INFORMANT *Hospital Records*
(Address)18. BURIAL, CREMATION, OR REMOVAL *Bellevue Cemetery* Date *6/24/34*19. UNDERTAKER *John Lewis*
(Address) *1439 E. Baltimore St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *June 19, 1934* to *June 24, 1934*I last saw h. *EX* alive on *June 24, 1934* Death is said to have occurred on the date stated above, at *3:30* m.

The principal cause of death and related causes of importance were as follows:

Perit. antis. & resultant Toxemia and Exhaustion

Date of onset

6-19-34

Other contributory causes of importance:

*Acute Appendicitis**6-18-34*Name of operation *Appendectomy* Date of *6-19-34*What test confirmed diagnosis *Clinical* Was there an autopsy *No*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Mark E. Gann*

M. D.

(Address) *Sinai Hospital*UN 24 1934 *Huntington Williams*

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02550

F 02550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *2700 Auchentoolly Terr* *13-01* Ward)Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U. S. If of foreign birth? *28* yrs. *0* mos. *0* ds.

2. FULL NAME

(a) Residence: No. *2700 Auchentoolly Terr* St., *13-01* Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. *F* 4. Color or Race *W* 5. Single, Married, Widowed, or Divorced *Married*5a. If married, widowed, or divorced
HUSBAND of *Jacob*
(or) WIFE of6. DATE OF BIRTH (month, day, year) *1880*7. AGE Years *54* Months Days If LESS than
I day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *037*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) *Bengal*13. NAME *Sigmund Schiller*14. BIRTHPLACE (city or town) (State or country) *Austria*15. MAIDEN NAME *Rosa*16. BIRTHPLACE (city or town) (State or country) *Austria*17. INFORMANT *Jacob Brownstein*
(Address) *2700 Auchentoolly*

18. BURIAL, CREMATION, OR REMOVAL

Place *Beth Shalom* Date *6/24/34* 1919. UNDERTAKER *Joseph Kohn*
(Address) *1843 8th St. N.E.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/23*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from
12/23, 19*33*, to *6/23*, 19*34*I last saw her alive on *6/23*, 19*34*. Death is said to have occurred on the date stated above, at *3:30* p. m.

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis*Date of onset
12/23/33

Other contributory causes of importance:

*Diabetes**1929*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. J. J. J.* M. D.(Address) *2220 E. Main St. R1*

Information should be carefully supplied. State should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

UN 241334

M. D. P. 02551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Loyola Southway 15-91 Ward)

Length of residence in city or town where death occurred: 4 yrs. mos. ds. How long in U. S. If of foreign birth: 12 yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 2635 Loyola Southway St. Ward. (Usual place of abode) (If non-resident give city or town and State)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years 70 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lach

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Bel Date 6/24/34 19

19. UNDERTAKER

(Address) 1439 E. Baltimore St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/34 19

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934, to June 29, 1934

I last saw him alive on June 29, 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Chronic

Other contributory causes of importance:

General Arteriosclerosis Chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify (Signed) William H. Purman M. D.

(Address) 2310 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1934

02552

02552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Childrens Hospital* *15-01*)Registered No. *210-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME *Aaron Caplan*(a) Residence: No. *2813* *Waldorf Ave.* St., Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Nov. 4, 1926*7. AGE Years *7* Months *7* Days *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md*13. NAME *Frank Caplan*14. BIRTHPLACE (city or town) (State or country) *Poland*15. MAIDEN NAME *Mary Donoff*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *Frank Caplan*(Address) *2813 Waldorf Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *Hebrew Cemetery*Date *6/24/34*19. UNDERTAKER *Jack Lewis Inc.*(Address) *1439 E. Baltimore*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *injury* 19 to 19I last saw h. alive on *injury* 19 Death is said to have occurred on the date stated above, at *injury* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Crushed abdomen
Int. injuries*

Other contributory causes of importance:

*Automobile Accident*Name of operation *none* Date of *✓*What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide *accident* Date of injury *6/22, 1934*Where did injury occur? *Alley in rear 2813 Waldorf Ave*Specify whether injury occurred in industry, in home, or in public place *Street Accident*Manner of injury *Run over by a truck*Nature of injury *while playing in alley*

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify(Signed) *Joseph Polansky*(Address) *2200 E. M. Johnson St*

Coroner

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 02553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 02553

V+122-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No *Church Lane 9 Bldg* ST *6-01* WARD)2. FULL NAME *Edith May Courn*(a) RESIDENCE NO. *118 West Fourth St Frederick Md* (Usual place of abode)Length of residence in city or town where death occurred *Wounded* 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced, (write the word) *Married*6a If married, widowed, or divorced
HUSBAND of *Harvey K. Courn*
(or) WIFE of6 DATE OF BIRTH (month, day, and year) *Aug. 27-1891*7 AGE Years *42* Months *9* Days *28* If LESS than 1 day, hrs. *25* or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Laundress*

(b) General nature of industry, business, or establishment in which employed (as employer)

(c) Name of employer *Self*9 BIRTHPLACE (city or town) *Frederick Co. Frederick Md.* (State or country)10 NAME OF FATHER *Morris Mathers*11 BIRTHPLACE OF FATHER (city or town) *Frederick Md.* (State or country)12 MAIDEN NAME OF MOTHER *Florence Seal*13 BIRTHPLACE OF MOTHER (city or town) *Frederick Co Md.* (State or country)14 Informant *Florence Seal* (Address) *118 W. Fourth St Frederick Md.*15 Filed *June 24 1934* Registrar *Wm. J. H. H. H.*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *6-24-34*

17

I HEREBY CERTIFY, That I attended deceased from *6-13-* 19 *34*, to *6-24-* 19 *34* that I last saw her alive on *6-24-* 19 *34* and that death occurred, on the date stated above, at *7 A.M.*

The CAUSE OF DEATH* was as follows:

Post-operative Phlebotomy Rx
Post-operative Phlebotomy Rx
Post-operative Phlebotomy Rx
(duration) yrs. mos. 3 ds.CONTRIBUTORY *Myocardial Infarction* (Secondary) (duration) *Acute*

18 Where was disease contracted? If not at place of death?

Did an operation precede death? *Yes* Date of: *6-21-34*Was there an autopsy? *No*What test confirmed diagnosis? *Physical Signs*(Signed) *Gerald H. Nelson* M. D.*6-24-34* (Address) *Church Lane 9 Bldg*

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE-MOVAL *Frederick Md*

DATE OF BURIAL

*June 24 1934*20 UNDERTAKER *W. B. Cook*

ADDRESS

1003 Ballard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F 02554

F 02554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

St. *1st* Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *117*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, ~~husband~~ of (or) WIFE of *Jack Sulsby*6. DATE OF BIRTH (month, day, year) *1880*7. AGE Years Months Days If LESS than 1 day hrs. or min. *54*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation *037*12. BIRTHPLACE (city or town) (State or country) *Russia*13. NAME *Jack Levin*14. BIRTHPLACE (city or town) (State or country) *Russia*15. MAIDEN NAME *Unkown*16. BIRTHPLACE (city or town) (State or country) *Russia*17. INFORMANT *City Hospitals Records* (Address)

18. BURIAL, CREMATION, OR REMOVAL

Placed *Bellevue McCarroll* Date *6/24/34* 19.19. UNDERTAKER *Jack Lewis* (Address) *1439 E. Pratt St.*

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 24, 1934*22. I HEREBY CERTIFY, That I attended deceased from *July 27, 1934* to *June 24, 1934*Last saw *her* alive on *June 24, 1934* Death is said to have occurred on the date stated above, at *2:00* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Failure

?

Other contributory causes of importance:

Carcinoma of Pylorus?

Name of operation

Date of

What test confirmed diagnosis?

*Clinical*Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 12089

F 02555

F 02555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mercy Hospital* St. *4-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *54* yrs. — mos. — ds. How long in U. S. If of foreign birth *54* yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No. *Mercy Hospital* St. *4-01* Ward.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *Cuban* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *July 29, 1859*7. AGE Years *74* Months *10* Days *23* If LESS than 1 day, — hra. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Cuba*13. NAME *Charles Smith*14. BIRTHPLACE (city or town) (State or country) *Cuba*15. MAIDEN NAME *Caroline Guenard*16. BIRTHPLACE (city or town) (State or country) *Cuba*17. INFORMANT *Hospital Records*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Agnes, Mt. Vernon 6/25 1934*19. UNDERTAKER *Henry U. Meares and Son*(Address) *201 Calvert St.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 16, 1933* to *June 22, 1934*I last saw her alive on *June 22, 1934*. Death is said to have occurred on the date stated above, at *11:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Sigmoid Colon 2 1/2 yrs.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. Burns* M. D.(Address) *Mercy Hospital*

JUN 24 1934

Registrar

Exact statement of state cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 02556

F 02556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 E. Preston St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME

George W. Collier

(a) Residence: No. 1714 E. Preston St. Ward. X.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
 HUSBAND of Sallie Garfield
 (or) WIFE of

6. DATE OF BIRTH (month, day, year) -----

7. AGE	Years	Months	Days	If LESS than 1 day, -- hrs. or -- min.
	68	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Howard County
 (State or country) Maryland

13. NAME Frank M. Collier

14. BIRTHPLACE (city or town) Maryland
 (State or country)

15. MAIDEN NAME ----- Talbot

16. BIRTHPLACE (city or town) Maryland
 (State or country)

17. INFORMANT Charles A. Collier
 (Address) 1714 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
 Place Mt. Olivet Cem. Date 6/26 1934

19. UNDERTAKER Wm. H. Dears
 (Address) 805 N. Calver St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY. That attended deceased from June 15, 1934, to June 23, 1934

I last saw him alive on June 23, 1934. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Capillary bronchitis
 fully influenza

Date of onset

June 14
 June 9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1010 S. Eldred Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

24 FILED
 24 1934

M. D. B. 13657

F 02557

F 02557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No.

Wilkins + Caton St., 15-01

Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME

Mary G. Renehan

(a) Residence: No.

2915 Poplar Terrace

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Joseph W. Renehan

6. DATE OF BIRTH (month, day, year)

Sept. 15 - 1857

7. AGE

76

Years

Months

9

Days

8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Md.

13. NAME

Dennis Kirby

14. BIRTHPLACE (city or town) (State or country)

Ireland

15. MAIDEN NAME

Anna Travers

16. BIRTHPLACE (city or town) (State or country)

New Jersey

17. INFORMANT

Miss Irene R. Renehan

(Address)

2915 Poplar Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral

Date June 15 - 1934

19. UNDERTAKER

Margaret B. Flynn

(Address)

167 N. Milton St.

20. FILED

JUN 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

May 22, 1934 to June 23, 1934

I last saw her alive on June 23, 1934 Death is said

to have occurred on the date stated above, at 3:50 a. m.

The principal cause of death and related causes of importance were as follows:

Fracture neck of R femur
Cardiac failure
Hypostatic pneumonia

Date of onset

5/29/34

6/22/34

6/23/34

Other contributory causes (if any):

Tooth abscess and
offered for Valentin
June 13/34

Name of occupation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Acc Date of injury 5/22, 1934

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Rt femur

Manner of injury

Nature of injury

Fract R+ femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Carl G. Deibel

M. D.

(Address)

St Agnes

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 02558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02558

CERTIFICATE OF DEATH

1. PLACE OF DEATH

St. Agnes Hospital

CITY OF BALTIMORE: (No. *Wilkins & Caton Streets*)St. *25-01* Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *26* yrs. *8* mos. *29* ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Mrs. Paul Kube(a) Residence: No. *2627 Wilkins Ave*

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the words) *Married*6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *August Kube*6. DATE OF BIRTH (month, day, year) *Sept 24th 1907*7. AGE *26* Years *8* Months *29* Days If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Baltimore Md*13. NAME *Paul Kube*14. BIRTHPLACE (city or town) (State or country) *Baltimore Md*15. MAIDEN NAME *Mrs. Kube*16. BIRTHPLACE (city or town) (State or country) *Baltimore Md*17. INFORMANT *Mrs. August Kube*(Address) *2627 Wilkins Ave*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Agnes Hospital* Date *6/25/34*19. UNDERTAKER *St. Agnes Hospital*(Address) *St. Agnes Hospital*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-22-1934*22. I HEREBY CERTIFY, That I attended deceased from *June 13, 1934, to June 22, 1934.*I last saw her alive on *June 22, 1934.* Death is said to have occurred on the date stated above, at *5:50 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis, (secondary) Cardiac Hypertrophy with C.P.C.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) *Daniel L. Shanahan* M. D.(Address) *St. Agnes Hospital*

JUN 24 1934

Registrar

M. D. F 02559

F 02559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. St.* Ward) *76*Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Olga Yeal.*

6. DATE OF BIRTH (month, day, year)

9/13/1866

7. AGE

67

Years

Months

Days

If LESS than
1 day. hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Phila. Pa.

FATHER

13. NAME

Frederick Yeal.

14. BIRTHPLACE (city or town) (State or country)

Balte. Ind.

MOTHER

15. MAIDEN NAME

Martha Rosney.

16. BIRTHPLACE (city or town) (State or country)

Ireland.

17. INFORMANT

Anna Henderson (daughter)

(Address)

504 E. Lynn St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Western

Date

6/25/34

19. UNDERTAKER

(Address)

*F. B. W. Smith**1328 E. Broadway*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/23*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *4/6*, 19*34*, to *6/23*, 19*34*I last saw him alive on *6/23*, 19*34* Death is said to have occurred on the date stated above, at *3 a. m.*

The principal cause of death and related causes of importance were as follows:

*Myocardial insufficiency
Atherosclerosis
Hypertension*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed)

Robert A. Reiter M. D.
Balto. City Hosp.

(Address)

JUN 24 1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE:

3600 Block Gelston St., 15th Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

Wm Collier

(a) Residence: No.

4300 Park Heights St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

White

5. Single Married, Widowed, Divorced (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

Jan 10 - 1920

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

14

5

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

School

12. BIRTHPLACE (city or town) (State or country)

Baltimore

FATHER

13. NAME

Wm Collier

14. BIRTHPLACE (city or town) (State or country)

St Joseph, Mo

MOTHER

15. MAIDEN NAME

Pearley Gentry

16. BIRTHPLACE (city or town) (State or country)

Baltimore

17. INFORMANT

(Address)

Mrs Berkey Orpho 4300 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Western Ave Date June 26/34

19. UNDERTAKER

(Address)

F. B. Hippeet & Son 1300 Eastern Place

20. FILED

1934

June 26

1934

F. B. Hippeet

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 26, 1934

22. I HEREBY CERTIFY That I attended deceased

I last saw him alive on

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Accidental Drowned.

Other contributory causes of importance:

Name of operation

Date of

23. If death was due to external cause (injury) fill in now the following:

accident, suicide, or homicide

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *20-01* St. *20-01* Ward)Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S. If of foreign birth? *50* yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *Bon Securus Hospital*

Usual place of abode)

St.,

Ward.

(If non-resident give city or town and State)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *Single*

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) *Mar 18 1866*

7. AGE

Years

Months

Days

*73**3**5*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Ireland*13. NAME *John Warf*14. BIRTHPLACE (city or town) (State or country) *Ireland*15. MAIDEN NAME *Maria Murray*16. BIRTHPLACE (city or town) (State or country) *Ireland*17. INFORMANT *Hospital Record*

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Cathedral*Date *6/25-34*19. UNDERTAKER *John A. Parley*(Address) *Indiantown, Maryland*

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-25-34* 1922. I HEREBY CERTIFY, That I attended deceased from *July 15* 19*33* to *June 23* 19*34* I last saw her alive on *June 23* 19*34* Death is said to have occurred on the date stated above, at *11 1/4* a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Lab.* Was there an autopsy? *no*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed) *Robert H. Allison*(Address) *Bon Securus Hosp.*

M. D.

OCCUPATION is very important. See instructions on back of certificate.

F 02562

✓ F 02562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto. City Hosp. St. 13-01* Ward)Length of residence in city or town where death occurred: *45 yrs.* mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3718 Elm Ave.* St., *13* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*6a. If married, widowed or divorced, HUSBAND of (or) WIFE of *Edw. Amos*6. DATE OF BIRTH (month, day, year) *Jan 12, 1841*7. AGE Years *93* Months *5* Days *10* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None* 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) *New Market Pa.* (State or country)13. NAME *James Daugherty* 14. BIRTHPLACE (city or town) *Ind.* (State or country)15. MAIDEN NAME *Priscilla Wilson* 16. BIRTHPLACE (city or town) *Ind.* (State or country)17. INFORMANT *Mrs. Albert C. Smallwood* (Address) *3718 Elm Ave.*18. BURIAL, CREMATION, OR REMOVAL *Balto Co.* Place *Mt Zion Greeland* Date *June 25, 1934*19. UNDERTAKER *Horace F. Burgee* (Address) *3631 Falls Road*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 22, 1934*22. I HEREBY CERTIFY, That I attended deceased from *6/12* 1934 to *6/22* 1934I last saw him alive on *6/22* 1934. Death is said to have occurred on the date stated above, at *300 p. m.*The principal cause of death and related causes of importance were as follows: *Bronchopneumonia* Date of report *6/12/34*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert A. Rente* M. D.(Address) *Balto City Hosp*

JUN 24 1934

F 02563

✓ F 02563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1564 Moreland Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1564 Moreland St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color White 5. Single, Married, Widowed, or Divorced (write the word) Married6a. If married, widowed, or divorced, name of HUSBAND of (or) WIFE of Lucinda Childs6. DATE OF BIRTH (month, day, year) June 24 - 18757. AGE Years 58 Months 11 Days 24 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chick

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.13. NAME John D. Childs14. BIRTHPLACE (city or town) (State or country) Baltimore Md.15. MAIDEN NAME Sophronia Jones16. BIRTHPLACE (city or town) (State or country) Baltimore Md.17. INFORMANT Lucinda Childs(Address) 1564 Moreland

18. BURIAL, CREMATION, OR REMOVAL

Place DRUID RIDGE Date 6/25/34 1919. UNDERTAKER MRS. CHAS. A. G. RHOODE(Address) 2327 N. M. B. RUSSELL AVE

20. JURY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY That I attended deceased from

to

I last saw him alive on June 22, 1934. Death is said

to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation Regulation Date of 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) St. Luke M. D.(Address) Coroner

20. JURY

JUN 24 1934

F 02564

HEALTH DEPARTMENT—CITY OF BALTIMORE

02564

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Mary Hosp.* St., *1-01* Ward)Registered No. *186-001*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *723 S. Glover* St., *1-01* Ward.*Walter F. Zielski or Zeller* (English)

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced HUSBAND of *Becilia* (or) WIFE of6. DATE OF BIRTH (month, day, year) *June 27/1908*7. AGE *25* Years *11* Months *25* Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *June 11/34*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Balto Md.*13. NAME *Frank Zielski or Zeller*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Julia Dreyler*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT *Becilia Zielski or Zeller* (Address) *723 S. Glover St.*18. BURIAL, CREMATION, OR REMOVAL *Holy Rosary* Place *June 28* Date *1934*19. UNDERTAKER *Stephen J. Walkowski* (Address) *100 S. E. Ave*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him *Investigator* Death is said to have occurred on the date stated above, at *m.*

The principal cause of death and related causes of importance were as follows:

fractured skull, spine & arm fracture, a hard internal hemorrhage, Accident

Other contributory causes of importance:

*fell 60 feet from roof the was working on putting in window*Name of operation *clinical* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? *no* Date of injury 19Where did injury occur? *yes* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place *Industry*Manner of injury *fell from roof*Nature of injury *see above*

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify *see above*(Signed) *James W. Benton* M. D.(Address) *700 E. Chase St*

JUN 24 1934

19

James W. Benton Registrar

F 02565

HEALTH DEPARTMENT—CITY OF BALTIMORE

02565

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.

Pronounced dead at
Mercy Hospital St. 19-01 Ward)

Registered No.

(If death occurred in
a hospital or institution,
give its NAME instead
of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Edward Mullineaux

(a) Residence: No.

513 H. Fuller

St.,

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX male 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

Nov. 3rd 1863

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.

70

7

19

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Relief Turner

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Howard, Co.

FATHER

13. NAME

Basil R. Mullineaux

14. BIRTHPLACE (city or town)
(State or country)

Howard Co

MOTHER

15. MAIDEN NAME

Margaret Barran

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

(Address)

Basil Mullineaux
513 H. Fuller Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

St. John's Cemetery Date June - 25, 1934

19. UNDERTAKER

(Address)

Eaton Sons
Belmont City Md.

20.

JUN 24 1934

19

Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on June 21, 1934 Death is said
to have occurred on the date stated above, at m.The principal cause of death and related causes of
importance were as follows:

Date of onset

Coronary Thrombosis

Sudden

Other contributory causes of importance:

Coronary Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the fol-
lowing:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public
place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

James H. Fenton

Coroner

M. D.

(Address)

700 E. Chase

M. D. B. F-9 02566

✓ M F 02566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward) 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur Arnold Barton

(a) Residence: No. 2906 Presbury St.

(Usual place of abode)

St.

Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

school boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

FATHER

13. NAME Wilbur C. Barton

14. BIRTHPLACE (city or town) (State or country)

Balto. Co. Md.

MOTHER

15. MAIDEN NAME Isabelle Arnold

16. BIRTHPLACE (city or town) (State or country)

Balto. Co. Md.

17. INFORMANT Mrs. Isabelle A. Barton
(Address) 2906 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hereford, Md. Date June 25, 1934

19. UNDERTAKER
(Address)John C. Mitchell
1900 Eutaw Place

20. FILED

JUN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from

ingram 19 to 19

I last saw him alive on ingram 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Comp. fracture of skull

Other contributory causes of importance:

Automobile Accident

Name of operation

none

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/23, 1934

Where did injury occur? Poplar Ave & Westwood Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Fall off bicycle in street

Nature of injury was run over by a truck

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed)

Joseph P. Brown

Coroner

M. D.

(Address)

2200 E. Madison St.

M. F.B. 02567

F 02567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 1731 Eutaw Place St., Baltimore, Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, year) Jan 10, 18737. AGE Years 61 Months 7 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.13. NAME Daniel Siegler14. BIRTHPLACE (city or town) (State or country) Penna.15. MAIDEN NAME Laura Woodward16. BIRTHPLACE (city or town) (State or country) Md.17. INFORMANT Julia J. Siegler(Address) 1815 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City, Date June 25, 193419. UNDERTAKER John C. Mitchell(Address) 900 Eutaw Place

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 193422. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to June 22, 1934I last saw h. alive on June 22, 1934. Death is said to have occurred on the date stated above, at 7:15 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum with generalized metastases

Date of onset

Other contributory causes of importance:

secondary anemia
undernutritionName of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Allen Decker M. D.(Address) Womans Hospital

FILED

19

REGISTERED

F 02568

F 02568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Balto City Hosp. 15-01* Ward)Length of residence in city or town where death occurred *30* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *1316 Dutton Ave. St.* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced, name of HUSBAND or (or) WIFE of *Glorye Y. Topping*6. DATE OF BIRTH *Aug 4 1869*7. AGE Years *64* Months *10* Days *19* LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Bargeman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *B & O R.R.*10. Date deceased last worked at this occupation (month and year) *June 1932* 11. Total time (years) spent in this occupation *16*12. BIRTHPLACE (city or town) (State or country) *Va.*13. NAME *Mrs Topping*14. BIRTHPLACE (city or town) (State or country) *Va.*15. MAIDEN NAME *Margaret Straus*16. BIRTHPLACE (city or town) (State or country) *Va.*17. INFORMANT *Glorye Y. Topping* (Address) *1940 Linden Ave*18. BURIAL, CREMATION, OR REMOVAL Place *London Park* Date *June 26 1934*19. UNDERTAKER *Wm Cook* (Address) *1217 St Paul St*20. FILED *1934* 21. REGISTERED *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6/23 1934*22. I HEREBY CERTIFY, That I attended deceased from *6/22 1934* to *6/23 1934*I last saw him alive on *6/23 1934* Death is said to have occurred on the date stated above, at *7 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage, left Bronchopneumonia Date of onset *6/22/34*

Other contributory causes of importance:

Name of operation Date of *Yes*What test confirmed diagnosis? Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Signature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify(Signed) *Robert A. Rette* M. D.(Address) *Balto. City Hosp.*

M. F. 02569

F. 02569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *3700 Ferndale Ave* Ward *28-01*)Length of residence in city or town where death occurred *Life* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. *3700 Ferndale Ave* Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (write the word) *Married*5a. If married, widowed, or divorced
HUSBAND of *Wally A. Rogers*6. DATE OF BIRTH (month, day, year) *Nov 6th 1893*7. AGE Years *40* Months *7* Days *18* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, an applaner, sawyer, bookkeeper, etc. *Dispatcher*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Gas Electric Co*
10. Date deceased last worked in this occupation (month and year) *June 23rd 1934* Total time (years) spent in this occupation *13*12. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*13. NAME *William S. Rogers*
14. BIRTHPLACE (city or town) *Washington* (State or country) *D.C.*15. MAIDEN NAME *Eliza Mac Padden*
16. BIRTHPLACE (city or town) *Balto* (State or country) *Md.*17. INFORMANT *Wally A. Rogers*
(Address) *3700 Ferndale Ave*18. BURIAL, CREMATION, OR REMOVAL
Place *Wood Lawn* Date *June 26th 1934*19. UNDERTAKER *Wm Cook*
(Address) *1217 St Paul St*

20. FILED

JUN 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *June 24th 1934*22. I HEREBY CERTIFY, That attended deceased from *Jan 32*, 19*32*, to *June 23*, 19*34*I last saw him alive on *June 20th 1934* Death is said to have occurred on the date stated above, *11:30 a.m.*

The principal cause of death and related causes of importance were as follows:

*Coronary Occlusion
(Angina Pectoris)*

Other contributory causes of importance:

Unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19*34*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Signature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify _____(Signed) *E. J. Ganson*(Address) *4836 Park Hyatt*

M. D. B. 1934

F 02570

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02570

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *President Hospital* St. *7-01* Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME

(a) Residence: No. *506 St. Mary St.* St., *7-01* Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Female</i>	4. Color or Race <i>Negro</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Widowed</i>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <i>Mr. [Signature]</i>		
6. DATE OF BIRTH (month, day, year) <i>1882</i>		
7. AGE <i>51</i>	Years <i>51</i>	Months <i>51</i>
	Days <i>51</i>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.*
(State or country)13. NAME *No Record*14. BIRTHPLACE (city or town) *No Record*
(State or country)15. MAIDEN NAME *No Record*16. BIRTHPLACE (city or town) *No Record*
(State or country)17. INFORMANT *John Boone*
(Address) *506 St. Mary St.*18. BURIAL, CREMATION, OR REMOVAL *Green Valley*
Place *Green Valley* Date *6-25-34*19. UNDERTAKER *Daniel Foster*
(Address) *506 St. Mary St.*20. *1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *6-22-34*, 1922. I HEREBY CERTIFY, That I attended deceased from *6-13-34*, 19 to *6-22-34*, 19.I last saw her alive on *6-22-34*, 19. Death is said to have occurred on the date stated above, at *11:30* am.

The principal cause of death and related causes of importance were as follows:

Branch pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *yes*

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *William H. [Signature]* M. D.(Address) *President Hospital*

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

yrs. mos. da.

107-001

Date of onset

6-13-34

F 02571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 02571

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. Cross County Blvd 27-01 St. 27 Ward)2-FULL NAME Robert Holloway Hodger(a) RESIDENCE NO. Cross County Blvd 27-01 St. 27 Ward(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 84 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed, or Divorced, (write the word) Married6a If married, widowed, or divorced
HUSBAND of Susan Upshur
(or) WIFE of7 DATE OF BIRTH (month, day, and year)
March 31, 18508 AGE Years 84 Months 3 Days 15 IF LESS than 1 day.....hrs. or.....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore
(State or country) MD11 NAME OF FATHER James Albert Hodger12 BIRTHPLACE OF FATHER (city or town) City
(State or country) Baltimore13 MAIDEN NAME OF MOTHER Catherine Holloway14 BIRTHPLACE OF MOTHER (city or town) City
(State or country) Baltimore15 Informant Arthur W. Hooper
(Address) Paulina Rd + Cross County Blvd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 193417 I HEREBY CERTIFY, That I attended deceased from May 4, 1934 to June 24, 1934, that I last saw him alive on June 24, 1934, and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

CONTRIBUTORY (Secondary)

(duration) 3 yrs. 3 mos. 3 ds.(duration) 6 yrs. 6 mos. 3 ds.

18 Where was disease contracted

R not at place of death

Was there an operation precede death? No Date of.....Was there an autopsy? NoWhat test confirmed diagnosis? Chumest, Micro.(Signed) Shurman R. Warr(Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial

20 UNDERTAKER

ADDRESS

Leary N. Jenkins & Co Inc Orchard St.N 251934 Arthur W. Hooper Registrar



CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY August
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 99061-
ENDING WITH #F 02572 March 6, 1934 AND
June 25, 1934 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL